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The post-re/productive: researching the menopause

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The post-re/productive: researching the menopause

**Purpose:** In reflecting on our experiences of bidding for, winning, completing and disseminating a government-funded report on the effects of menopause transition on women’s economic participation, we consider the impact on our work and on us. These experiences took place in a variety of work contexts.

**Design/methodology/approach:** Following the publication of the report, we undertook collective, autoethnographic memory work that forms the empirical body of our argument. This is presented in thirteen vignettes.

**Findings:** From the earliest days of the menopause transition project, we found ourselves continually traversing the supposed public-private divide in our work contexts. Our experiences speak to broader social issues around gendered ageism in these contexts.

**Research Implications:** The paper analyses the challenges of researching what is a universal experience for women yet also a taboo subject. It discusses the relevant implications for and possible effects on researchers who investigate such topics in organisation and work studies and elsewhere.

**Originality/value:** Menopause experiences as they connect to work are under-researched per se. Our paper extends knowledge of how this research area is not only shaped by researchers but has an impact on those researchers.
Introduction

It was in one of those times when we were exploring and fathoming the complexity of the literature that our conversations went sideways and we talked about what it had been like reading the articles. I opened up to say how they seemed to seep into me, not just to occupy my mind and thoughts but to occupy me bodily. The timescales were tight, scanning our chosen databases and platforms to capture the evidence was hard going, reading thousands of entries and scanning for the ones that matched our remit. Fearful that I would miss one and that would break the rigorous requirements of the evidence review methodology, I re-worked and doubled back to check. The horror of some of the study hypotheses, the clinical feel to the medical studies and the shock of learning some of the vulnerabilities of women in perimenopause that have not been reported in the public domain (e.g. cardio-vascular stress): these required strength and stamina to work through. It was also great fun and stimulating to be sharing our views and thoughts on the articles, their methodologies, their preoccupations and their findings. Then we would resume as ‘objective researchers’ as per the methodological requirements of rapid evidence review.
Studies of organisations and work have paid very little attention to menopause, despite the ‘bodily turn’ in our discipline two or more decades ago. Notable, but rare, exceptions include Jack et al. (2014, 2018), Atkinson et al. (2016) and Gatrell et al. (2017), as well as our government-funded report on the impact of menopause transition on women’s participation in paid employment (Brewis et al., 2017). We researched and wrote this report between January 2016 and summer 2017; and it consists of a critical review of 104 English language publications dating back to 1990. This evidence base identifies many negative effects of menopause transition on mid-life women’s economic participation, and vice versa. These effects, as the report establishes, are the result of a taboo around the menopause, which itself is arguably a function of gendered ageism in work contexts and elsewhere. The report therefore includes recommendations to employers on how to support employees experiencing menopause transition.

This paper is a collective organisational autoethnography of applying for, winning, working on and disseminating the findings of this funded project. We realised during this collaboration that many of our experiences of doing the research reflected those reported in the evidence base, in particular around menopause as taboo and the combination of sexism and ageism in western workplaces. As such we offer an analytical account of our experiences “to illuminate … structural, cultural, or institutional issue[s]” (Wall, 2016: 3) around menopause as it connects to women’s economic participation. We explicitly foreground how our experiences of collaborating on the report are reflected in the evidence base on these connections. This is in the hope that readers consider their own lives as they connect to ours, perhaps recognising their experiences of studying menopause and similar topics in our discipline in these accounts - or at least allowing them to identify the
differences (Ellis, 1993: 711, 726; 1999: 674). Quoting from the call for papers for this special issue, this autoethnography of scholarship in higher education therefore also speaks to “the political, ethical and practical issues that arise through engaged forms of work”. We make a case centred around our shifting subjectivities as the project progressed and the dynamic sociopolitical effects these occasioned in each of us, in our research team and in the shape of a menopause policy at the university where one of us works. Further, the analysis spans a number of work sites – various university locations, a conference centre, public transport and conferences. As such it highlights intersections between universities as workplaces and other spaces and places where academic research gets done.

Our discussion therefore extends knowledge of how research areas are not only shaped by researchers but have an impact on those researchers. We focus on what it is like to research the connections between menopause transition and economic participation, rather than the connections themselves as discussed in our report. However, to set the scene as to what the evidence base has to say about these connections, we provide a necessarily brief summary next.

The evidence base connecting menopause and economic participation

The menopause, when a woman no longer menstruates, is something all cisgender women - and some who identify as transgender men, non-binary or gender non-conforming – go through. Our report establishes the average age of onset of menopausal symptoms in the west as 48. The average age of menopause itself is 51. Nonetheless, many women will experience symptoms much earlier, with 1 in 100 women reaching menopause before the
age of 40. A widely accepted definition of menopause transition comes from the Stages of Reproductive Health Workshop. Here early transition is characterised by changes in a women’s menstrual flow or her cycle, whereas late transition starts when she has missed two periods completely. Menopause is only confirmed when a woman has had no periods for 12 months.

