

MA SOCIOLOGY COVER SHEET 2019-2020

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Date Submitted:	12-08-2020
Essay Title:	Silence Taboo and Midlife Women: A case study of the Midlife Women Rock Café in Waterford city

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Silence Taboo and Midlife Women:
A case study of the Midlife Women Rock Café in
Waterford city

Dissertation submitted in partial fulfilment of the Sociology MA:

Societies in Transition (MHY54).

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Acknowledgements

Firstly I would like to thank the many women who have attended and supported the Midlife Women Rock Cafés since the emergence of the first Café in Waterford in June 2019. Without your support the concept of sharing our stories in a third place and supporting one another would never have become a reality. As Melinda Gates (2019:249) has said “*empowerment starts with women getting together*”. Thank you to the women who gave of their time to be interviewed, I have learned so much more about menopause and myself throughout this entire immensely enjoyable process.

To my wonderful supervisor Dr Mary Benson for creation and direction. I had a lot of information, but it was Dr Benson’s acumen and guidance that helped finish this inquiry. Her support, advice and encouragement throughout the year is gratefully appreciated. To my fellow master’s students, we did it! Covid19 created problems but we prevailed, thank you all for your continuous encouragement and support throughout the year. Finally, thank you to my wonderful husband and family for supporting and believing in me.

Abstract

“Menopause . . . is the quintessential biopsychosocial experience. It is both crisis and opportunity”.

McQuaide (1996:132)

This study explores how women in contemporary Ireland understand, experience, and negotiate menopause. The research examines how the Midlife Women Rock Café in Waterford city acts as a third place contributing to women’s understandings of both menopause and self. A qualitative research approach was utilised consisting of twenty semi structured interviews and participant observation. This research highlights how menopause has remained “a taboo subject for polite conversation” (Beck et al., 2018) for too long and the consequences for women’s health (The Women’s Health Task Force, 2020). The World Health Organisation’s (WHO) definition of menopause as a deficiency disease constructed within the language of deficit, marked by decline, loss of youth and shame needs to be reviewed (WHO, 1981). The findings reveal that in contemporary Ireland this no longer reflects women’s lived experience due to the narrow focus on loss of hormones and little else (The Midlife Women Rock Project, 2020). Furthermore, in reviewing the literature, it was noted that mental health and suicide rate statistics across the female lifespan in both the U.K and Ireland are highest in women aged 45 to 60 years (Table 1.1 Female suicide rates by age group, per 100,000 population 2001-2018). These are the year's most women transition through menopause. Yet, there is no direct correlation found in the literature between menopausal management and suicide rates peaking in women at 51 years of age. This needs to be spotlighted and addressed in future research. What emerges from the findings includes a massive dearth in information and understanding around menopausal transition particularly perimenopause. The shroud of secrecy silence and taboo is being challenged and overcome by women actively seeking information and understandings. The significance of the findings elucidate that women are looking for ways to negotiate and navigate the silence (by attending talks, conferences and the Café) in order to develop a voice and understandings. This inquiry illustrates how women are pushing to counteract the taboo and silence. The conclusions reveal that in attending the café to counteract the taboo and silence, these women are creating new more positive enabling narratives, pertaining to menopause and self. They are also able to de-personalise the process which hugely reduces stress and anxiety.

Furthermore, the research found that the Midlife Women Rock Café has created a unique place where women from all walks of life can come together. The Café enables meaningful connections and this place offers a platform to allow these women to define themselves through their stories, but also through the stories of others. They access information, understandings, and support one another as they journey through menopause. This is leading to the conceptualisation of menopausal narratives, a debunking of historical myths and the creation of new narratives that enable and empower the women pro-actively and positively manage this life phase. In 2020 women’s voices need to be heard, this case study is revealing how their voices can be heard and how women are making their voices heard even in small places like the Café highlighting the importance and need for such places throughout Ireland. As Robin

(Respondent C) outlined “The information I am collecting just makes me feel empowered, in control of this. I am going to go out and give this gift to another woman”.

Table of contents

Abstract

Chapter one: Introduction	8
1.1 Setting the scene.	11
Chapter two: Literature review	16
2.1 Introduction to the literature	16
2.2 Menopause, an overview	17
2.3 Mental Health Statistics and Midlife women	20
2.4 Discourses of menopause	23
2.4.1 Medical discourse	23
2.4.2 Feminist discourse	25
2.4.3 Sociocultural and psychosocial discourses	26
2.4.4 Positive experiences discourse	28
2.4.5 Other Discourses	30
2.4.6 Amalgamating Discourses	31
2.5 Identity	32
2.6 Place and Third Place.	35
2.7 Conclusion	40
Chapter three: Research Methods	
3.1 Research Question	41
3.1.1 Choosing a qualitative approach	41
3.2 The Qualitative Approach	43
3.2.1 Philosophical underpinnings of Qualitative research.	45
3.2.2 Reflexivity	48

3.2.3 Impact of Covid 19 on the research project.	50
3.2.4 Ethical considerations	51
3.2.5 Respect and anonymity	52
3.2.6 Prevention of harm to participants.	52
3.3 Sources of data	53
3.3.1 The case study approach: The Midlife Women Rock café.	
3.3.2 Participant observation/Observation.	54
3.3.3 Interviewing.	55
3.3.4 Questions asked at interview.	61
3.4 Analysis of data.	
3.4.1 Transcription and Thematic analysis	63
3.5 Conclusion.	64
Chapter four: Findings and Analysis	65
4.1 Introduction.	65
4.2 Menopause: Silence and silencing of this transition.	68
4.3 A voracious and often desperate need for information	70
4.4 Validation of feelings	73
4.5 Mental health and depersonalisation	75
4.6 Identity	79
4.7 Place and third place	82
4.8 Other themes	84
4.9 Conclusion	85
Chapter five: Conclusion	90
Bibliography	93
Appendices	117

Appendix A: Consent Form

Appendix B: Transcript of Interview

Appendix C: Field notes on the café

Appendix D: Transcribed interview

Figure 1: Advertisement for the cafe

Figure 3.1: An outline of the steps taken in this qualitative research project

Table 1.1 Female suicide rates by age group, per 100,000 population (2001-2018)

Table 3.1 List of participants in the study

Chapter one: Introduction

“In the particular is contained the universal”.

