Abstract

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

We discuss results with reference what appears to be an unspoken social ‘rule’ keeping menopause hidden, something that enables dismissive menopausal narratives to persist. Our study suggests this resulted in some sense of emotional strain for participants as they negotiated a continuing narrative of their lives through a period of change. However, results also indicate that menopause may provide an opportunity for women to refocus on their goals and wellbeing. We conclude by considering the implications of the study for healthcare professionals working with menopausal women.

Introduction

Menopause has been reached 12 months after a woman’s last menstrual period [1]. Whilst there are different available interpretations of the menopause experience, undoubtedly the biomedical model and discourse dominates current understanding in Western cultures, supported by the popular media, widely disseminated health information [2] and the scientific press [3]. This ‘hormone deficiency’ model views menopause symptoms as biologically determined and treatable by HRT [4,5,]. It has been argued that the biomedical
model legitimises ageist and sexist narratives of older women [3,6,7]. By contrast, a feminist sociocultural model presents menopause as a natural transition to be embraced and brings into focus other factors which may affect women during menopause, such as work, financial pressures, caring roles and relationships [8]. From this perspective menopausal difficulties are rooted in the social position of women [9,10] and the biomedical model viewed as pathologising normal female development [11,12]. This debate echoes the concept of ‘successful ageing’ which challenges biomedically based assumptions of age related decline, through highlighting heterogeneity in the experiences of older adults, and focuses on the importance of psychosocial factors [13]. Whilst potentially empowering, it has also been noted that psychosocial discourses can emphasise individual responsibility and position those experiencing difficulty as ‘failing’ [13,14].

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

Large quantitative surveys suggest that most women experience physical symptoms associated with menopause [18]. In particular, hot flushes and night sweats are common during perimenopause, and early years post menopause [19], reported by approximately 70% of women [20]. An association has been observed between negative attitudes to
Approximately 25% of women describe flushes as problematic, mainly impacting quality of life through social embarrassment, physical discomfort and disturbed sleep [22]. Psychological factors including stress, anxiety, negative thoughts and beliefs about menopause and self-esteem appear to correlate with reporting hot flushes as problematic [23,24,25].

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

Qualitative research, exploring cultural factors by studying the language used to describe menopause, has described women’s ambivalence about menopause, expressed using discourses that ascribe both positive and negative meanings to their experience [6,14,30,31,32]. These studies confirmed the pervasiveness of the biomedical discourse in women’s accounts. Women were also observed to challenge negative narratives associated with a biomedical discourse [30] speaking of menopause as a natural process and time for review and potential personal growth or regrets [6,33].
A common feature of these qualitative studies was close linkage of menopause and aging in women’s talk. Chrisler has noted increasing valuing of youthful appearance in women in Western culture [34], so menopause may call into question a woman’s status and there was some evidence of this in these studies. For example accounts presented menopause as a vague threat to stave off by keeping busy and avoiding “letting yourself go” [30]. Although women sought to reject a “forever young” discourse they expressed concern about potential impact on work or dating of not looking young and attractive [31]. A recent study suggests increased concern with loss of attractiveness and losing status through looking older [32] but interviewees had previously completed questionnaires about menopause and body image and therefore may have been primed to speak about appearance.

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

This study takes a biopsychosociocultural approach to consider the role of sociocultural circumstances and available narratives about women at mid-life in forming women’s experience of menopause. We aim to develop a socially situated theory about how
menopause impacts participants’ thinking about themselves and their choices, through 
analysis of women’s accounts of their lived experience of menopause. We consider the 
possible impact of sociocultural changes in discussing the results in light of earlier studies.

Methods

Design

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

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

Ethics

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

Participants

Recruitment criteria were that women considered themselves to have experienced 
menopausal changes in the previous two years. Self-identification was appropriate to the 
research aim to explore women’s thinking about themselves and to avoid framing the
conversation in a biomedical narrative. Purposeful sampling was used to obtain variety in employment, family circumstances, and treatment choice. Participants were recruited through posters in community centres, sports centres, women’s centres and through snowball sampling [43]. Table 1 presents demographic information about the 11 women interviewed. Table 2 summarises the women’s description of menopausal signs and treatments used.

Data Collection

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

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

Analysis

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

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

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

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

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

Category 3 - Keeping it Hidden (Table 6)

Almost all participants spoke about keeping their menopause hidden, particularly in front of men. This appeared to be in response to an unspoken perceived social etiquette that menopause should be a private experience. This may account for the observations that menopause was excluded from shared social knowledge and tended to be overlooked by individual women and in society: some described having heard or thought very little about menopause before their own. Etiquette could be relaxed in the company of close female peers, creating a form of ‘hidden sisterhood’. Keeping menopause hidden was a strategy
used by women in order to continue their story, without becoming subject to negative narratives about older women. It became a veil, hiding from view a significant part of their lives. It was also an additional challenge to managing menopause.

