

1 **Abstract**

2 This study explores the impact of menopause on women’s identity and considers the effect
3 of sociocultural factors on their experience of this stage of life. Semi-structured interviews
4 were conducted with 11 women and analysed following constructivist Grounded Theory
5 methods. Women described uncertainty produced by their changing bodies. Menopause
6 was interpreted as marking transition to another phase of life which necessitated
7 renegotiation of role and status in the face of menopause narratives questioning women’s
8 relevance, vigour, attractiveness and emotional stability.

9 We discuss results with reference what appears to be an unspoken social ‘rule’ keeping
10 menopause hidden, something that enables dismissive menopausal narratives to persist.

11 Our study suggests this resulted in some sense of emotional strain for participants as they
12 negotiated a continuing narrative of their lives through a period of change. However, results
13 also indicate that menopause may provide an opportunity for women to refocus on their
14 goals and wellbeing. We conclude by considering the implications of the study for
15 healthcare professionals working with menopausal women.

16 **Introduction**

17 Menopause has been reached 12 months after a woman’s last menstrual period [1]. Whilst
18 there are different available interpretations of the menopause experience, undoubtedly the
19 biomedical model and discourse dominates current understanding in Western cultures,
20 supported by the popular media, widely disseminated health information [2] and the
21 scientific press [3]. This ‘hormone deficiency’ model views menopause symptoms as
22 biologically determined and treatable by HRT [4,5,]. It has been argued that the biomedical

23 model legitimises ageist and sexist narratives of older women [3,6, 7,]. By contrast, a
24 feminist sociocultural model presents menopause as a natural transition to be embraced
25 and brings into focus other factors which may affect women during menopause, such as
26 work, financial pressures, caring roles and relationships [8]. From this perspective
27 menopausal difficulties are rooted in the social position of women [9,,10] and the
28 biomedical model viewed as pathologising normal female development [11,12]. This debate
29 echoes the concept of 'successful ageing' which challenges biomedically based assumptions
30 of age related decline, through highlighting heterogeneity in the experiences of older adults,
31 and focuses on the importance of psychosocial factors [13]. Whilst potentially empowering,
32 it has also been noted that psychosocial discourses can emphasise individual responsibility
33 and position those experiencing difficulty as 'failing' [13,14].

34 It could be argued that, in presupposing a 'natural menopause', the feminist sociocultural
35 model reinforces biological determinism. This critique draws on Butler's account of gender
36 as performed within a rigid framework of social rules so that repeated acts over time create
37 an appearance of 'natural' gender and render the normative discourses unseen [15]. Thus,
38 there is no 'natural menopause', but each menopause experience is a unique co-creation of
39 biological materiality and predominant sociocultural circumstance [16]. This perspective
40 enables a more holistic understanding of the complexity of a woman's individual
41 experience, incorporating biological, psychological, social, and cultural, factors [14,17].

42 Large quantitative surveys suggest that most women experience physical symptoms
43 associated with menopause [18]. In particular, hot flushes and night sweats are common
44 during perimenopause, and early years post menopause [19], reported by approximately
45 70% of women [20]. An association has been observed between negative attitudes to

46 menopause and symptom reporting [21]. Approximately 25% of women describe flushes as
47 problematic, mainly impacting quality of life through social embarrassment, physical
48 discomfort and disturbed sleep [22]. Psychological factors including stress, anxiety, negative
49 thoughts and beliefs about menopause and self-esteem appear to correlate with reporting
50 hot flushes as problematic [23,24,25].

51 A number of cross-cultural studies lend support to the view that biological explanations
52 alone are inadequate and both social and cultural factors are important in shaping a
53 woman's menopause experience. For example, Asian women living in the UK attribute more
54 symptoms to menopause than Asian women living in Delhi [26]. In cultures where older
55 women are held in high respect, women generally report fewer menopausal symptoms [27].
56 This suggests that how women think about themselves and their role in society is important
57 in their experience of menopause. Women's view of themselves and their identity is socially
58 constructed from interactions with others. For example, in the social context of the
59 workplace, discourses about the competence and value of older women are important to
60 how women experience hot flushes while at work [28,29].

61 Qualitative research, exploring cultural factors by studying the language used to describe
62 menopause, has described women's ambivalence about menopause, expressed using
63 discourses that ascribe both positive and negative meanings to their experience
64 [6,14,30,31,32]. These studies confirmed the pervasiveness of the biomedical discourse in
65 women's accounts. Women were also observed to challenge negative narratives associated
66 with a biomedical discourse [30] speaking of menopause as a natural process and time for
67 review and potential personal growth or regrets [6,33].

68 A common feature of these qualitative studies was close linkage of menopause and aging in
69 women's talk. Chrisler has noted increasing valuing of youthful appearance in women in
70 Western culture [34], so menopause may call into question a woman's status and there was
71 some evidence of this in these studies. For example accounts presented menopause as a
72 vague threat to stave off by keeping busy and avoiding "letting yourself go" [30]. Although
73 women sought to reject a "forever young" discourse they expressed concern about
74 potential impact on work or dating of not looking young and attractive [31]. A recent study
75 suggests increased concern with loss of attractiveness and losing status through looking
76 older [32] but interviewees had previously completed questionnaires about menopause and
77 body image and therefore may have been primed to speak about appearance.