James Joyce cited in Ellman (1982:505)

Every woman on the planet will experience menopause unlike pregnancy and childbirth yet, the universal story of menopause to date does not appear to respect its immense significance in a woman’s lifespan (Beck, Brewis and Davies,2018: Krajewski,2019: Northrup,2011). Narratives of the menopause are constructed in medical frameworks (Wilson,1968: Utian,1978) and in socio-cultural understandings (Utz,2011: Uusher,2011). How do women develop their personal understandings and how do they negotiate and understand different narratives? The menopause is associated with various transitions in women’s lives and this research aims to explore women’s understandings of menopause and how they developed these understandings, it also looks at how the many discourses are understood and negotiated in the lives of the respondents. Furthermore, the importance of place in developing and expressing understandings of menopause is explored.

The World Health Organisation’s (WHO,1981:1998) conceptualisation of menopause as an ‘oestrogen deficiency syndrome’ allows for the middle-aged female body to be constructed within the language of deficit, socially and medically deficient, marked by decline, loss of youth and shame. The feminist author Germaine Greer (1991,2018) claims that such a signification saturates the wider vernacular, denigrating women’s bodies, anchoring women to their sex, and profited from by the global pharmaceutical industry, who assist women with hormonal treatment. Medicalisation’s sole focus is on loss of hormones (Utian,1978) with

Newhart (2013) emphasising that to date the biomedical model has failed to account for menopausal transition in any meaningful way. I argue in this study that women are so much more than their hormones. Furthermore, the dominant biomedical rhetoric and narratives although necessary, need to be demoted in 2020 to bring women's voices and stories to the fore (Beck et al.,2018). Reviewing the literature, it must be highlighted that until recently very little about menopause was written by women (Jack et al., 2016). Most comes from male doctors and professors who wrote it for other male doctors looking after women, very little was heard from women themselves(Greer,2018:Steinke,2019).In the last decade the profile of menopause is being raised up by bloggers, women's conferences and activists mainly women coming into this space once populated only by men. As a social researcher in 2020, I argue that menopause, is a passage or transformation in search of a new story. I arrive here coming from women's perspectives having worked with women for many years as a midwife and public health nurse. The dominant story to date shrouded in silence, fear and shame is not serving women (Beck et al., 2018: Steinke,2019: Voicu,2018: Jack et al., 2016). This has to change.

This research inquiry focuses on a case study of the Midlife Women Rock Café in Waterford city. A qualitative constructivist/interpretivist approach including semi-structured interviews and participant observation was deemed most suitable to this study. An inductive exploratory paradigm was chosen because the researchers ontological position suggests that individual's knowledge, understandings, interpretations, and experiences have meaning within social settings. The questions being asked are exploring individual's perceptions and how they construct their realities at this time of life. The key themes include menopause, identity and third place. The themes are interconnected within the case study and highlighted in the literature review. This research study acknowledges that the Midlife Women Rock Café does indeed act as a third place for women transitioning through menopause, it enables the creation

of narratives of understanding of not only menopause but of the women themselves. The power of women coming together in a safe place, supporting one another is very evident.

This study adds to the body of literature on menopause and identity for midlife women, while the significance of the research to the study of Sociology is demonstrated through the exploration of the Mid Life Women Rock Café as a social place with meaning. This research inquiry examined how sharing stories in safe spaces creates new meanings, a sense of belonging, encourages social connections, and provides a welcoming, open and equal community. Integrated into the introductory chapter is the sub-chapter of Setting the Scene, which will provide a general overview of the Midlife Women Rock Café and how it was set up in 2019. Chapter Two produces a review of the literature on menopause, place and identity which provides the foundation for this inquiry. Chapter 3 provides an overview and discussion of the research methods used in this study which include semi-structured interviews and participant observation. Following on, chapter 4 provides an in-depth analysis of the research findings. Finally, chapter 5 - the conclusion demonstrates an overview of this case study research inquiry, outlining some limitations along with providing some recommendations for future research.

1.1 Setting the scene: The Mid Life Women Rock Café

“There is a conspiracy of silence it’s a powerful taboo no one is talking, and I don’t really know why” (Maria, Respondent Q)



Figure 1: Advert for monthly Midlife Women Rock Café.

Women’s ability to overcome adversity in life is well documented (Dirie,2011: Keller,1996: Parks,1998: Windfrey,2014:)) from working on the ground with women particularly mothers for many years I had seen first-hand repeated examples of this.

I trained as a registered nurse and subsequent midwife in Limerick in the late 1980's. Community midwifery enabled mothers to go home the day after they had their baby. Thus, I was in the privileged position to visit many new mothers in their homes. The catchment area included Moy ross and South hill, well documented socially deprived areas of Limerick city. I then moved to Dublin working in St Vincent's and The National Maternity hospital. In 1993 I married and moved to Cork where I subsequently worked for three years in the Bons Secours(private)Maternity Hospital. Further studies led to a higher diploma in Public Health Nursing from University College Cork which brought me to work again out in the community, a large portion of my caseload included mothers and babies/child development. I include my working career here to shed light on the diversity of socio-economic groups that I have worked with. Throughout my time working as a midwife and public health nurse, women have always amazed me, their fortitude, resilience, selflessness - in meeting mothers from very diverse backgrounds and situations, coping with drug addiction, alcohol problems, loss, stillbirth, cancer diagnosis, financial concerns, children with disabilities, my experience is that women find a way to cope, they overcome adversity, they rise and do not give up. The women who are possibly most amazing are the women who parent alone for a variety of reasons separation, widowed, single motherhood. I am a mother of 4 and five years ago having been a full- time mother for a number of years I returned to full time education and completed a psychology degree in 2018. My time working with women led me to researching midlife women, the most under researched in academia (Dillaway,2012). At that time, I was perplexed by much negativity in the medical academic literature surrounding menopause, degenerative, disempowering narratives abounded (WHO,1981: Wilson 1968: Utian,1978:) with what I felt was an over emphasis on the medicalisation and disease model. It was documented as a taboo subject surrounded by silence (Greer,1991).