Menopause is still the subject of considerable debate in the clinical literature. It is also clear from our research that it is a very variable experience, biologically, psychologically and culturally. Further, menopause is not necessarily something women find challenging or problematic (see, inter alia, Griffiths and Hunter, 2014; Jack et al., 2014, 2018). Nonetheless, 75% of women experience hot flushes and night sweats, for example, and 25% are badly affected by these symptoms (National Institute for Health and Care Excellence, 2015: 73).

Many are reluctant to discuss their symptoms at work because they fear being stereotyped, judged or criticised due to gendered ageism. Relatedly, mid-life women often report feeling the need to manage their bodies at work to avoid creating the impression that these bodies are unprofessional or otherwise problematic (see, inter alia, Jack et al., 2014; National Union of Teachers, 2014a, 2014b).

Next, we discuss the methodology used to compile our autoethnography, outlining our approach, identifying it as a moderate autoethnography (Wall, 2016) and as quasi-memory work. The main body of the paper, which analyses thirteen autoethnographic vignettes, reflects on being academics; applying for funding; the menopause as a taboo; working together; presentations, meetings and conferences; and menopause symptoms.
Methodology

Whilst working on the menopause transition report, we started to talk to each other about
our experiences of doing this research. We had not collaborated on research before, despite
being colleagues of some years’ standing. Yet several of these experiences were very
similar. We decided to write something about the project on this basis, which led to us each
taking some time to reflect back and write down narratives or vignettes of specific episodes
as we remembered them and as they reflected specific stages or elements of the project.
We then shared them with each other, not without some trepidation. This was
because, despite having become very used to discussing intimate parts of women’s bodies
and experiences as they related to menopause, these narratives were at times very
personal. We then talked about the differences and similarities between our vignettes and
how we could build them into this paper. The point of the paper, however, is not just to tell
these stories but to connect them to a wider set of sociopolitical claims about how mid-life
women’s bodies are understood in various organisational settings and in wider British
culture. We also document the effects the menopause transition research had on us both as
a research team and as individuals.

Autoethnography

As Wall (2016) points out, autoethnographies can be understood as varying according to an
emphasis on evoking emotional reactions at one end of the continuum and on analysis at
the other. Her preferred position is one of a mid-point ‘moderate autoethnography’, which
employs “a systematic approach using ethnographic strategies, … linking of personal
experience to social, cultural and political issues, and a critique of certain discourses within a cultural context with a vision and hope for change” (page 5). This is the approach we take here.

As such, in terms of ethnographic strategies, we are each full members of the setting being investigated; and we draw here on post-hoc vignettes of our experiences which span the time period from the very early stages of the project through to the launch of the menopause policy at the University of Leicester. Like Bell and King (2010) in their autoethnography of CMS conferences, we did not intend to use our experiences for further research from the outset: this emerged more organically. Second, we use these experiences to offer theoretical interpretations of British academic workplaces and wider British culture around gender, age, the female body and menopause as well as discussing how academic research can affect those who carry it out. This is so as to make our “personal story culturally relevant” (Wall, 2016: 4). Our vignettes feature a mixture of emotions including anxiety, fear, unease, empathy, relief, excitement, sadness, embarrassment, defiance and resentment.

As Ellis (1993, 1999) makes clear, this ‘emotional recall’, which she likens to method acting because it requires the researcher to place themselves back in the situation physically but also emotionally, focuses on a specific life but aims to shed light on “a way of life” (1999: 671). As such, we go beyond simply evoking emotional reactions in our readership. Wall (2016: 7, following Stivers) argues that one of the key strengths of autoethnography is precisely the personal nature of the accounts it generates. Yet these are never unique to an individual because we are always “socially connected and constituted”. Haynes (2011: 135)
suggests autoethnography should therefore link “the personal to the cultural by analysing
the self within a social context ... in order to extend sociological knowledge”. As Ellis and
Bochner (2000: 739) suggest, then, autoethnography zooms in and zooms out to blur “the
distinctions between the personal and the cultural”. Third, our critique centres on the
discourses around instrumentality, performativity, objectivity and objectification and
detachment in academic research – all of which we found ourselves invoking and sometimes
re-invoking at specific stages in the project, or being positioned by others according to these
discourses.

As the foregoing indicates, we also understand ourselves as constantly being reconfigured
by and through our being-in-the-world. We make no claims around surfacing our ‘true’
selves in the vignettes. This resonates with McDonald’s (2013) comparison of
autoethnography with queer theory’s emphasis on experiences and identities as always in
flux. One of our key lines of argument circuits around how we each understood ourselves as
mid-life ciswomen scholars at the outset of the report project, and how these
understandings continued to shift, in contrast to the more common tactic whereby
“researchers reflexively discuss the research process and their impact upon
the research” (McDonald, 2016: 395 – also see Gilmore and Kenny, 2014). This also reflects
Ellis’s (1993: 724; 1999: 674) suggestion that autoethnography often consists of
retrospective accounts of epiphanies which change those who experience them.