78 Studies suggest that many women draw on what they know of their mother's experience as
79 a source of knowledge about menopause[31]. However, women in the UK are likely to be
80 experiencing menopause in a context which is different from their mothers'. They are more
81 likely to be working, more likely to be single and more likely to be either childless or still
82 raising children. There have also been changes in the way menopause is treated by the
83 medical profession. For example, prevalence of HRT treatment has fallen significantly in the
84 UK since 2003 [35], following studies suggesting deleterious side effects of longterm use
85 [36]. Women may perceive this as reducing their options for responding to menopause,
86 which could promote narratives of being a victim of female hormones, resonant of a
87 biomedical discourse.

88 This study takes a biopsychosociocultural approach to consider the role of sociocultural
89 circumstances and available narratives about women at mid-life in forming women's
90 experience of menopause. We aim to develop a socially situated theory about how

91 menopause impacts participants' thinking about themselves and their choices, through
92 analysis of women's accounts of their lived experience of menopause. We consider the
93 possible impact of sociocultural changes in discussing the results in light of earlier studies.

94 **Methods**

95 **Design**

96 This study followed a qualitative Grounded Theory method [37,38,39] taking a contextual
97 constructivist approach [40,41]. Semi-structured in-depth interviews were conducted with
98 women experiencing physical changes which they interpreted as menopausal signs.

99 Qualitative studies seek to explore experience, and the meaning made of it, in depth and so
100 involve detailed examination of data from small numbers of participants. Consistent with
101 other similar studies [42], we aimed to recruit between 8 and 15 women. Within this
102 constructivist paradigm, the data is understood as a co-construction in conversation with
103 participants and the theory as developed by the researcher in response to the data
104 [38,40,41].

105 **Ethics**

106 This study has been approved under the procedures of [removed for blind review]
107 (reference PSYC12/064).

108 **Participants**

109 Recruitment criteria were that women considered themselves to have experienced
110 menopausal changes in the previous two years. Self-identification was appropriate to the
111 research aim to explore women's thinking about themselves and to avoid framing the

112 conversation in a biomedical narrative. Purposeful sampling was used to obtain variety in
113 employment, family circumstances, and treatment choice. Participants were recruited
114 through posters in community centres, sports centres, women's centres and through
115 snowball sampling [43]. Table 1 presents demographic information about the 11 women
116 interviewed. Table 2 summarises the women's description of menopausal signs and
117 treatments used.

118 **Data Collection**

119 All interviews began by checking women's understanding of the study and their rights to
120 withdraw their data. Consent was confirmed at the end of the interview. The interview was
121 conducted as a guided conversation in an informal style, using broad open questions. The
122 interviewer aimed to express an open stance by exploring positive and negative statements
123 about menopause equally. An interview guide was prepared, see Table 3 and all women
124 were asked the same opening and closing questions but between these the conversation
125 was led according to material raised by the participant and further questions only
126 introduced if an area had not been covered. Consistent with the Grounded Theory method
127 of cyclical data collection and analysis, the guide was modified to fill gaps or test aspects of
128 emerging theory. All participant materials were pretested for comprehension and clarity by
129 asking a woman in her 50s, who had no previous experience of conducting or participating
130 in research, to read them and describe their meaning to the first author. As a further check
131 of data validity, all participants were invited at the end of the interview to add or emphasise
132 any points as they wished. Interviews were 50-60 minutes long, digitally recorded and
133 transcribed by the first author. All data were anonymised and participants' names changed.

134 **Analytical Approach**

135 Analysis began with immersion in the data through reading and listening, noting down
136 themes, connections and our responses. The analysis proceeded through line by line open
137 coding [37,38]. Through a process of comparing and contrasting, open codes were grouped
138 into focussed codes, then grouped into categories with each layer becoming increasingly
139 interpretive. One overall category was produced which linked to each of the categories.
140 Category formation was recorded through memo writing, representing themes and
141 connections prompted by the data [37,38]. So the theory produced is a conceptualisation,
142 going beyond describing the data itself [44].

143 **Analysis**

144 Analysis of the 11 interviews produced a theory of how menopause impacted participants'
145 thinking about themselves and their lives (see figure 1). The model comprises one overall
146 category 'Continuing My Story While Everything Changes' influenced by four further
147 categories: 'It Feels Like My Body's Been Taken Over by Aliens'; 'Going from one phase of
148 life to another'; 'Keeping it Hidden'; and 'Managing My Menopause Myself'.

149 **Category 1 - It feels like my body's been taken over by aliens (Table 4)**

150 Participants described experiencing their bodies differently. They noted changing periods,
151 hot flushes and a body beginning to look and feel different. Some described skin feeling
152 dryer and less firm, weight gain around the waist or vaginal dryness. Most spoke of
153 tiredness and some of developing aches and pains. They interpreted this as heralding the
154 permanent change of menopause, which for some amplified other life changes. They
155 expressed uncertainty about where they were in this transition and spoke of their bodies as
156 becoming less predictable and out of control. As a result, women seemed to feel less

157 confident in their bodies. The physical changes, especially tiredness and flushing, were
158 challenging to their expectations of how they should perform and look.

159 **Category 2 - Going from one phase of life to another (Table 5)**

160 All the accounts drew on a meaning made of menopause as marking the end of one phase
161 of life and entering a new phase associated with older women. This required a renegotiation
162 of their role and status. They spoke of resisting negative narratives, to which they feared
163 becoming subject if seen as belonging to this older lifestage – narratives which would
164 undermine their status by calling into question their relevance, vigour and attractiveness.
165 Women spoke of a mismatch between their body and sense of self as they feared being
166 seen as or becoming ‘just a frumpy menopausal woman’ or alternatively ‘becoming
167 invisible’. Participants spoke of adapting and taking opportunities in the new lifestage. In
168 this they appeared to draw on narratives of ‘the wise woman’ and a sense of emerging from
169 motherhood. Women expressed this understanding of life transition regardless of whether
170 their menopause coincided with children becoming independent.