As a post- menopausal woman(recent) my experience is that the silence surrounding menopause is deafening and the biomedical model is not accurately reflecting women's life experience. Prior to starting the Mid-Life Women Rock project nobody in my social circles talked about menopause, since starting this work I notice how women lower their voices when talking to me on this subject. Much of what I read in 2018 when I did my undergraduate degree did not resonate with me or my life experience working with women. I became more interested in the socio cultural and psychological literature starting to emerge on the positive effects on wellbeing that menopause can bring (Northrup,2011: Greer,2001,2018). It is only since Brown et al.,' s (2015) study that researchers are actively calling for positive wellbeing at midlife to be studied. The focus prior to this was on finding the negative, which was doing an injustice to many women in society. In looking at the void in how women in Ireland understood and negotiated menopause, I came up with the idea of a café setting where women could get together have a cuppa and chat about this stage in their life. I had witnessed the power of women supporting women from breast feeding support and mother and toddler groups. The idea followed on from a telephone conversation in early 2019 with Rachel Weiss the founder of the Menopause cafes in Scotland. The first Menopause café emerged in 2017 in Scotland from Ms Weiss's interest in the dearth in information and support for women during menopause, her friends did not talk about it, unlike pregnancy and childbirth, and very little information was available in mainstream media, books or magazines. The concept or social innovation quickly spread with over 300 pop up cafes established throughout the United Kingdom to date. The reported significance of the cafes is that they are safe spaces to start conversations about menopause. They are increasing awareness of the impact of menopausal transition on women, their partners, families, friends, and work colleagues empowering and enabling women make conscious choices about the next life stage (Weiss,2020: Menopause cafes 2019). Thus, considering this impact and

significance the idea of opening a café in Ireland was conceptualised. Having attended the Waterford Local Enterprise Office free training programmes in early 2019 run by Nuala Browne, I learned how to open a Facebook and Instagram account and created the Midlife Women Rock Project online in February 2019 to disseminate some of my research findings. I also sought out assistance in order to develop a website. Subsequently, I gained a place on the Social Entrepreneurs Academy (SEI) in April 2019, with my idea of creating safe spaces for women to congregate and support one another through menopause. Their support and mentorship have been invaluable in assisting me open the first café in June 2019 at GROW HQ in Waterford city (thanks to Michael Kelly proprietor for providing a room to host this) with 18 women in attendance. This successful gathering had many commenting that it was the first time they had openly spoken about their menopause to anyone. From here, I facilitated further cafes in Tramore, and Dungarvan in County Waterford followed by café pop ups in Limerick, Kilkenny and Wexford in August/September 2019. Owners of cafes in these cities and towns gratefully allowed me to host the gatherings in their cafes at no cost. At this time the cafes were known as menopause cafes and I discovered many women had difficulty with the actual word menopause and the connotations that were attached to it (mainly historical and cultural). I was working with a mentor at SEI Teresa and when I mentioned this she suggested I change from Menopause to Mid Life Women Rock Cafes, although reluctant to change the name I did some market research on a WhatsApp group with 25 women (aged 45-55) asking them if they walked down Grafton Street, Dublin and saw a menopause café on one side of the street and a Midlife Women Rock Café on the other which would attract them in. 23 returned that the Midlife Women Rock Café would win their vote. Thus, we changed the name and Mid Life Women Rock Cafes were conceived. Following the success of the earlier pop up cafes, Waterford Health Park, a large medical and holistic health care centre in Waterford city offered their café premises for free to host a

monthly meeting of the Midlife Women Rock Cafes this has been ongoing since September 2019. I facilitate these cafes, I share information on a different topic related to menopause each month, with much focus on positive and feminist discourse. We then discuss whatever comes up for them, there are usually lots of questions.

In the context of the debates and the many questions that arise surrounding women's access to information and understandings of menopause, the author has found that the Mid Life Women Rock Café, acts as a third place enabling midlife women access information, share stories, and discuss how they experience and understand this life transition, all the while learning and empowering themselves to pro- actively and positively manage this life phase.

Chapter Two: Literature Review

"Optimism is the faith that leads to achievement. Nothing can be done without hope and confidence."

Helen Keller (2009:55).

2.1. Introduction to the literature.

This chapter introduces the literature which explores how the Midlife Women Rock café in Waterford city, contributes to women's understanding, experience and negotiation of menopause in contemporary Ireland. The objective of this literature exploration is to gain an overview and understanding of the research published to date. A review of the literature has established significant themes that provide a framework for this research project. The three main themes emerging include menopause, identity and place. These themes provide a more in-depth insight into the need for this research and its contribution to sociological literature.

Menopause and its associated discourses, along with a review of mental health statistics for midlife women (45-60 years) provides an overview of the menopausal landscape both globally and in Ireland in 2020. The theme of identity is analysed in order to provide an insight into how this life phase not only impacts upon women's understanding of the menopausal process, but, also on understanding of self. Lastly, place in particular the significance of third places in people's lives is reviewed in relation to the Midlife Women Rock Café. I ask where can women go to gain understandings and share stories on how menopause impacts on their lives?

This review examines place in relation to meanings, community, sociality, and the creation of alternative narratives for menopausal women.

As menopause has long been considered a taboo subject (Beck et al., 2018; Jack et al., 2014), Giddens (1991) social constructionist concept that acknowledges the complexities and interactions between knowledge, meaning, interpretation, and power is also considered as a framework in understanding the significance of “*silencing*” menopause in Ireland. Giddens (1991) postulates that social constructionists hold assumptions that human beings formulate subjective meanings of their experience. Where do the meanings on menopause come from? Giddens (1991) concept suggests they are constructed and negotiated socially, culturally, and historically.

The emerging themes explored in this research review are linked, highlighting the pivotal areas which provide a framework for the research inquiry, analysis, and findings.

2.2 Menopause: an overview

The phenomenon of menopause is explored from a kaleidoscope of perspectives, to extrapolate some of the understandings, experiences, challenges, and outcomes ascribed to this transition today. To begin it must be noted that menopause encompasses an arena, which is part of a wider lack of understanding, and dearth in research into midlife women’s life experiences (Dillaway, 2012; Montero, Montero, & de Vogelfanger, 2013; Jack et al., 2014, 2016).