There is of course an increasing number of autoethnographies of academia. Like ours,
several of these foreground gendered bodies. These include Riad’s (2007) discussion of
pregnancy and motherhood; Bell and King’s (2010) analysis of CMS conferences; Learmonth
and Humphreys’ (2011) use of *Dr Jekyll and Mr. Hyde* in unpicking their sense of themselves as business school faculty; Essén and Värlander (2012) on academic writing; Ryan (2012) on the intersections of gender and age in her ‘career journey’; Kemp *et al.* (2015) on the gendered symbolism of workplace artefacts in academia; Trussell’s (2015) analysis of having her first child whilst on the tenure track in a Canadian university; and van Amsterdam’s (2015) account of expressing breast milk at work. However, in tandem with the lack of attention to the menopause in studies of organisations and work, and although some of these earlier analyses focus on women’s bodies as ‘reproductive’, none deals with the ‘post-reproductive’ body.

And yet this body is becoming a much more pressing concern across organisations in the west as the workforce ages. In the UK for example, the number of women aged between 50 and 64 in employment rose by 20.2 percentage points between the second quarter of 1992 and the first quarter of 2018 (Office for National Statistics, 2018). The post-reproductive working female body therefore represents an important new focus in our discipline, especially in comparison to what we know about its reproductive counterpart. Here we offer the first insights into what it is like to research the taboo of this post-reproductive body and how it affected us as mid-life ciswomen researchers.

Like many other autoethnographies, our accounts are – at times – also both intimate and sensitive. Ellis (1999: 672) writes powerfully about the “vulnerability of revealing yourself, not being able to take back what you’ve written or having any control over how readers interpret it”. Wall (2016: 7) agrees:
Given that printed texts live on in static form long after they are written, it is vital that autoethnographic writers consider their present and future vulnerability as life goes on and attitudes and perspectives, both personal and social, change ... How much do we want to and need to put ourselves out there forever and for all?

To address some of these pitfalls, we wrote this paper using elements of memory work, which we see as a variant of autoethnography.

*Memory work*

This feminist methodology was originally developed by Frigga Haug (1987) and colleagues to explore the persistent sexualisation of women’s bodies. Haug (2016: 156) suggests that memory work “stands in contrast to the usual empirical approach. It does not look at experiences and memory as separated from their subjects and as things that can be interrogated without them”. Vlachou (2016: 118), similarly, writes that

> Working in a group that shares a common understanding of experience as socio-politically produced, memory workers try to remember, re-remember and re-work their experiences regarding a certain topic [...] collectively.

In keeping with this approach, we began with individual written accounts before discussing them as a trio. We chose to not attribute these accounts to their original authors in this paper, so as to maintain a veil of collective authorship in the vignettes and the wider
connective tissue of the analysis. Like Bell and King (2010: 433), we opted for this quasi-anonymisation “to give the reader as much latitude as possible in reading themselves into the text, presenting these fragments or moments in a way which invites others to connect with them”. Although we didn’t write our vignettes in the third person as Haug (1999: 3-4) [1] recommends, the anonymisation does mean that the ‘I’s’ in these texts are not readily identifiable. Moreover, the vast majority of autoethnographers – if not memory workers per se – write in the first person.

This also echoes our belief that human experience is socially constructed and that autoethnographic analyses therefore need to forge analytical connections between the micro, meso and macro levels of our lives. Indeed autoethnography has on occasions been criticised for failing to recognise that remembered experience is always inscribed within a culture; it is never just about oneself/(/ one self) (Essén and Värlander, 2012: 407-408, following Brandt et al.). Moreover, anonymisation affords us each some protection against the risks entailed in narrating intimate details of our lives (Ellis, 1999; Hall, 2016). Although our vignettes are more akin to what Ellis (1991: 30) calls “brief descriptive accounts”, which she suggests risks decontextualizing them as ““an experience””, they are presented as narratives. As such, they “stay as close as possible to the details reported … to provide a stimulus for discussing issues of the relationship between presented text and feeling/thought and for comparing experiences across groups and culture” (ibid.: 45).

Our approach is, relatedly, based on another fundamental precept of memory work – a rejection of the notion that remembering is a simple matter of individualised retrieval. Our ‘social remembering’ “construct[s] the past as a situated interactional accomplishment,
rather than a cognitive operation” (Brown and Reavey, 2013: 58). Our analysis of the vignettes therefore says more about the contexts of these experiences, including our interactions with each other, than about us as individual ‘remembering agents’. Likewise, Haug (2016: 175) insists group discussion is key to memory work so participants can identify similarities and divergences between individual memories and to maintain a “lack of respect for the surface meaning” of such accounts. Thus memory work is a specific type of autoethnography because it is always collective. It also mobilizes retrospection as do many other forms of autoethnography. After all, as Ellis (1991: 29) points out, “We cannot study “unmediated” pure thought using any method. All reflection is of the past [...] The “I” is never directly observed, since reflection changes it to a past “me”.

The spaces for our autoethnography are created by what Gilmore and Kenny (2014) call collisions between different ‘worlds of work’; the university and a range of other settings in which the content of our work and the requirements of the settings collided. To these we now turn.

**On being an academic**

**Vignette 1:** Our roles as academics are, in the main, public whether this is in our teaching roles (contact with students, recordings of our lectures, voices, bodies, TEF), in terms of our research ‘performance’ (REF), administrative duties e.g. in committees and other formal and informal meetings, or as public sociologists [2] via which we seek to have an ‘impact’ (not in REF terms) and make a difference. The research that I not only find interesting but also care about is what keeps me going
and why I put up with the level of performativity that is required.