171 **Category 3 - Keeping it Hidden (Table 6)**

172 Almost all participants spoke about keeping their menopause hidden, particularly in front of
173 men. This appeared to be in response to an unspoken perceived social etiquette that
174 menopause should be a private experience. This may account for the observations that
175 menopause was excluded from shared social knowledge and tended to be overlooked by
176 individual women and in society: some described having heard or thought very little about
177 menopause before their own. Etiquette could be relaxed in the company of close female
178 peers, creating a form of ‘hidden sisterhood’. Keeping menopause hidden was a strategy

179 used by women in order to continue their story, without becoming subject to negative
180 narratives about older women. It became a veil, hiding from view a significant part of their
181 lives. It was also an additional challenge to managing menopause.

182 **Category 4 - Managing my menopause myself (Table 7)**

183 Participants spoke of responding to menopause by seeking to regulate both the physical
184 experience and the impact on how they were seen. Some responses, such as dyeing hair and
185 controlling weight, were reported by almost all participants but there was significant
186 variation in use of treatments or supplements. Women were not necessarily successful in
187 controlling their changing bodies and described a process of trial and error with treatments,
188 searching for reliable information, and concern about side effects and future health.

189 Conflicting narratives about 'just getting on with it' or managing the experience raise a
190 question about who decides how a woman responds. Participants expressed an intention to
191 shape their own response but described difficulties associated with inadequate information,
192 not feeling heard and perceived pressure to conform to expectations in their family and
193 work roles. For example, both Holly and Julie described night sweats severely disturbing
194 sleep. Holly worked from home in a business related to older people and found it
195 unnecessary to treat menopause. Whereas Julie took HRT, due to the demands of her role
196 and the emphasis on appearance in her employment. She described consulting four GPs
197 before obtaining a holistic assessment and treatment plan.

198 **Overall Category - Continuing my story while everything changes (Table 8)**

199 The overall category draws together the preceding categories to describe how participants
200 were constructing their identities during menopause.

201 The meaning made of menopause as a transition from one phase of life to another
202 prompted a review, looking back over life and forwards with plans, fears and awareness that
203 the story would end. Women described seeking to continue constructing a unique life story
204 while their body and place in the social world shifted. They became more aware of their
205 gender physically as they experienced changes in their bodies and in the gendered
206 narratives available to them. The physical changes of menopause seemed to generate a
207 significant shift of focus for some women, back to their own development from focus on
208 childrearing. This was presented as a positive process, promoting reevaluation and
209 movement towards fresh life goals.

210 As well as reviewing their lives, women appeared to construct a narrative about their
211 menopausal 'self' that felt coherent and maintained a sense of personal integrity – 'I'm still
212 me'- against a background of negative expectations drawn from available narratives. They
213 described struggling for language, as the practice of keeping menopause hidden limits
214 shared social knowledge and medical labels did not match their experience, for example of
215 bodily changes before reaching the definition of menopause.

216 The struggle to manage their menopause in a way which enabled them to pursue their goals
217 and resist dismissive narratives about menopause appeared to produce emotions of anxiety
218 and anger in many participants.

219 **Discussion**

220 We will discuss this study in the light of the earlier research described on sociocultural
221 factors shaping menopause, paying particular attention to the question of how changes in
222 women's lives may have altered the impact of menopause on women's identity.

223 In this study, negative views about menopause coexisted with positive statements about the
224 beginning of something new and this is consistent with earlier observations [6,14,30,31,32].

225 It has previously been suggested that changes in women's working lives [45] and the
226 availability throughout life of hormonal contraception [6] might change the significance of
227 fertility and therefore of menopause in women's thinking about themselves. However,
228 results from this study suggest that for many women menopause remains a highly
229 significant event within their life story. Participants understood menopause as a transition
230 to the lifestage of 'older woman' which they perceived to be linked to dismissive social
231 narratives questioning their health, relevance and vigour. Many participants clearly feared
232 and resisted being judged by others as 'on the way out' as did women in a recent UK survey
233 study [46]. Among these women strategies of resistance included: keeping menopause
234 hidden; paying extra attention to fitness and appearance to avoid conforming to a 'frumpy
235 menopausal woman' stereotype; seeking to reduce hot flushes using prescription or
236 alternative treatments and reflecting on their skills and achievements.

237 These meanings of menopause were present in interviews regardless of career, parity or age
238 of children, suggesting they are cultural rather than arising from individual circumstance. In
239 common with other studies, fertility choices were represented as related to age [47] and
240 reached before menopause. Participants presented as vigorous and confident, with future
241 goals and ambitions, but this seemed to be at odds with the meanings they attached to their
242 changing bodies. These meanings appear to be rooted in persistent cultural valuing of
243 female creativity primarily in terms of reproduction [48] and positioning female bodies as
244 diminished by changing hormones in comparison with male bodies. [7,27,49,50].The
245 perceived social etiquette of keeping menopause hidden creates a space in which these

246 narratives can thrive unchallenged. In a circular process, menopausal women act to avoid
247 being 'outed' [50] as menopausal and becoming subject to the dismissive narratives.
248 Therefore it is less likely that there will be women who are known to be menopausal visible
249 in society as vigorous, effective and attractive, countering these dismissive narratives. This is
250 one factor in the paucity of inspiring role models which participants described.