Sociological interest in the menopause to date has focused primarily on ways in which social and cultural factors impact upon women’s experience (Ballard, Elston and Gabe 2009; Noonil, Hendricks, and Aekwarangkoon, 2012; de Salis, Owen-Smith, Donovan and Lawlor 2017), while the biomedical model appears synonymous with referring to menopause as a deficiency disease (Hardy et al., 2018; Steinke, 2019; Wilson, 1968) a reference which has long been rejected by feminists, anthropologists, sociologists and psychologists (Dillaway, 2005; Giddens, 1991; Greer, 2018; Mead, 1989; Newhart, 2013). Psychosocial research points to the

fact that women's experience of menopause may be correlated with self-esteem (Ayers, Forshaw and Hunter,2010: Hall,2007: Delanoe, 2012) while cultures who value fertility status report high levels of negativity surrounding menopause (Khademi and Cooke,2003: Dasgupta & Ray, 2013), all providing some credence to the evolutionary model which refers to menopause as a "Darwinian puzzle"(Krajewski,2020). Irish studies on menopause to date are minimal and highlight the need for further research. They include Carolan (2000), who interviewed 6 women in rural Ireland who saw menopause as a normal process of aging not associated with illness. She noted their experiences were strongly contextual and support the view that menopause is a complex phenomenon experienced within a sociocultural context. A qualitative study by Hyde, Nee, Howlett, Drennan, and Butler's (2010) focused on the heavy influence of biomedical discourses in shaping participants' embodied experiences, demonstrating the pervasive impact of prevailing discourses on women's experiences.

In her review of how menopause has been publicly framed to date, Krajewski (2019) states that discourses around the social identities of women transitioning through menopause and, societal attitudes towards them are continually evolving and constructed. One must ask if the "silence" around this transition is contributing to the ongoing evolution of women's identities at menopause as Beck et al., (2018) elucidated, while furthermore suggesting the need to make the private political in relation to menopausal transition. In challenging the medical paradigm to introduce and reflect upon women's experiences, many cross -cultural researchers (Beyene,1986: Im, Lee and Chee 2011: Jones et al., 2012: Dasgupta and Ray.2013: Christoforou,2014) argue that the somatic experience of menopause cannot be separated from women's stories, sociocultural processes and their socio- political context, with Lock (1994) arguing that culture and environmental impacts, are sufficiently different to have far reaching social and political consequences. It is only in the past few years that an increasing number of researchers (Tilly et al., 2013: Jack et al., 2016,2019: Beck et al.,2018) are shining a light on

the importance of menopause and the workplace(due to 25% of women leaving or giving up work at this time), with a growing body of literature pointing to menopausal women as a massive asset, experienced, reliable, resilient and loyal, deserving of supports if needed, during this life phase. Thus, a broad spectrum of discourse emerges, these discourses frame women's understandings and experiences. Menopause emerges as an integral part of a woman's life, with meaning appearing to emanate from the interplay between the social, cultural, and biological, with embodiment and agency, core concepts from feminist scholarship, needing to also be highlighted.

This study examines the fact that discussing menopause is seen as a Taboo and like Beck et al., (2018) argues this silence needs to be broken. Recent research papers are trying to break the silence and explore positive aspects of menopause and individual journeys. However, while research is beginning to highlight the positive experiences of the menopause, attention needs to elucidate the alarming rate of mental health issues that are prevalent in the 45 to 60-year-old age category, with suicide rates for women across the lifespan peaking at age 51 both in Ireland and the U.K. What do these statistics account for? this will be examined in the next section.

2.3 Mental Health Statistics and Midlife Women

For decades discussing menopause in the public arena was considered Taboo and although this is starting to change exponentially in the last 4-5 years with a proliferation of information online, much more needs to be done (Steinke,2019: Beck et al., 2018; Greer,2018). To date summarising the many debates around menopause appears to be a demanding and convoluted task, ranging from the medicalisation of menopause (Barlow,2018: Nosek, Kennedy and Gudmundsdottir,2012: Bell,1987) feminist perspectives (Greer,1991) to identity shifts (Melby,2016) and sociocultural stories surrounding the silence and stigma (Jack et al., 2016: Voicu,2018). Although the positive attributes are emerging, recent academic vernacular still places menopause as a taboo subject (Jack et al., 2016,2019: Krajewski,2019) which impacts on women's identity and health at midlife.

Beck et al., in a (2018) research paper on the impact of researching menopause on both the researchers and their workplace (a University), refers in anger to the taboo, silence and secrecy that remains pervasive in contemporary society. They refer to the overdue need to make the "private political" in relation to menopause as outlined here

"Talking about menopause out loud in communal settings as a political act and a necessity in order to break the taboo" - A collective sense of defiance emerged - the research project providing the three female researchers with an epiphany, ensuring menopause will become a "joint political crusade" for them going forward".

(Beck et al., 2018:13-14)

Similar sentiments are reiterated in Jack et al's (2019) research on gendered agency and Krajewski's (2019) paper on how menopause continues to be disparagingly framed. Having attended a menopause conference in London in 2019 a statistic was revealed that mental health rates for women in the U.K. across the female lifespan are greatest in the 45 to 55-year age group with suicides for females peaking at 51years (Newson,2019). In asking why mental health issues are prevalent in this age category - the answers are not forthcoming. However,

the question was posed as to the possible connectivity with menopausal transition with most women experiencing symptoms between 45 and 60 years (Newson,2019). In researching for this study, I managed to access Irish statistics (Central Statistics Office, (CSO) (2019) and was surprised to see similar statistics here in Ireland. I wondered why this had never appeared on my radar before, this age group of women (45-60years) presenting with high rates of mental distress leading to peak suicide rates for women in Ireland at 51 similar to the U.K. It is a statistic that cannot be ignored when reviewing the multitude of discourses surrounding women in their middle years. From working on the ground with women at the Midlife Women Rock Café along with reviewing websites on menopause support in Ireland, it must be noted that anxiety accounts for one of the top three symptoms most reported by women. What is also notable is the commentary from women when they receive information that enables them understand what is happening and access supports, a significant layer of stress and anxiety is removed, this again leads one to ask if the silence is a major contributory factor to mental health statistics?

Table 1.1. outlines the data from 2001 to 2018.