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

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

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

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

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

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

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

Discussion

We will discuss this study in the light of the earlier research described on sociocultural factors shaping menopause, paying particular attention to the question of how changes in women’s lives may have altered the impact of menopause on women’s identity.
In this study, negative views about menopause coexisted with positive statements about the beginning of something new and this is consistent with earlier observations [6,14,30,31,32]

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

These meanings of menopause were present in interviews regardless of career, parity or age of children, suggesting they are cultural rather than arising from individual circumstance. In common with other studies, fertility choices were represented as related to age [47] and reached before menopause. Participants presented as vigorous and confident, with future goals and ambitions, but this seemed to be at odds with the meanings they attached to their changing bodies. These meanings appear to be rooted in persistent cultural valuing of female creativity primarily in terms of reproduction [48] and positioning female bodies as diminished by changing hormones in comparison with male bodies. [7,27,49,50]. The perceived social etiquette of keeping menopause hidden creates a space in which these
narratives can thrive unchallenged. In a circular process, menopausal women act to avoid being ‘outed’ [50] as menopausal and becoming subject to the dismissive narratives. Therefore it is less likely that there will be women who are known to be menopausal visible in society as vigorous, effective and attractive, countering these dismissive narratives. This is one factor in the paucity of inspiring role models which participants described.

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

Compared with other studies [14,30,31], participants were particularly concerned about the impact of menopause on their appearance and this appears to confirm the findings of Rubenstein & Foster [32]. Participants viewed being ‘red and sweaty’ as inconsistent with the image of competence and authority they wished to convey [6,51]. All participants linked menopause with looking older [32,52,53] and appeared to wrestle with reconciling menopausal changes with the prevailing idealised cultural norm of slim youthfulness [54,55,56]. This is consistent with an association observed between appearance-related
menopausal attitudes and body esteem [57]. As in other studies, some described a loss of confidence during menopause [14,58], co-existing with security in their professional and social skills and experience.

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

This is a qualitative study and so aims to present one possible account of menopause and its impact on female identity. The findings are applicable to this group of women and consequently do not make any claims to generalisability. However, the study complies with published standards for validity in constructivist, qualitative psychology research [60] and so we would argue its findings offer some insight into how menopause might affect women’s thinking about themselves. Participants’ accounts are consistent with the findings of large quantitative surveys [18,19,20], suggesting that the sample was not dominated by women who have had a difficult experience during menopause. The sample is enriched in factors
which have been associated with positive menopause experience, such as increased years of education [19] and social connectedness [61] which could mean that positive accounts are overrepresented. Most of the participants were peri-menopausal. For many women it is during perimenopause that they begin thinking of themselves as menopausal and so the sample is appropriate to the research question which asked how women’s sense of identity was affected by the perception of being menopausal. The findings of this study cannot be extended to women who consider their menopause complete and in the past.

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

Clinical Implications and Future Research

This study suggests that menopause should be considered within the context of a woman’s unfolding life story. Women are seeking to continue their life story during menopause. In
doing so they are impacted by cultural meanings of menopause as a gateway to older age, dismissive narratives of menopausal and older women and perceived unspoken etiquette that menopause be kept hidden. Services have a role in making cultural narratives and social factors visible, and facilitating women’s exploration of other perspectives [32,58,62]. This may enable women to dis-embed themselves from unquestioned assumptions which may shape what they believe is possible in their lives and how they relate to their bodies [63]. For this reason, it is relevant for health care professionals working with women of menopausal age to be aware of their own assumptions.

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

The socially constructed meaning of menopause as a transition to a fresh life stage, rather than one aspect of many gradual changes associated with ongoing ageing, creates an opportunity for review which some women in this study described as a return of focus to their own development, emerging from a lifestage in which available narratives prioritise care of family [27,66,67]. There is an opportunity for information and services to promote and support this process of review, encompassing physical and emotional wellbeing and life values and goals. By contrast, the recently published NICE guidance [68] offers a somewhat narrower approach to consultations with menopausal women, privileging a biomedical
discourse that focuses simply on informing women of possible symptoms and treatment options. Such guidance, in our opinion, risks reinforcing the negative expectations expressed by participants in our study.