251 Positive themes, such as relief at the end of menstruation, were expressed less than in
252 earlier studies [6,30]. This may be because only two participants in this study considered
253 their menstruation ended but it may also be that social and cultural changes have increased
254 women's experience of menopause as a challenge. Most participants in this study were
255 concurrently working and childrearing and some suggested this made the physical changes
256 associated with menopause more difficult to manage. Women in the workplace may feel
257 more threatened by dismissive social narratives positioning them as 'on the way out' and
258 increasingly subject to the etiquette that menopause should be hidden. There was evidence
259 in these interviews that hiding menopausal status was a priority in front of men and that
260 this added challenge to menopause, consistent with other studies linking cognitions with
261 managing menopause at work [28].

262 Compared with other studies [14,30,31], participants were particularly concerned about the
263 impact of menopause on their appearance and this appears to confirm the findings of
264 Rubenstein & Foster [32]. Participants viewed being 'red and sweaty' as inconsistent with
265 the image of competence and authority they wished to convey [6,51]. All participants linked
266 menopause with looking older [32,52,53] and appeared to wrestle with reconciling
267 menopausal changes with the prevailing idealised cultural norm of slim youthfulness
268 [54,55,56]. This is consistent with an association observed between appearance-related

269 menopausal attitudes and body esteem [57]. As in other studies, some described a loss of
270 confidence during menopause [14,58], co-existing with security in their professional and
271 social skills and experience .

272 Most spoke of emotional changes during menopause, interpreted through a taken for
273 granted knowledge that women would experience mood swings produced by hormone
274 changes. This appeared strikingly similar to accounts of premenstrual tension [49,59]
275 through which women's emotions can be dismissed and silenced and women positioned as
276 emotionally unstable [34,42]. This study presents another plausible account of emotion
277 during menopause - as a response to the strain on women of continuing to meet the
278 demands of their lives, while their bodies are changing in a way that they cannot control or
279 predict. Further, women appeared to be experiencing tensions between their sense of
280 themselves and their goals and culturally derived negative expectations of menopause and
281 the possibility of being or being seen as 'on the way out'. Reconciling this tension may be
282 challenging, all the more so as women felt the need to navigate menopause without it
283 becoming visible.

284 This is a qualitative study and so aims to present one possible account of menopause and its
285 impact on female identity. The findings are applicable to this group of women and consequently
286 do not make any claims to generalisability. However, the study complies with published
287 standards for validity in constructivist, qualitative psychology research [60] and so we would
288 argue its findings offer some insight into how menopause might affect women's thinking
289 about themselves. Participants' accounts are consistent with the findings of large
290 quantitative surveys [18,19,20], suggesting that the sample was not dominated by women
291 who have had a difficult experience during menopause. The sample is enriched in factors

292 which have been associated with positive menopause experience, such as increased years of
293 education [19] and social connectedness [61] which could mean that positive accounts are
294 overrepresented. Most of the participants were peri-menopausal. For many women it is
295 during perimenopause that they begin thinking of themselves as menopausal and so the
296 sample is appropriate to the research question which asked how womens' sense of identity
297 was affected by the perception of being menopausal. The findings of this study cannot be
298 extended to women who consider their menopause complete and in the past.

299 In a Grounded Theory study such as this, the aim is to recruit a sample of sufficient variety
300 to make social processes visible. There was adequate variety in this sample in employment
301 and parenting but no variety in sexuality or relationship status and so these factors could
302 not be explored in this study. In constructivist Grounded Theory research it is important to
303 consider the role of the researchers. In this study our age and gender meant that interviews
304 were conducted from within the peer 'hidden sisterhood' which will affect the accounts
305 constructed. Our profession of Counselling Psychology may have led participants to speak of
306 emotional aspects, expecting them to be of interest. Throughout the research our
307 subjectivity was handled through reflective writing and discussion in supervision, aiming to
308 own our experience and perspectives and thereby reduce the risk of imposing meaning on
309 the data [60].

310

311 **Clinical Implications and Future Research**

312 This study suggests that menopause should be considered within the context of a woman's
313 unfolding life story. Women are seeking to continue their life story during menopause. In

314 doing so they are impacted by cultural meanings of menopause as a gateway to older age,
315 dismissive narratives of menopausal and older women and perceived unspoken etiquette
316 that menopause be kept hidden. Services have a role in making cultural narratives and social
317 factors visible, and facilitating womens' exploration of other perspectives [32,58,62]. This
318 may enable women to dis-embed themselves from unquestioned assumptions which may
319 shape what they believe is possible in their lives and how they relate to their bodies [63].
320 For this reason, it is relevant for health care professionals working with women of
321 menopausal age to be aware of their own assumptions.

322 Following from this, we would suggest that interventions for women at midlife would
323 usefully include countering negative expectations about menopause, supporting women to
324 question cultural narratives, reducing shame and embarrassment about menopause,
325 strategies to manage flushes in work and social situations, addressing sleep difficulties,
326 supporting healthy lifestyle choices and providing women with space to talk about their
327 experience, priorities and choices. Options for women should include psychological
328 interventions focussed on cognitions about menopause and stress management [64,65].