Table 1.1 Female suicide rates by age group, per 100,000 population (2001-2018)

	All	15-24	25-34	35-44	45-54	55-64	65+
2001	4.7	5.1	4.4	6.8	8.5	10.7	1.6
2002	4.6	4.7	6.8	5.3	8.0	6.3	3.2
2003	5.5	5.1	6.0	6.9	9.5	9.9	5.2
2004	4.3	2.9	5.2	6.4	7.7	7.4	3.6
2005	4.8	6.4	6.8	4.3	7.5	6.2	4.3
2006	3.8	5.1	3.6	4.6	6.2	6.5	2.7

2007	4.4	4.8	5.1	6.4	9.4	5.3	1.9
2008	5.3	7.5	4.7	6.4	9.2	8.4	4.9
2009	4.8	3.7	5.4	7.8	7.2	6.8	4.4
2010	3.9	3.6	4.7	5.3	6.0	8.4	2.1
2011	4.2	5.6	7.0	6.1	5.9	5.2	1.0
2012	4.1	5.7	5.3	6.0	7.1	5.6	1.3
2013	4.1	3.2	6.5	5.4	7.7	4.2	3.6
2014	3.7	3.9	5.6	5.0	6.9	4.1	2.2
2015	3.8	3.2	5.8	4.3	5.2	8.1	2.7
2016	3.6	6.7	3.2	5.3	5.7	3.2	2.7
2017	3.0	4.5	3.9	3.6	5.0	2.7	2.6
2018*	2.9	5.1	3.7	3.3	4.6	3.8	1.1

* Figures for 2018 are provisional and subject to change

Based on statistics available to the CSO from 2001 to 2018. Female suicide remained highest in the 45 to 54-year age group apart from 2016 which recorded a peak in suicide rates in the 15 to 24-year age group. These statistics concur with the United Kingdom (U.K.) statistics.

One must ask if the taboo, the silence, and the secrecy that remains pervasive in contemporary society as outlined by (Beck et al., 2018) is impacting on these statistics? If there is a correlation, then there is an overdue need to make the “private political” in relation to menopause in 2020.

Thus, numerous discourses have developed surrounding the menopause ranging from medical discourse, sociocultural and taboo discourses. These discourses to date frame women’s understandings and experiences, the following section examines these discourses.

2.4 Discourses on Menopause

Sociologically discourse is seen as a means of producing knowledge. It can vary widely from a focus on conversations to interpreting discourse as an ontological concept ((Kiryakova-Ryan,2020).

Foucault refers to discourse as“*ways of constituting knowledge, together with the social practices, forms of subjectivity and power relations which inhere in such knowledges and relations between them. Discourses are more than ways of thinking and producing meaning.* (Weedon, 1987: 108).

In analysing types of discourse, the sociological researcher’s objective is to extrapolate a greater comprehension of social groups and how they communicate, - understanding that meaning is not fixed but temporal, its flexible and changes (Kiryakova-Ryan,2020).

I argue in this upcoming section that many discourses surrounding the menopause permeate society in different spaces and in different ways and inform and frame women’s understandings and experiences of the menopause. This literature review aims to gather understandings surrounding these discourses for the case study of the café, the following section examines these discourses.

2.4.1 Medical discourse.

In reviewing the trajectory of discourses surrounding menopause dating back to the 1950’s. Meanings ascribed to menopause have changed over time, from an organically situated part of a woman’s life to a bodily problem that requires special medical attention and treatment (Greer,1999: Jack et al., 2014). Voicu (2018) argues that menopause became socially constructed due to medicalisation which removed the conversation from a natural biological process with some negative consequences (often transitory) to a degenerative disease warranting medical intervention. This began in the 1960’s with Dr Robert Wilson ‘s (1968)

infamous book “*Feminine Forever*” (a best seller in the 1960’s) which conceived menopause as a plague, when women lost their femininity and sexuality, and referred to all post-menopausal women as crippled castrates. Thankfully, understandings continue to evolve globally since the 1960’s, with many large-scale studies on menopause including the 2002-2006 women’s health studies (Ussher,2011) and numerous studies in recent years emerging from Monash University in Australia (Jack et al.2014,2016,2019). However, one must ask if the remnants of Wilson’s devaluing and shaming imagery, has left an imprint, with some researchers arguing that stigmatisation of menopausal experiences may also be related to its medicalisation (Ussher,2011:Beck,Brewis and Davis,2018) while others argue that the introduction of hormone replacement therapy (HRT) and /or antidepressants has added to the belief that menopause is a degenerative dependency disease (Lock,1994:Nosek,Kennedy and Gudmundsdottir,2012). The medicalised view, dominant in the literature assumes a problematic and masculinist mind–body dualism whilst pathologizing (ageing) women’s bodies in systems of patriarchy (Perz and Ussher,2008). In Europe, North America, and Australia, medicalisation saturates the discourse around menopause (Ussher,2011: Hoga et al., 2015: Christoforou, 2014), reflected in terms such as ‘menopausal disorders’, ‘menopausal symptoms’ and ‘menopausal syndrome’. This language is suggestive of an illness with accompanying symptoms that can be reduced or eliminated. They also indicate that the female body is failing. It is unable to keep hormone levels in balance and needs to be controlled (Ferguson and Parry, 1998: Bell,1987: Wilson, 1968). Focus is on loss of hormones leading to disease while Newhart (2013) argues that this model has to date provided no meaningful explanation for menopause. As research into menopause continues to evolve, Spitzer (2009:149) points out that prioritising medicalisation is removing women’s agency in accessing a more holistic approach, he states that ‘*Claims to scientific truth(medicalisation) actually mask the constantly evolving nature of menopausal knowledge*’, a view corroborated

by the most recently published book on menopause by Steinke (2019) and an academic paper by Krajewski (2019). In examining the evolving knowledge on menopause feminist perspectives are reviewed in the next section.

2.4.2 Feminist discourse.

The feminist author Germaine Greer's (1991) book "*The Change*" started a new conversation moving away from medicalisation. In examining the diverse ideas and theories about menopause and aging during the previous two hundred years, she revealed how they had and had not evolved, concluding that "*the sum of our ignorance, still far outweighs our knowledge,*" and that the sum of a woman's self-knowledge is potentially more enlightening than anything she can learn from "*objective*" observers of menopause transition (Greer, 1991:189). Gail Sheedy's (1993) book *Menopause: The silent Passage* continued along a similar light enquiring as to the subjective experience of women. Both hailed as revelatory during the 1990's however, one has to ask why these narratives have not gained more prominence in the literature or the media over the past twenty years?