For gender researchers like us, the notion of a public-private divide – in academia as elsewhere – is highly contentious. Vignette 1 reminds us of just how indistinct this divide is in emphasising value-relevance in academic work (Weber, [1904] 1949). It suggests that, in neoliberalised academia especially, value-relevance is not just inevitable but also necessary to keep us afloat in the assessment regimes which beset higher education. This enables us, the vignette implies, to retain what Clarke et al. (2012: 9) call romantic love: “a deep and strong affection for [our] academic work ... [our] intense love for academic life ... a deep affinity for [our] profession”.

Vignette 2: The work-me and out-of-work me are kept deliberately separate. For example, I don’t really like bumping into my students in the supermarket, the items in the basket revealing intimacies that I do not want to share. Being fiercely careful to keep home as home and work as work helps me with work-life balance but mostly I guess it is my way of being professional. Still, through two other work projects, both involving families in different ways, I have reflected on how my research can blur or bring my private home more into the public domain. There my family came into the research in my thoughts, reflections and talk with colleagues but were never written into the data. Also when I was expecting, and particularly with my first pregnancy, I got used to my professional-me being sidelined to a pregnant body, only to come back to work when there was no evidence of my maternal body standing at the photocopier or raising questions in a meeting.
Vignette 2 invokes similar issues but from a different perspective. Here one of us suggests that, whilst the fiction of a boundary between work life and family life is important for her professional identity project, this is always a porous boundary. Not only do we not leave ourselves at the metaphorical factory gates when we think, reflect and talk about our research, but our bodies bear explicit witness to other parts of our life or our persona when we are at work. In vignette 2 the example is pregnancy. Vignettes 12 and 13 at the end of the paper offer examples relating to menopause.

Vignette 3: The old crone, the hysterical mid-life woman with raging hormones, was not a great image. Role models of senior post-menopausal women are also few and far between in my workplace with the exception of our former head of college. Ruthlessness seemed the requirement for progression. But had I been looking? To be fair, before and until mid-way through our research I had not considered my two co-authors in menopause terms, that is, where they might be on that journey. The body, my body and others’ bodies were not centre stage in my academic day to day.

Thoughts, analysis, writing, and presenting — all disconnected from the body, disembodied. Within our research team the body and our bodies came more into conversation. It became easy to talk about women’s bodies and symptoms in the research and also we began to share our own bodily experiences. In steps and stages this ease has grown/widened. But recently the disconnect happened again. I was on the phone talking to a woman I have known for several years from the research office about funding and as we closed the conversation she said ‘and here’s another hot flush now’. It was a break in our normal, professional conversation. At that
moment I had nothing to say, I didn’t ask for more details, I didn’t ask her how it was going for her. We laughed. We finished the conversation. I felt bad. In that moment I only had my talking-to-the-research-office-about-contacts part of my brain in the conversation. That was familiar and business as usual. Programmed compartmentalisation. Since that conversation I’ve followed up with my colleague and asked openly. I’m being with and in the menopause at work.

Our third vignette continues the theme of public-private/publicprivate in academia. It evokes the performance of masculinity which was identified as a central, yet simultaneously challenging, requirement for women to succeed in organisations by Sheppard as early as 1989. It also nods towards the paucity of older women in senior roles in our workplaces as elsewhere. To some extent this is generational but, given the ageing UK workforce, Atkinson et al. (2015) describe it as a coming ‘tsunami’ for which HR professionals in particular are unprepared.

But vignette 3 also expands on our experience of talking about very intimate aspects of women’s bodies. Here we detect three themes. First, within a short space of time the report team became very comfortable with discussing these topics. And yet a sense of disembodiment hovers behind this vignette – in the sense that an academic treatment of the minutiae of others’ lives can mean those details are objectified. This is what O’Connell Davidson (2008) describes in reflecting on her publications about a sex worker whom she researched over a five-year ethnography and whose experiences became ‘frozen’ on journal pages, available for others to use for their own purposes. Our discussions in this exemplar seem to bolster O’Connell Davidson’s point – we were reviewing evidence collected by
others concerning women’s experiences of menopause. As such we were at two degrees –
and in several cases decades – of separation from those women.

Vignette 3 then surfaces how we began to talk about our own experiences. For us the
menopause is not something which involves studying up or down, as Nader (1969) originally
put it. Instead, we are studying across (Gusterson, 1997) – we are all in mid-life, we are all
ciswomen and we are all moving towards the menopause. Still, the final theme we see in
this vignette is how - despite a growing realisation of just how personal this research project
was becoming and an equally epiphanic sense of its sociopolitical importance (Ellis, 1993,
1999) – we continued to revert back to ‘programmed compartmentalisation’ at times.