329 The socially constructed meaning of menopause as a transition to a fresh life stage, rather
330 than one aspect of many gradual changes associated with ongoing ageing, creates an
331 opportunity for review which some women in this study described as a return of focus to
332 their own development, emerging from a lifestage in which available narratives prioritise
333 care of family [27,66,67]. There is an opportunity for information and services to promote
334 and support this process of review, encompassing physical and emotional wellbeing and life
335 values and goals. By contrast, the recently published NICE guidance [68] offers a somewhat
336 narrower approach to consultations with menopausal women, privileging a biomedical

337 discourse that focuses simply on informing women of possible symptoms and treatment
338 options. Such guidance, in our opinion, risks reinforcing the negative expectations expressed
339 by participants in our study.

340 Results from this study suggest that in preparation for menopause, women would benefit
341 from information to equip them to understand their bodies and choose from a range of
342 responses. It could be argued that the previously discussed 'veiling' of menopause results in
343 women entering a significant phase of life with only partial information and few positive
344 role models. Is it this that renders them vulnerable to prevailing cultural narratives? It was
345 noticeable that women in this study drew on a discourse of menopause as a natural
346 development in order to resist medicalisation, which they experienced as diminishing. This
347 suggests that information and support could most helpfully be provided outside of a medical
348 context, for example self-help literature [69] or peer support [70].

349 This study describes a link between cultural narratives about menopause and women's
350 response to their changing bodies and adds to understanding of women's aims in
351 negotiating menopause. Women interviewed for this study described some encounters with
352 health care professionals, conducted within a biomedical discourse leaving them with
353 treatment decisions in which they did not feel confident. This suggests that it may be
354 important for future research to explore in more detail the interaction between women's
355 choices about menopause treatment and the attitudes of healthcare professionals they
356 consult. Results from this study suggest that the extent to which healthcare practitioners
357 integrate psychosociocultural factors into their understanding of menopause may impact
358 the effectiveness of their work with women in this stage of life.

359

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362 story. They would also like to thank Dr Lyndsey Moon of [removed for blind review] for
363 invaluable discussion of the research.

364 **Declaration of Interest Statement**

365 The authors declare there are no competing interests. This study received no funding.

366 **Current Knowledge on the Subject**

367 Menopause is a biopsychosociocultural phenomenon.

368 Menopause cognitions impact experience and symptom reporting.

369 Women express ambivalence, drawing on positive and negative discourses to construct an
370 account of menopause.

371 **What This Study Adds**

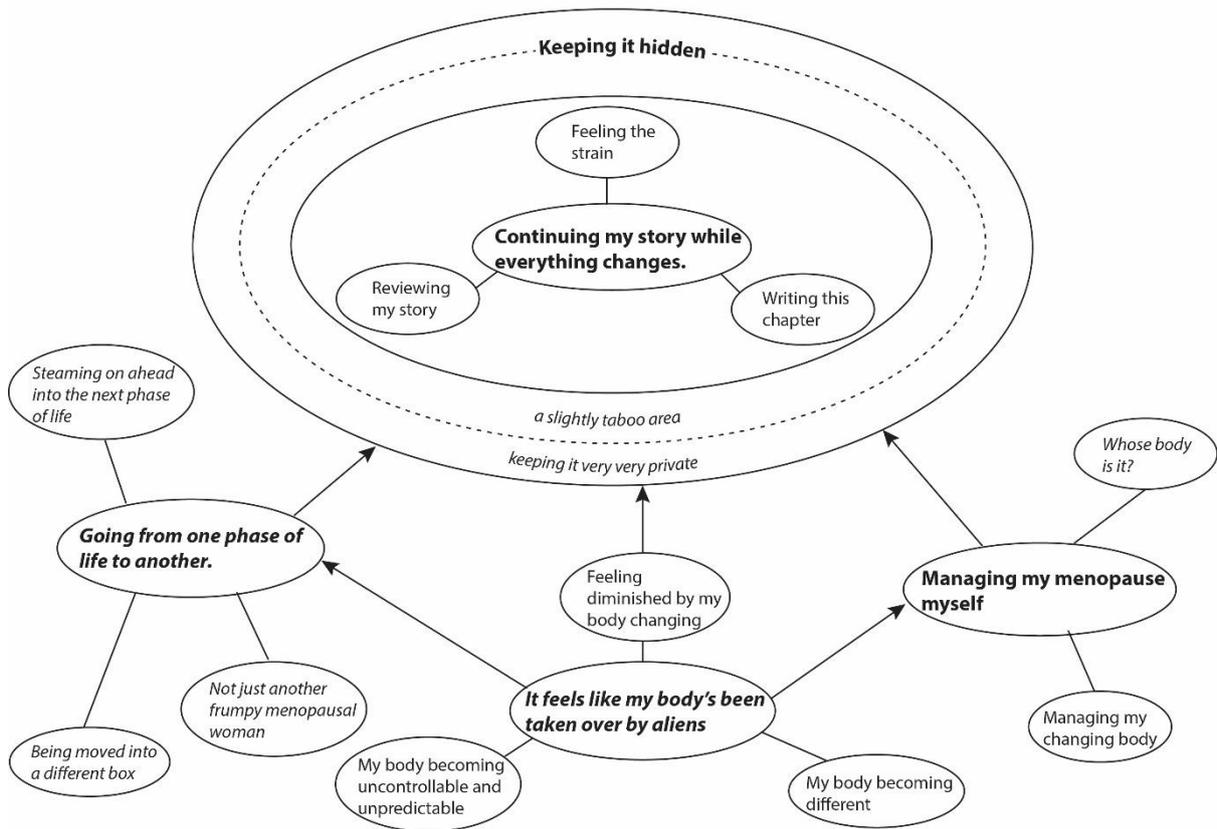
372 Women interpret menopausal signs in terms of the impact on their individual life story. The
373 findings are suggestive that social changes affecting women's working and family lives and
374 cultural changes extending focus on youthful appearance to older women may be increasing
375 the challenge women experience during menopause.