Hvas and Gannik (2008:158) argue that anthropological, sociological, and feminist researchers attribute menopausal medicalisation in the western world to the discovery of sex hormones. Feminist and gender debates appear in direct opposition to the biomedical discourse and encapsulates menopause being used as a tool of control and power which increases existing inequalities between women and men in societies (Gambuado, 2017). As Germaine Greer (1991: 187) alludes to, feminists for years "*have been suspicious of doctors' (predominantly male) promises concerning the use of steroids as well as hormonal replacement*" and have challenged the pharmaceutical companies to produce evidence and efficacy for their products. Other critics of menopausal portrayals reflect feminist debates taken up in organizational scholarship regarding how gender orders are structurally and culturally reproduced in the workplace with respect to the body (Acker, 1990). It is only in recent decades that the pregnant

body was valued and maternity leave became the norm. Very few workplaces make allowances for the menopausal woman's changing body, this must change (Beck et al.,2018).

Other feminist perspectives question ageist stereotyping in western cultures which prioritises youthful looks, while devaluing ageing, arguing that negative cultural stereotypes may be contributing to the often-pervasive silence surrounding menopause lending weight to the taboo discourses (Ballard, Elston and Gabe,2009: Northrup,2011: Steinke,2019), with Bury (2001) signifying the moral imperative to hide menopausal symptoms is part of presenting the self as “culturally competent”. Thus, feminist perspectives diverge completely away from the medicalised debates highlighting instead a woman's agency, power, and subjectivity.

2.4.3 Sociocultural and psychosocial discourses

In addition to the pervasive biomedical discourse and the feminist/critical discourse, we see the sociocultural and psychosocial discourse models (Ferguson and Parry, 1998:Jack, Riach and Bariola, 2019: Perz and Uusher:2008) which emphasises the uniqueness of each woman's journey, a perspective completely opposing the stigmatised social construction of menopause by medical science (Voicu,2018). As we move towards the end of 2020 it is predicted that census statistics in the United States will show that for the first time in history, a greater number of post- menopausal women living in the U.S. than women of child bearing age (Northrup,2019).In consulting the central statistics office website in Ireland it was not possible to ascertain if similar numbers are emerging in Ireland however, what is evident is that the number of individuals over 45 years are increasing up from 34% in 2011to 37.2% in 2016(Central Statistics Office,2020).In the United States many call for the need for more research to elucidate greater understandings, meanings, and experiences of women's journeys and stories providing a more balanced picture of menopause, moving away from the devaluing and shaming imagery often equated with medicalisation (Steinke,2019 :Greer,2018). This

research inquiry is hoping to add to the narratives, by gathering understandings of women's experiences in Ireland and giving voice to their stories. The Café provides a place for discussing and sharing narratives, enabling, and empowering women to pro- actively manage menopause, the importance of place and third place to this research project will be elaborated upon in section 3.

A growing body of work is focusing upon a link between self-esteem, attitudes and women's experiences noting that stigmatisation and silence is consequential. (Ayers, Forshaw, and Hunter 2010: Jurgenson et al., 2014: Bryan, Brown et al., 2015:). With Rubenstein (2013) noting relatedly, but distinctively, that psychosocial approaches prioritise understanding the emotional and psychological issues that arise for women, along with pivotal environment impacts, to assist menopausal women to enjoy and proactively manage their transition. It must be noted here that psychological and emotional issues are amongst the top three factors that provoke women to seek assistance in menopause (Jack et al., 2016: deSalis et al.,2017). This has also been the experience from the Café, women come looking for emotional support and understandings. Shining a light on these perspectives takes account of women's agency in legitimising their accounts of perimenopause and menopause. I propose that the Cafes provide this space or place to enable women have these conversations. Where else are these conversations taking place? Apart from on- line forums (one in Ireland-The Irish Menopause on Facebook) I am unaware of any other forums where women come together sharing stories, supporting one another. From reviewing the sociocultural literature, highlighting women's stories, it appears that menopausal transition contributes both physically and emotionally to an unsettling feeling in many women's lives (Walter,2002: de Salis et al.2017).Having reviewed the literature, along with working with women on the ground it has to be asked -Could this unsettling feeling be due to a lack of understanding of both the menopausal journey and of

themselves? Concurrently in the literature, women describe menopause as changing their lives in meaningful, unprecedented ways—like a “marker event.”

As McQuaide (1996:132) suggests,

“Menopause . . . is the quintessential biopsychosocial experience. It is both crisis and opportunity”,

Indeed, this belief has been reiterated more recently in the work of Pope and Wurlitzer (2017).

One has to ask if women looked upon menopause as an opportunity could this in some way assist in opening the conversations. Why must the media prioritise their focus on crisis at the expense of opportunity? Many years ago, the anthropologist Margaret Mead coined the phrase that there is nothing more powerful in the world than a woman with “*menopausal zest*” (Howard,1989). Why are women in society not informed of this concept? This leads on to an examination of an emerging field, that of positive discourse.

2.4.4 Positive experiences Discourse

Moving on from the narrow model of menopause as a medical/disease to a wider perspective which encompasses psychosocial and cultural factors, there are also increasing calls in the literature for menopause to be framed as a positive life event (Ayers, Forshaw and Hunter 2009;Ussher,2011;Beck et al., 2018: Krajewski,2019). The factors that assist women understand, experience, and negotiate menopause can depend upon how their understandings and perceptions have been shaped in the past. Historically as the research literature elucidates stigma, shame, fear, denial, loss, and ambivalence appear to be the predominant narratives in the western world (Jack et al., 2014, 2016: Krajewski,2019).

McQuaide, (1996), Gullette, (1997) and Walters, (2002) were amongst the first researchers to highlight that women recounted menopause as a positive experience. It was in listening to and recounting women's stories that enabled these researchers to highlight this underreported aspect of menopausal transition. Allowing women give voice to the impact of menopause on sense of

self, and everyday life provides a more balanced approach in understanding this life transition (Bryan, Brown et al.,2015: Melby, 2016: Pope, 2017).

For many women menopause and midlife signals, a time of great opportunities freedom, growth, personal development, reflection and re assessment of life role are all reported in studies. (Hvas & Gannik,2008: Perz & Ussher,2008: Delanoe et al., 2012: de Salis et al., 2017: Jack et al., 2019). Indeed, many French women report relishing menopause, freedom from hormonal fluctuations along with acknowledgment of life experiences, enables them in stepping out confidently and courageously (Delanoe et al., 2012), with empowerment and self-actualisation (Melby,2016) also being elucidated as concepts synonymous with this life-transition (Morrison, et al., 2014: Melby,2016).