On applying for funding

Vignette 4: The subject matter of the tender did not strike me as anything that I
considered to be personal. It sounded interesting and something that was new
although partially linked to my previous interests. I did not think about the potential
issues involved. It was a contract that we were to bid for and as such was
depersonalised, objectified (in the amount of money attached or the status
associated with winning a government grant) and purely work-related. A project, in
the sense that it was meant to be a short-term endeavour with achievable objectives
that were to be completed rationally and sensibly. Coming together as a new team
meant that there was some excitement but the methodology the contract required
us to utilise (a rapid evidence review) reinforced the perception of a pseudoscientific
project.
Our fourth vignette covers similar terrain to vignette 3 and offers a stark contrast with the emphasis in vignette 1 about value-relevance in academic research. Here the opportunity to bid for the funding is presented in instrumental terms and the project itself characterised as short-term, linear and a likely ‘easy win’. This vignette seems to privilege exactly the performativity which vignette 1 problematises. Clarke et al. (2012: 10) call this “pragmatic love — [academic] practices which are seen as mutually beneficial, unromantic, logical and rationally calculated”.

Vignette 5: To look at menopause transition seemed a natural next step. I had worked with several academic women on life transitions, particularly motherhood. Menopause, the subsequent biological life phase for a woman, was next. ‘It’ was the next major change in my body, and for me. It seemed natural to ask one of my motherhood research colleagues to join me, but the topic didn’t grab any enthusiasm. I chatted in the pub at an American conference about it. Some interest but not much, and I didn’t agree that this was just an extension to empty nest syndrome. So I left it for some while longer. ‘It’ didn’t seem to be an attractive prospect for collaborative research. My own mum had suffered. 10 years of night sweats, changing her nightie at least once a night, buying light cotton nightclothes, worries on whether to or not to take HRT. And there was that lack of confidence. I still can feel her lack of confidence. I was mindful of those mum-menopause years and concerned how this was going to land for me. I had breezed through becoming a mum. Loved it. All the bits and including morning sickness, birthing and sleepless nights. But menopause didn’t look great. In fact the maternal body was easier to
control. In contrast I wondered and worried about losing confidence, lack of sleep and hot flushes in meetings.

It is funny how things happen, though. Through a post-seminar discussion at our university with a visiting academic on a different topic, the menopause was back in conversation. We committed to do some interviews. The call for the evidence based review came up out of the blue as we had got our first few interviews done. And so I found myself to be smack in the midst of two research projects on the menopause, not one. It would work well, I reasoned with myself. Two projects would feed into each other and thoughts of journal papers, grant applications and that thing called impact were all reasons, and good reasons, to do both projects despite having many other work commitments. Now there was sudden abundance when all I had before was distancing.

Vignette 5 on the other hand depicts researching the menopause as a natural next step for one of us, in terms of both her life/ reproductive stage and her research interests. However, even amongst women who had collaborated on projects on motherhood, the taboo around menopause appears quite clearly here. One of us has argued previously that, when cismale organisation studies scholars write about sex and sexuality, the discursive association of sex with the private sphere, with the feminine (and therefore as irrelevant to organizations), may be much reduced ... and the work accepted as a genuine contribution to the field, given that the writer is coded as
masculine and therefore as interested only in what it is ‘proper’ for organization studies academics to investigate (Brewis, 2005: 502).

Similarly, work on the menopause may well carry a stigmatising effect for academic women, even according to those women themselves.

We were also struck by the use of the noun ‘abundance’ in vignette 5. As our report suggests, the clinical literature and wider vernacular often construct menopause as a series of deficiencies, an ending and/or a period of fundamental decline. This is a medical-biological model, based on falling hormone levels and the fact that post-menopausal women can no longer become pregnant (Brewis et al., 2017). In contrast, researchers including Griffiths and Hunter (2014) and Jack et al. (2014) present a biopsychocultural or biopsychosocial approach which emphasises the uniqueness of every woman’s menopause experience.

Indeed there is some evidence that women relish attaining menopause. Morris and Symonds (2004) report how some of their participants welcomed the end of menstruation, framed within notions of ‘naturalness’, and some of Kafanelis et al.’s (2009) respondents describe becoming more assertive at work. Elsewhere a Social Issues Research Centre (2002) survey reports that half the sample identified menopause as a key stage in an upwards career trajectory; and some of Jack et al.’s (2018: 11) respondents experienced it as “an opportunity to articulate the potential advantages of identifying as a professional older woman”. So, in the evidence base and our experiences alike, there is a counter-narrative around menopause of abundance and a sense of things coming to fruition.
On menopause as taboo

Vignette 6: My memory of the trip to the GEO office in London was that we were all quite nervous and self-conscious. We were ‘dressed up’ for a professional encounter and this was the first time that we met/ did something together outside of the strictly organisational work space as comprised by the university campus, all adding to the sense of importance. But all of this was suspended on the train journey. I remember the ‘moment’ all three of us were immersed in our conversation about the menopause that led to us talking at a ‘normal’ volume. And I don’t really know what made us realise all of a sudden that people may find our topic of conversation awkward – discussing vaginal dryness as a symptom - or whether anybody was in fact listening. But we all three seemed to become self-conscious at the same time and this interrupted the flow of the conversation, which continued almost conspicuously quietly and with some giggling about us having been so brazen. But also a little defiance that this sense of embarrassment and tabooness should be tackled. The phrase ‘sense of giddiness with the power of taking the fight out there’ really sums this up for me.