376 Women need information to interpret their changing bodies and make choices about their
377 response. Information and support is needed which is holistic and makes visible cultural
378 narratives, so that women can be aware of different perspectives and use the opportunity
379 of review to construct a positive post-menopausal narrative.

380 An etiquette of keeping menopause hidden enables both the meaning of transition to a new
381 life stage and negative narratives to persist unexamined and may result in women entering
382 menopause with partial information and few positive role models.

383

Figure 1 Detailed View of Grounded Theory



384

385

386 **Table 1 - Summary of Participant Demographics**

	Age	Ethnicity* (where Lived as Child)	Age Leaving Formal Education	Work	Relationship^	Children
Alison	55	WB (UK)	19	f/t CEO small company	M (2 nd)	With previous partner Son 26 Daughter 23 Don't live with her
Beth	54	WB (UK)	49	f/t Director of communications large NGO	M	Daughter 16 Son 14 Live with her
Cathy	56	WB (UK)	22	Retired (formerly p/t retail)	M (husband 2 nd)	No Stepchildren never lived with her
Diana	50	WB (UK)	18	p/t (4days) Trader Investment Bank	M	Son 14 Daughter 13 Live with her
Evie	52	WB (UK)	23 & 51	Looking for work (Counsellor) Homemaker	M	Daughter 21 Son 19 Son 14 Two live with her
Faye	53	W Other (S Africa)	46	p/t Nutrition Therapy Practitioner (self-employed)	M	Son 15 Lives with her
Gina	50	WB (UK)	21	p/t Statistical Analytical Consultant (self-employed)	M	Son 15 Daughter 14 Live with her
Holly	51	WB (UK)	20	f/t Own business, works from home	M	Daughters, 18, 21, 24 One living with her
Julie	56	WB (UK)	17	p/t Travel and tourism	M	Son 27, daughter 22 One living with her
Karys	46	Pakistani (Pakistan)	19	p/t Home school link worker Chair of Asian women's charity	M	Son 24 Daughter 21 Son 17 Daughter 8 Youngest living with her
Maya	47	Mixed Race (UK)	18	f/t PA Works from home Trustee of women's centre	Partner, live separately	Daughter 11 (adopted) Lives with her

387 * as described by participant ^ all identified as heterosexual

388 **Table 2 Information Given by Participants about their Menopause**

Participant	Age	Menopausal timeline given	Treatments described
Alison	55	Irregular periods 2.5 years since last period flushes for 7 years declining frequency	Menuleve 'HRT cake' (seeds & flax) Black Cohosh
Beth	54	Irregular periods last period 6 months previously flushes for 2 years	None
Cathy	56	periods irregular for 5 years 18 months since last period still getting flushes	Menopace Black Cohosh Red Clover Soya Isoflavins
Diana	50	Flushes for 2 years Still menstruating	Black cohosh (briefly)
Evie	52	Periods irregular since 2 years ago* Night sweats	Evening primrose HRT (few months) 'anxiety medication'
Faye	53	Last period 2 years ago still getting flushes	'Bioidentical Progesterone cream'
Gina	50	Still having regular periods 2-3 years night sweats and flushes	HRT (6 weeks)
Holly	51	Irregular periods 2 years Flushes and night sweats	None
Julie	56	Hot flushes began 3-4 years ago*	'some alternative treatments' 'soya produce' HRT (about 2 years with short break)
Karys	46	Periods changing for past year Described occasional flushes	Well Woman (bought but not taken)
Maya	47	3 years ago irregular periods* and flushes	Anti-depressant HRT (1 year, break, 3 months)

389

390 *now regular bleeds with HRT

391

<p>Study Title: An exploration of women’s identity during menopause: a Grounded Theory Study</p>
<p>Opening Question:</p> <p>What made you decide to participate in this study?</p>
<p>Main Question:</p> <p>Would you like to tell me about your menopause?</p>
<p>Additional Questions if needed: (Questions in italics added to explore categories)</p> <p>How did your menopause compare with what you expected? Before your own menopause, where do you think your ideas about menopause came from? What did you know about your mother’s menopause? Have you considered treatments/ HRT? Do you think being menopausal has made any difference (as relevant depending on questionnaire answers) : at work/ with your partner/ with your family/ in your day to day life/ in your social life/ to being single at the moment/ to how you feel about not having children / to how you think about your mum How do you imagine your partner/colleagues/family/friends think about menopause (as relevant depending on questionnaire answers)? What have you told them about your menopause? Do you think menopause has changed the way you think about yourself at all? Could you say a bit more about that. What would you say has been the main impact of menopause on your life?</p>
<p>Closing Question</p> <p>Is there anything else you would like to add? How have you found talking to me about your menopause today? Did you think I was expecting a particular answer to any question? What advice would you give to a younger woman?</p>