In Japanese culture “*Konenki*” is the term used to refer to mid- life women undergoing a life change, they do not use the word menopause, once women are past child caring they look forward to a new life of self- actualisation prioritising the self, through personal growth and being respected for their wisdom.(Melby,2016). Post- menopausal women flourish in Japan, with Jurgenson et al., (2014) noting similar positive connotations ascribed to Aboriginal women, being seen as the wise women or leaders in their communities. A search for meaning in this life transition led Steinke (2019) spending time with killer whales. Scientists have recently discovered that killer whales are the only known species to go through menopause and exhibit a post- menopausal life. In the whale community these mammals become the leaders, matriarchs, in their pods provoking Steinke to question if post- menopausal women and leadership should become synonymous in contemporary society. Krajewski (2020) echoes this in her paper “Killer whales Killer Women” elucidating the suggestion that a comparison of the social implications of menopause in women and female killer whales, may change the way women experience ‘the change’ and shift the focus from medicalization to empowerment. Kafanelis et al., (2009), reported that many of the respondents in their study on menopause

revealed becoming a lot more assertive at work as they transitioned through menopause; a finding reiterated in Beck et al's (2018) research. This could lead one to speculate if women believed that menopause was the gateway to empowerment and greater leadership potential – would the narratives be different? Could this enable the silence and taboo discourse be challenged? These are questions I will return to in the discussion chapter.

Increasing creativity is also acknowledged to be part of the menopause journey with many women discovering a renewed passion for life post menopause, leading to a plethora of possibilities from changing careers, starting new business's or indulging in travel or devotion to a neglected hobby. As the anthropologist Margaret Mead (Howard,1989:117) has said

“The most creative force in the world is the menopausal woman with zest”.

2.4.5 Other discourses

Hvas and Gannik (2008, 163–168) introduce five other discourses emerging around menopause:

- 1.The taboo discourse, with accompanying narratives of denial, fear, and shame. Taboo discourse supports the feminist/critical discourse by concentrating on hidden power structures and contested ownership of the female body. (Greer,2018: Sheedy,2012)
2. The existential and spiritual discourse, aging as a natural process, menopause providing time for meaning, healing, personal growth, and development. Menopause seen as a concept with meanings and boundaries ever shifting, dependent upon the perspective and interests of both the speaker and listener (Pope and Wurlitzer,2017: Noonil, Hendricks and Aekwarangkoon, 2012: Stephan,2011: Hollis, 2006).
- 3.The health-promoting and alternative discourse focusing on cardiac and osteoporosis prevention, alternative therapies, diet and exercise (Northrup,2011).
4. The consumer discourse focusing on the need for “constant treatments” both hormonal and natural and the growing industry around this (Krajewski,2019).

5. Along with the saturation of medicalised discourse Krajewski (2019) attributes another factor to the negative bias associated with menopause and this is the advertising industry.

In researching the public framing of menopause over the last half a century she claims little has changed in how menopausal women are portrayed publicly.

Finally, a word on humour, the historical depictions of menopausal women as funny cartoon figures, fat, frumpy, hot and sweaty has researchers recently calling for an awareness of the importance of no longer reinforcing this stereotype (Beck et al 2018). Indeed, as a response to the overwhelming silence and discomfort surrounding menopause as a topic for polite public conversation, comedic depictions emerged examples include (menopause the musical roadshow: the “Dirt birds” take on menopause on you tube), and have continued, however researchers in recent years highlight they are not serving women’s best interests (Krajewski,2019: Steinke,2019: Jack et al 2016).

2.4.6 Amalgamating discourses

All of the above discourses exist in society in different spaces and in different ways. This study aims to gather understandings surrounding these discourses for the case study of the cafe. This case study aims to bring women together to share their understandings and to get an insight into how they developed these understandings. In doing so, I also seek to examine if the Cafés act as a space to allow these discourses to be explored and understandings to emerge. Moreover, it needs to be highlighted that understandings of these discourses and knowledge of different discourses impacts on understandings and experiences of menopause. Thus, numerous discourses from the literature inform this research.

What emerges is that to date societal and media focus continues to prioritise narratives around crisis, negativity, and disempowerment over opportunity, second chances, enablement, empowerment, and leadership. The former continues to contribute to the fear, shame and silence that remains pervasive around this topic with the latter being unknown to many.

Menopause also impacts on identity and understanding of self, and how this is experienced and understood impacts on how women experience this change. A focus on identity as a concept is examined in the next section.

2.5 Identity

Menopause is a process that impacts on women's identity and understanding of self. Furthermore, the various discourses surrounding menopause also impacts on women's understanding of both the menopause and the self. Identity is structured and restructured in social contexts and in narratives and understandings (Giddens,1991). This case study explores how understandings and experiences of menopause impacts on women's identity. The research investigates how identity is constructed and understood during menopause and how this impact upon experiences of menopause and individual journeys.

We begin by examining the social construction of identity. Identity as a phenomenon was introduced in the 1960's as a social science discourse by Goffman (1968) who became most influential in popularising this idea of "identity" in social constructionist and phenomenological traditions. Giddens (1991) and Goffman's (1968) respective writings on social constructionism along with Foucauldian conceptions of the body and agency provide an understanding of the construction of identity (Rabb,2019). The social constructionist concept, in acknowledging the complexities and interactions between knowledge, meaning, interpretation and power amongst belief systems, can be referred to assist with analysis and understanding of the significance of menopause in women's lives. Giddens (1991) postulates that social constructionists hold assumptions that human beings formulate subjective meanings of their experience. Indeed, these are often portrayed by their understandings and beliefs which are constructed and negotiated socially, culturally, and historically. This relates to how a place like the Café can facilitate understandings and construct or reconstruct narratives for midlife women. Goffman (1963) wrote about shame and how it regulates individuals in order

that they adhere to norms and conformity. For women, this often means not upsetting the status quo, effectively denying their inner agency and autonomy, and accepting social norms. Silence shame and stigma are all words associated with menopause. The 2019 award-winning book “*Invisible women*” (Criado-Perez, 2019) brings to the fore how women and women's needs, opinions and healthcare have for too long been silenced and ignored. Goffman’s sociological concept of frame analysis (1974) is useful in examining how menopause and menopausal women have been framed publicly to date. It is a narrative device to construct an image of the failing body and mind. Krajewski (2018) looks at how the advertising industry communicates and manipulates mid- life women supporting a disempowering narrative. Goffman’s (1974) *Ritualization of Subordination* elucidates power and superiority, or lack of, through body positioning techniques with power and superiority typically correlated with masculinity while vulnerability and objectification is usually associated with femininity.