This vignette reiterates how we rapidly became inured to using the terminology around menopause freely and our separation in empirical and temporal terms from the women whose experiences are mapped in the evidence base. But the sudden realisation that we were holding a conversation at normal volume about menopausal symptoms in a public
place – the first we had had since deciding to apply for the funding - shifted the register of this interaction. Our voices lowered but at the same time we experienced a collective sense of defiance. The giddiness that vignette 6 describes probably marks the beginnings of the epiphany that menopause should become a joint political crusade for us – the desire to make some sort of difference with the work we had signed up for, as opposed to ‘just’ doing research or ‘just’ winning government funding.

**Vignette 7:** Our presentation was on the second day of the conference. My co-authors and I had mapped out our presentation. We searched for images, as you do. The images were always of mid-life menopausal women in distress, sad, grey haired and easily in their late 50’s. There were no shortage of cartoons of women sweating and leaping out of bed, with the windows open and their partners left freezing on one side of the bed while on the other there was a body-shaped wet patch. Women with fire coming out of their heads sitting on the Tube and bystanders pretending not to notice. It was easy pickings to add some humour into the visuals. Why cartoons ... and so many? There were no glamorous pictures, except for the **Tena lady.** I liked this advert to begin with, it reminded me of a Chanel ad. And then you notice that her label is sticking out, she has forgotten to do up her zip or is about to get her dress trapped in the lift. ‘Oops’ is the catch-line to capture urinary incontinence. It looks to be making a nice comment, but it isn’t. And interesting why I had associated Tena with menopause when urinary incontinence can come earlier, one of those nice side gifts of childbirth. From the participant interviews and web search Tena was also the top hit on menopause products.
A few weeks later I felt unsettled about the presentation. It went really well. But I felt uneasy to have perpetuated and reinforced those images, the cartoons, the Tena lady. It was so easy, unnoticeable to slip into the taboo and the way menopause is seen in our culture. How easy it was to want to shout out about the more salacious, the less spoken about perimenopausal symptoms. Back to queries of why cartoons, why so unrealistic and why the humour? We did laugh though. There had been plenty of giggles and hilarity in making the slides. Maybe the laughter was necessary, a bonding of courage to get up and speak. It was a jolly feeling to be talking about menopause, actually saying it ‘out loud’ to an audience. It felt quite liberating, and more than the usual adrenalin of presenting.

Vignette 7 describes an experience related to the empirical work one of us is doing on menopause with another collaborator. It suggests that talking about our research on the menopause in communal settings, ‘saying it ‘out loud’’, is a political act. But this isn’t just part of breaking the taboo – there is also a dawning sense of a responsibility to avoid reinforcing negative stereotypes. Butler (2015: 50) suggests that many instances of laughter at work “are predicated on at least a degree of perceived social abnormality” and therefore serve as a corrective to any ‘breach’ of collective values and norms. Perhaps the use of comic (and negative) imagery in discussions of menopause, as described in this vignette, inadvertently functioned as just such a corrective, preserving distance between those attending the conference session and their ‘others’ – menopausal women.
On working together

Vignette 8: At the outset of our working relationship, things seemed ‘normal’ in the sense of a project that needed resource allocation: readings were identified and whittled down, allocated considering differences in expertise, timeframes and tasks set (and revised) and extensive spreadsheets filled in to gather together the knowledge we were accumulating and processing. This all changed with our regular face-to-face meetings. The others’ enthusiasm was infectious, the novelty of the research area and the sense of breaking new ground was exhilarating, and the conversations often meandered along any issue that was interesting. Above all, they gradually became more intense and personal in nature. But in parallel, I also think that I felt liberated to just be myself and not have to impose a strict separation between personal interest in the subject matter and a professional treatment of it. Our working relationships became innovative (suggestions of new connections, ideas for projects, etc.), constructive, positive and very enjoyable.

Vignette 8 again conjures up the shift in our project work away from its initial ‘business-like’ phase where we tended to objectify menopause transition and those who experience it. During this first stage we worked as individuals as opposed to as a team and followed a set methodology and process for documenting our activities. The vignette also speaks to us objectifying ourselves during this early stage. The process of bidding for the funding probably reinforced this last tendency, requiring that we ‘impaled’ ourselves on the pages of the application as Academics, one-dimensional collections of methodological expertise, track records and research interests (O’Connell Davidson, 2008). But vignette 8 also
captures the emerging ownership, commitment and passion – the epiphanic politicisation -
that earlier vignettes have surfaced. It speaks to a sense of doors opening, of new activities
following from the report.

Vignette 9: It has been a great research collaboration, and new. The four of us had
never worked together before and each was from a different sub-discipline. We
wrote the bid for the contract, and we evaluated ourselves and our CVs to capitalise
and promote our strengths from our previous research work. I can honestly say the
bid looked good – I was impressed. I hoped we would get it. Never did it occur to me
that we were three women and one man, and that to be an all-woman team might
lessen our credibility.

One incident in particular made me reflect back on the team we had gathered
together. In the build up to our policy launch I was asked by a senior manager on my
call list whether there was a man on the team. To be fair you can’t necessarily tell
from our first names. It hit me then - the question was about whether we would look
like four hysterical women presenting on a women’s issue. It felt like a violation. We
were open and honest on work distribution, frankly discussed the articles we were
reading and the analytical frame we were developing. Our meetings were always full
of energy and ideas, and sometimes some queries and cross-checking on how we
each were conceptualising the evidence base as we began to understand it better.