<p>It feels Like My body’s Been Taken Over by Aliens</p> <p>My body becoming different well I started by losing one period every two months ... and then um I started getting hot flushes.(Cathy 14)</p> <p>I started, having never really had to look after my skin or anything (whispered), I started feeling that my joints are a bit creaky.(Diana 105)</p> <p>So it’s quite a stressful time really to be doing all those different, to have all those different changes when your body’s changing(Evie 183)</p>
<p>My body becoming uncontrollable and unpredictable it’s a bit like when you’re pregnant, your body sort of takes over and you’re quite separate. You are who you’ve always been but your body’s doing all these things you don’t ask it to do, it just gets on and does it (Gina 115).</p> <p>I don’t think there are any triggers so there’s no warning it sort of just happens and it’s like um it’s like someone’s just turned the thermometer up really. it felt actually quite similar to when I was pregnant first time and it feels like something alien’s happening to your body that you’ve got no control over it.(Beth 223)</p> <p>they (periods) were funny little buggers They sort of stopped and then you’d have these hot flushes and then you’d feel better and you think oh that’s good it’s all over and then you’d have a period you see and that would happen every 6 months for a couple of years.(Alison 41)</p> <p>I don’t really know where I am with it. For the last couple of years I’ve been not having regular periods and getting hot but obviously I don’t know when I’m going to finish or exactly what’s happening, or what it’s going to be like in the future, I know it’s different for everyone. I think at one stage I might go to the doctor for a test (Holly 8)</p>
<p>Feeling diminished by my body changing</p> <p>Shook me in that, one it would be pretty mortifying not to be able to get up, two to feel that I looked like my grandmother and so, so quite superficial but as in, yes, er but the fact that maybe I couldn’t rely on my body in the same way) as I had been able to umm yes so I think my confidence went a bit on the physical side of things (Diana 112)</p> <p>You know waking up really hot. In fact that probably, now I think about it that is probably the most difficult thing about menopause. I hadn’t really thought about it before but for the last 18 months I haven’t had a whole night’s sleep at all and I suppose that’s why I feel tired(Holly 108)</p> <p>you know it’s 3 or 4, 5 times a day and it just makes you feel like something’s disturbing your life (Maya 100)</p> <p>so if you’re in a meeting with a client or something and then you’re suddenly breaking out</p>

into this sweat you're either gonna sit there and get all red hot and sweaty or else you've got to rip off your jacket like a madwoman and I don't think either of those looks very good really (Alison 135)

I think goodness me, how are we supposed to fulfil this expectation of being er able to function as fully in society as men do when we've got all this other stuff to deal with as well um actually it makes me feel quite angry(Gina 104)

I think I had a lot of resilience in the workplace. It feels that the menopause is undermining it a bit gnawing away at it a bit. Again you know maybe the connection to the physical change (Beth 452)

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<p>Going From one Phase of Life to Another</p> <p>Being Moved Into a Different Box</p> <p>it's not just menopause is it really but I think that is a symbolic thing and when your husband starts to get a bit middle aged in his attitudes as well it's I don't know, it's all everything changes, everything kind of moving on into a different phase which I don't really want to be in, I still want to be in the other phase (Evie 282)</p> <p>you started wondering if by opening up about this, all of a sudden you were being, were moving into a different box.As in a, into that, the next segment of your life which is the less active, less productive etcetera (Diana 37)</p> <p>I think women are, they don't like it when they have menopause..... I think it takes a bit longer for them to accept that they are going, because it is kind of a defining, it defines their phase of life from one phase of their life to another and another is kind of confirmation that they are getting older, they are getting weaker perhaps they will have some illnesses coming up and they won't be able to cope with them(Karys 151)</p>
<p>Not Just Another Frumpy Menopausal Woman</p> <p>I've a number of conversations with women around my age who are really keen to um keep the weight off and you know dress nicely because that's part of not being dismissed as just sort of you know frumpy menopausal woman (Beth 109)</p> <p>you just worry don't you about um, when, when will you stop being attractive as a female, do you know what I mean and become like a kind of asexual old person (Alison 161)</p> <p>I think until recently I've assumed that cos I feel young, other people will look at me and think I'm quite young. But I'm not and I think maybe now people look at me and think oh she's old, older, oh not old but just a middle aged lady sort of thingpeople say oh you become invisible when you're a middle aged woman, people just walk straight through you , and I don't really want that.....hmm"(Evie 257).</p>
<p>Steaming on Ahead Into The Next Phase of Life</p> <p>it's that you don't have to be worrying what people think of you..... you know who you are, so you don't have to worry about that and you can just speak out. So yes I do think there's a kind of freedom in it and so yes I think there's a kind of freedom and a confidence"(Holly 314)</p> <p>Because I feel you know confident about my experience, and the position I've got to and um you know my judgement on things. I have no problems standing in front of people or going to, networking when, with strangers, umm yet. So I still feel that, yet I, there's something in me that also feels quite anxious... a bit ironical really because part of me feels much more confident but at the same time I feel more anxious" (139)</p>

I volunteered [in a mentoring role] and again I wouldn't have felt I'd have had the experience. I feel I have the experience now.... Yes, a transition in other words, a come though the other end feeling, yeah"(Maya 330)