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

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

The authors are indebted to the women who participated for sharing their time and their story. They would also like to thank Dr Lyndsey Moon of [removed for blind review] for invaluable discussion of the research.

Declaration of Interest Statement

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

Current Knowledge on the Subject

Menopause is a biopsychosociocultural phenomenon.

Menopause cognitions impact experience and symptom reporting.

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

What This Study Adds

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

Women need information to interpret their changing bodies and make choices about their response. Information and support is needed which is holistic and makes visible cultural narratives, so that women can be aware of different perspectives and use the opportunity of review to construct a positive post-menopausal narrative.
An etiquette of keeping menopause hidden enables both the meaning of transition to a new life stage and negative narratives to persist unexamined and may result in women entering menopause with partial information and few positive role models.
<table>
<thead>
<tr>
<th></th>
<th>Age</th>
<th>Ethnicity* (where Lived as Child)</th>
<th>Age Leaving Formal Education</th>
<th>Work</th>
<th>Relationship^</th>
<th>Children</th>
</tr>
</thead>
</table>
| Alison | 55  | WB (UK)                          | 19                          | f/t CEO small company | M (2nd) | 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 2nd) | 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 |
### Table 2 Information Given by Participants about their Menopause

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

*now regular bleeds with HRT
**Table 3 Interview Guide**

<table>
<thead>
<tr>
<th>Study Title: An exploration of women’s identity during menopause: a Grounded Theory Study</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Opening Question:</strong></td>
</tr>
<tr>
<td>What made you decide to participate in this study?</td>
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<tr>
<td><strong>Main Question:</strong></td>
</tr>
<tr>
<td>Would you like to tell me about your menopause?</td>
</tr>
<tr>
<td><strong>Additional Questions if needed:</strong> (Questions in italics added to explore categories)</td>
</tr>
<tr>
<td>How did your menopause compare with what you expected?</td>
</tr>
<tr>
<td>Before your own menopause, where do you think your ideas about menopause came from? What did you know about your mother’s menopause?</td>
</tr>
<tr>
<td>Have you considered treatments/ HRT?</td>
</tr>
<tr>
<td>Do you think being menopausal has made any difference (as relevant depending on questionnaire answers) :</td>
</tr>
<tr>
<td>- 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</td>
</tr>
<tr>
<td>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?</td>
</tr>
<tr>
<td>Do you think menopause has changed the way you think about yourself at all? Could you say a bit more about that.</td>
</tr>
<tr>
<td>What would you say has been the main impact of menopause on your life?</td>
</tr>
<tr>
<td><strong>Closing Question</strong></td>
</tr>
<tr>
<td>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?</td>
</tr>
</tbody>
</table>
It feels Like My body’s Been Taken Over by Aliens

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<thead>
<tr>
<th>It feels Like My body’s Been Taken Over by Aliens</th>
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<tr>
<td><strong>My body becoming different</strong></td>
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<td>well I started by losing one period every two months ... and then um I started getting hot flushes.(Cathy 14)</td>
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<td>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)</td>
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<td>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)</td>
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<td><strong>My body becoming uncontrollable and unpredictable</strong></td>
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<td>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).</td>
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<td>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)</td>
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<td>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)</td>
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<td>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)</td>
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<td><strong>Feeling diminished by my body changing</strong></td>
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<td>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)</td>
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<td>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)</td>
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<td>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)</td>
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<td>so if you’re in a meeting with a client or something and then you’re suddenly breaking out</td>
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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)
Going From one Phase of Life to Another

Being Moved Into a Different Box

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)

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)

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)

Not Just Another Frumpy Menopausal Woman

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)

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)

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 thing .....people 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).

Steaming on Ahead Into The Next Phase of Life

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)

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)
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)
A Slightly Taboo Area

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)

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)

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)

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)

well I suppose that’s it’s personal, I suppose it’s this, this whole muddled area of things to do with women’s hormones ....it 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)

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)

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)

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)
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)

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)

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)

it has its downsides but you can manage those if you’re smart enough, if you get the right help” (Faye 182)

I’m the norm, nobody’s the norm, nobody is the norm, you know we are all different (Faye 383)

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)

I haven’t really felt the need to do or change anything it just hasn’t been too bad (Holly 208)

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)
Continuing My Story While Everything Changes

Reviewing my Story

It's all part of the big CHANGE, a big change thing (Alison386)

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)

I would say .......definitely 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)

It is a new start and it is a time for us (Holly 276)

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)

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).

Writing this Chapter

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)

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 it’s a sapling, the next minute it’s an old oak and the next minute it falls over (Cathy 589)

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)

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)

Feeling the Strain

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)
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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