Vignette 9 tracks similar shifts in our teamwork away from a bureaucratic approach to more
recent activities around the University of Leicester menopause policy. As suggested above, researching the menopause can be stigmatising for ciswomen researchers. It might, equally, affect the public reception of such a project and whether it is taken seriously. We are now careful to establish that there were three ciswomen and one cisman on the report team. But, in so doing are we simply honouring Jesse’s crucial input into the project or ‘signing’ our work to avoid the stigma that might attach to a report written only by ciswomen (Brewis, 2005)?

On presentations, meetings and conferences

Vignette 10: The enormity and importance of the research seemed to become obvious to me gradually. Any time I mentioned it, there was a strong (and positive) reaction: most women would talk very freely of their own experiences (often including graphic details), whereas men and younger women usually commented on their lack of knowledge and desire to learn. This sense of importance culminated in our presentation for the Women’s Forum [at the University of Leicester] where there seemed to be a lot of anger about how women’s menopause transitions were being ignored and a very strong sense that something needed to be done. In my recollection, while we had vague ideas of ‘doing something’ practical before this meeting, the reactions from the Forum crystallised our determination. In contrast, quite a few instances suggested that the subject matter embarrassed others and was ‘hidden’. As part of our subsequent work, we repeatedly booked into a university conference centre. For the bookings, we always used the full title of our work that was taken from the title of the report. Whilst this title appeared on the paperwork,
none of it was ever used on the venue’s screens (indicating which group was allocated to which room) or on the table allocation for meals [3].

Vignette 10 continues to record our growing commitment to “doing something’ practical’ on the back of the report. The Women’s Forum event sowed the seeds of the menopause policy, alongside a serendipitous opportunity where one of us was introduced to Deborah Garlick, the founder of Henpicked. Relatedly, this vignette re-invokes the secrecy and embarrassment which surround the menopause and which make public discussions of it challenging. These experiences – of having women tell us how significant they thought the issue was but also of feeling not so neatly ‘tidied away’ at the conference centre – consolidated our plans to develop the policy, amongst other follow-on activities.

**Vignette 11:** Presenting at the conference, a pattern that was to repeat itself over and over began. We were presenting the second day in one of the smaller rooms. We did a good job. There were a couple of good questions but also a lot of emotion in the room. We were told ‘this was an important topic’ and ‘we had to do more and say more’. During the coffee break and the remainder of the conference many women came to speak about their own symptoms, several having self-diagnosed as perimenopausal during our presentation. Several women in their late thirties and early forties shared that they had not realised menopause came so early. This was good, wasn’t it? This is building awareness too, albeit unexpectedly. But I also felt that there were some ethical unease here. These days we are so hot on research ethics concerning our research participants and co-researchers. We know all this stuff. Yet I was taken by surprise. I had nothing prepared to direct people to useful
information, support or an opportunity to offload. The conference scheduling didn’t support the offloading either. It was good to have delegates want to share their experiences but I was unprepared, and I had done to my peers what I wouldn’t do to my research participants. In contrast, it has been great to hear delegates’ stories that spill out so readily when we are presenting the report.

Vignette 11 echoes vignette 10 in terms of inspiration for us to go beyond the report in continuing our collaborations. But it also speaks to another blurring of boundaries. Whenever we have spoken about our research, whoever the audience are, women have shared their own stories about menopause or stories with which they are familiar, like their mother’s experience. Our collaboration with Henpicked has made us much more knowledgeable about directing these women to online resources or answering questions about menopause symptoms and how to manage them. But the ethical ‘twinges’ persist. None of us is medically trained nor trained in counselling, yet neither do we want to shut these conversations down – not least because sharing stories about women’s varied experiences is for us a crucial element in normalising menopause.

On menopausal symptoms

Vignette 12: One menopausal symptom I have begun to experience (which my GP has confirmed) is a loss of focus, struggling to remember people’s names and to find the right word or coming out with spoonerisms. Also recently I failed to get off the train from work at my home station, then four days later I caught the wrong train going South and missed my (booked and pre-paid) connection. The next day I almost
got the wrong train home. I also chaired an exam board and had to look at the list of
audience to remember the name of the colleague I sat next to. Despite my GP’s
reassurance, I still find this all very scary because Alzheimer’s runs in my family – I
lost both my maternal grandma and my mum to this horrible disease. Hence me
hoping this is the menopause. Also I have always had a very good memory as well as
a high level of attention to detail … basically a classic anal retentive! But this makes
the woolly head/brain falling out even more difficult to deal with.

Vignette 13: My reading continued. Oh God, this one - Bolge et al. (2010) the
‘Burden associated with chronic sleep maintenance insomnia characterized by
nighttime awakenings among women with menopausal symptoms’ - really got to me.
Insomnia and poor sleep are fairly common perimenopausal experiences but this
one – Chronic Insomnia Nighttime Awakenings (CINA)! I was writing it out into the
Excel spreadsheet capturing the evidence in several columns. This was me. I had had
a well-rehearsed narrative here, ‘oh drinking red wine keeps me awake these days’,
‘don’t eat cheese before bed because that wakes you up’, ‘thinking about work is an
unsettled mind and interrupts sleep’ etc. My discipline to avoid any of these
reflected that I just didn’t sleep well any more, hadn’t for a couple of years really.
But this article suggested a completely different cause – my perimenopause.