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<p>Keeping it Hidden</p>
<p>A Slightly Taboo Area</p> <p>It seems like it's a slightly taboo area that's what I'm trying to, that's what I'm trying to say I think... get on with it, sweep it under the carpet, carry on. (Evie 421)</p> <p>I mean most men you mention the word period and you can see half the room buckling and running for the hills and you just think, er hold on, it's only a bit of blood you know..... They call them facts of life and then everybody just tries to ignore them.(Cathy 622)</p> <p>I get the you know the good housekeeping every month and they never talk about it in there. Yet they talk about everything else, everything else they talk about in there, everything else but not that. You know so it's very hard. But I felt very enlightened when I read that book so I tried to my friends 'do you want to read it' and they're like 'no'(Maya 570)</p> <p>I wasn't aware of my mother having any signs, it wasn't something that was discussed growing up. I've never had a conversation, until I started to feel bothered that something was happening. And I wasn't expecting it, I don't know that I'd ever had a conversation with anybody about menopause(Gina 18)</p>
<p>Keeping it very, very private</p> <p>well I suppose that's it's personal, I suppose it's this, this whole muddled area of things to do with women's hormonesit implies weakness I suppose And also I think they would be embarrassed, the clients are pretty well all men, I think they'd be quite embarrassed really (Gina 243)</p> <p>I suspect men aren't very aware of it other than in a rather general menopausal woman sort of, often a critical sort of derogatory way . I certainly don't have any conversations with any, in fact I don't talk to anyone at work about it"(Beth 241)</p> <p>and I think people generally don't, they talk about it a little bit maybe but um it's more sort of the joke of ooh I'm very hot at the moment oh I must be having one of those hot flushes it's my time of life and it's just a general sort of throw away remark almost but occasionally someone will talk a little bit more in depth about it but I don't personally I haven't really sort of talked a lot about it with um anyone in particular (Julie 198)</p> <p>I never had a deep conversation with my friends about it, just the general, just the physical you know, not the emotional side (Karys 183)</p>

<p>Managing My Menopause Myself</p> <p>Managing My Changing Body</p> <p>you fight it which is what I think I suppose, I suppose is what I’m doing, I’m fighting it. With the weight thing and the hair dyeing and the make up and everything else”(Alison 305)</p> <p>I take soya isoflavins and um initially they suppressed the hot flushes but that stopped working . But what it does do is even out any mood swings I might have so I carry on taking those (Cathy 55)</p> <p>I asked my sister and she said no I just, she goes ‘I just sucked it up’ you know. I thought I don’t want to do that, why do that if you don’t have to?”(Maya 144)</p> <p>it has its downsides but you can manage those if you’re smart enough, if you get the right help”(Faye 182)</p>
<p>Whose Body is it?</p> <p>I’m the norm, nobody’s the norm, nobody is the norm, you know we are all different (Faye 383)</p> <p>we go in blind, we’re just supposed to take it on trust that it’s ok. And I don’t mean, you know I know there’s the side effects and there is data on some of that, but what’s it supposed to do, and how’s it supposed to do it um and what level of improvement should I expect(Gina 388)</p> <p>I haven’t really felt the need to do or change anything it just hasn’t been too bad (Holly 208)</p> <p>and I just didn’t feel that they really treated me as an individual and listened to my lifestyle what I was trying to cope with, whether or not it was going to work um so the GP I saw as the fourth GP I really felt that she took, she stopped and listened to me rather than well lets try you straightaway with this, make a quick decision based on oh here comes another lady with menopause (Julie 138)</p>

<p>Continuing My Story While Everything Changes</p> <p>Reviewing my Story</p> <p>its all part of the big CHANGE, a big change thing (Alison386)</p> <p>I suppose it's that age thing, getting older, thinking about you know death and so on like that. And, which I think is connected to the physical toughness so part of wanting to keep fit is about not being just another frumpy old woman. But also wanting to fight the ravages of old age and not be frail and not be you know immobile and keep the big world, keep your big world(Beth 456)</p> <p>I would saydefinitely being, just being aware of getting older that there's stuff you want to do and um .. I suppose you worry what will happen when you, whereas before you think it just goes on doesn't it (Alison 297)</p> <p>it is a new start and it is a time for us (Holly 276)</p> <p>it has brought me back to myself. ... I think it has made me reassess my reasons for doing certain things and to actually simplify life, try and focus on what's important (Diana 455)</p> <p>you're not actually fulfilling your potential and you accept that while you're bringing up your kids ... so then you want to do that when your kids are old enough and you've got the freedom and you want to do that. And then the menopause comes along and you get all anxious, you start to sag and people think you're old(Evie293).</p>
<p>Writing this Chapter</p> <p>I liked the woman I was when I was 35 and I said to you I wanted to go back to that but actually I've gone back to something different but probably a little bit better, but different, different (Maya 527)</p> <p>some people do treat it as if it's a disease , something that they should be able to do something about but it isn't you know it's like a tree. One minute it's a sapling, the next minute its an old oak and the next minute it falls over(Cathy 589)</p> <p>I'm still a female MD at [blank] and still kind of doing things on my own terms there so I, I didn't feel I needed that bio..biological situation to validate myself"(Diana 47)</p> <p>well partly it makes me feel, perhaps as women we are vulnerable after all and we're weak. And I really hate the sense that actually deep down we're the weaker sex I suppose (Gina 120)</p>
<p>Feeling the Strain</p> <p>being a bit anxious not really feeling that I was able to cope with things as I used to be able to cope with them (Julie 56)</p>

it's perpetual because you get hot and you wake up and you get tired. ... I was getting ratty with my daughter" (Maya 31)

So there's been bouncy hormones all over the place so trying to keep, I think I've been more conscious of keeping everything on an even keel here. And knowing that I could very easily set the tone, and not wanting to, just trying to keep everything, the wheels running smoothly. Yeah (sighs) I think that probably was quite tiring (Diana 323)

the one thing that I feel most of the whole menopause experience so far is how angry I feel. I feel angry that there's no information, I feel angry that it's come on with so little understanding of what I should be able to expect, that there's so little support there (Gina 461)

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