Reading on with Bolge et al., what did they find? Plenty of scales, work productivity,
presenteeism etc. etc., health risks and more … they were all robust and with a solid
sample too. Okay – CINA conclusively meant that these symptoms, my symptoms,
had a moderate to severe impact on personal and professional life. It was a special
case of insomnia. Hell, what to do next? Confessing here I didn’t go and talk about it with my division colleagues or my appraiser. I did mention it just a bit with our research group. It was bad weather and it was the dark early months of the year. It felt a bit awful, a bit depressing ... and I felt a strange affinity to the women behind the statistical tables, alpha reliability scores and correlations. I was coping though. It was harder some days than others. It was worst when I had planned to do writing and I couldn’t concentrate, I couldn’t remember key authors or articles – them and the fabric of what I want to say seemed distant. I pressure myself and it makes it worse. Meetings in the diary were easier – you turned up and performed. A day of meetings was a relief. But I tend to diary meetings back to back for efficiency and on those days the pushing through to deal with the demands of my own scheduling meant the next day I felt worse.

These vignettes speak to us of the effects our research had on our identities as mid-life women. As Gilmore and Kenny (2014) and McDonald (2016) point out, there is a general lack of academic attention to how our research influences and changes us. The few exceptions we have located include Dworkin’s (1981: 302-304) searing account of how researching her book *Pornography* made her feel isolated and desperate, suffering appalling nightmares, fearing the men in her life and seeing everyday objects like telephone receivers in horrific new ways. Other examples include descriptions by Ramazanoğlu and Holland (1994) and Kelly et al. (1994) of interviewing survivors of sexual abuse and rape and the intense distress these women’s stories occasioned in them; and Ward’s (2013) discussion of developing PTSD as a result of her ethnography of sex trafficking in Guatemala.
Vignettes 12 and 13 depict processes of self-diagnosis whilst working on the report. They convey a mixed range of emotions – worry, surprise, shock, even mild relief – as a consequence of documenting symptoms reported in the evidence, organising them into an appendix and recognising them in ourselves. The two of us writing here have discussed our reactions to realising that we were very probably in menopause transition but had never previously considered ourselves as in the right age band - despite being well into our 40s. McDonald’s (2013) account of coming out as gay as a result of researching a non-profit organisation focused on sexual health has something to offer us here, given his definition of the organisation as ‘homonormative’ such that “the male (but not female) organizational members were presumed to be gay-identified unless they disclosed otherwise” (page 134). Still, unlike McDonald, neither of us had been labelled by others as heading towards menopause until we defined ourselves as such - and began to talk about it openly.

**Conclusion**

Perhaps unconventionally, we conclude with some reflections on the process of writing this paper – an autoethnography of an autoethnography, if you will. One issue concerns the ethics of implicating others. We have permission from Jesse to write about him. But this is not the case for everyone who appears here. Nor are we able to do so for some – like those sharing a train carriage with us in vignette 6 or who update the venue screens at the conference centre in vignette 10. Of course in all likelihood, the greatest risk posed by this manuscript is making ourselves vulnerable. Nonetheless, we are mindful of Winkler’s counsel around not “writing anything that [we] would not show to those referred to in [our] narrative” and also working to “ensure the anonymity of the people included in the
research”, many of whom are unidentifiable even to us. We hope in doing so that we “have taken as much care as possible to not harm the others of [our stories]” (2013: 198).

Our second concluding point is that our account foregrounds gender and age as intersecting forms of difference, but says almost nothing about others - like class, race and sexuality. In terms of class specifically, academia is (still) a privileged occupation: it is very flexible and affords a level of job security for those in permanent positions (Ryan, 2012: 552; Trussell, 2015: 172). This privilege is not available to many other women navigating the menopause at work. Indeed one of the key conclusions of our report was the lack of evidence about how women working in low-paid or manual jobs experience transition (Brewis et al., 2017).

As Learmonth and Humphreys aver, then,

intimate stories of the academic self ... must be subjected to critique and analysis.

Without it, such stories (including those written with the best motives) will inevitably reflect our cosy, middle-class professional lives and aspirations - even as they seduce their authors into thinking of themselves as radicals (2011: 111-112).

Our emphasis on analysing our intimate stories has been an attempt to avoiding this ‘trap’, as Learmonth and Humphreys put it, to bring attention to how the post-reproductive body is understood in work and the wider culture as well as highlighting how our research can affect our own ways of being.
Notes

1. We also didn’t avoid analysis or explanation in our vignettes, or follow Haug’s (1999: 11-24) meticulous ‘check-list’ for our collective discussion or rewrite the vignettes individually after analysing them collectively.

2. See Brook and Darlington (2013).

3. At a much more recent event on menopause research at the same conference centre, we found ourselves having dinner in an empty restaurant - yet our tables had been corralled at the back of the room again and were separated off by a row of planters.

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