As doctors are often the first point of contact for women with menopausal symptoms the way doctors talk about menopause is influential, doctors should carefully consider which words and images they use in the consult. The medical way of perceiving menopause is just one of many, and today an increasing number of well- informed general practitioner’s (G. P’s) are aware of many other discourses at play in society and in the women's universes.

Examining another element of women’s lives and identity during midlife is the psychiatrist and psychoanalyst Erik Erikson (1994) who refers to midlife as a time of growth or stagnation. Women have a choice but may not be aware of this. He equates hormonal fluctuations as directly impacting women’s identities during menopause. With the menopausal transition often arriving at a time when women are juggling lots of responsibilities, work, childcare and care of aging adults, being subservient to others needs leaves little time for women to focus on their own needs. Furthermore, for other women who identify strongly with their maternal role, it is a time when children leave home, often leaving a huge void where identity surfaces as an issue

needing to be addressed (Northrup,2011). Erikson (1994), Goffman (1963) and more recently Northrup (2018) postulates that it is in women meeting their own needs that enables growth rather than stagnation during this life stage. Slowing down and providing space for re-emergence as menopausal transition occurs is pivotal to understanding shifts in identity (Northrup 2018: Pope 2017). Thus, autonomy and agency that enables women understand themselves and what is happening to them are pivotal to allow women meet their needs during this life transition. The author asks where women can go, what safe place or space is available, to allow them to gain information, share stories and in doing so access their own agency and understandings when transitioning through this life phase. The case study may provide an answer. Finally, Turners concept of liminality will be considered (Thomassen,2009). As women transition through menopause many are led into a state of limbo, unknowing, unaware of what is happening to them- this limbo, "*betwixt*" state "in between" period is temporary yet frightening if not understood (Pope and Wurtlinger,2017). Turner was interested in the way "*liminality shaped personality, the sudden foregrounding of agency, and the sometimes-dramatic tying together of thought and experience*"(Thomassen,2009 p.14).Furthermore, it is acknowledged that liminal experiences impact identity (Thomassen2009: Szakalczai,2009). To offer a solution to the many issues arising during menopause, I continue with a focus on place in developing and expressing understandings. This research enquiry aims to examine if the Café can provide women with a third place in their lives in which they can explore understandings of discourses surrounding menopause, discuss their individual journeys and ultimately help to provide a space to construct or reconstruct understandings and experiences.

2.6 Place and Third Place

“Storytelling is central to human understanding – it makes life liveable, because without a story, there is no identity, no self, no other”

(Lewis, 2011:505)

There are few places that women can come together to discuss and explore the menopause with other women. I argue that women need a place a (third place) that can facilitate these discussions and that allows women the space to develop and construct narratives and understandings. This research explores how the Midlife Women Rock Café offers women a place in which to discuss their understandings of narratives surrounding the menopause. It is argued that places such as the Café that allow women to discuss individual journeys, to share experiences and to develop new understandings of this stage in their lives are crucial. Indeed, the findings chapter will examine the pivotal role of the Café for my respondents. As such this section will develop an understanding of place and its relevance in social life before moving on to explore the concept of third place and the role of third place in providing access to social relationships and experiences not available in greater society (Oldenburg, 1999).

Sociological literature clearly distinguishes space from place and outlines how space is translated into place. Spaces are transformed into places once meanings are ascribed through cultural processes or human involvement (Cresswell, 2004). Place is a dynamic, complicated, social and cultural construct (Gieryn, 2000). Place also encompasses the meanings encapsulated by the groups who use the place (Cresswell, 2009). This research aims to examine the meaning of the Midlife Women Rock Café as place for my respondents. Furthermore, place necessitates agency (Sack, 1988) and the acumen involved in socially constructing places is the result of our liberty in creating meaning (Entrickin, 1991). From this perspective we can

see that place is constantly being constructed through human practises and institutions while also assisting in shaping those same practises and institutions (Giddens, 1991). Gieryn (2000) argues that place is pervasive, a vital facet of people's social life and historical change (Gieryn,2000). Individuals and groups benefit from an active engagement with place. Indeed, Noori and Benson's (2016) research on urban allotment gardens highlights how plot holders creatively engage with the allotment gardens through a process of place-making. Allotment holders inscribe identity and meaning into the plots creating lived place. This active engagement with the plots and other plot holders leads to the development of social relations and place attachment. Places differ and people find attachments to different places, however Gieryn (2000) argues that regardless of the type of place, what is important is the meanings, experiences, and understandings that people ascribe to place.

For Lefebvre (2009) place is socially created, experienced by people, and can also reflect the expression of these experiences. Different people have different experiences and understandings; therefore, places are dynamic. Gieryn (2000) argues that once individuals ascribe qualities to the social dimension of a place it becomes an "*interpretive frame*" enabling individuals to understand, evaluate and make sense of their life worlds. This research examines if the Café acts as a place that can provide an "*interpretive frame*" enabling women to make sense of their everyday lives during menopause. Often the stories we tell, and share occur in places. Can the stories the women tell of their understandings and experience of the menopause in the Midlife Women Rock Café in this study help to develop their interpretive understandings and experiences? Gieryn (2000) argues the meanings of place are flexible in the hands of different groups and meanings can be contested (Gieryn,2000). This research acknowledges that respondents may have different understandings of the Café as place and examines different meanings and experiences. While this research explores if the Café can be viewed as a place

that facilitates understanding and attachment, it is more specifically concerned with exploring if it can function as a 'third place' in the lives of the respondents.

The concept of third place became synonymous with the sociologist Ray Oldenburg in his book '*The Great Good Place*' (1999). Oldenburg (1999) argues that third place is the social space separate from the two other social environments of home (first place) and work (second space). Third space is a space for community building and developing understandings of self. For Oldenburg (1999) third place refers to a place where people meet to unwind, discuss and talk about things that matter to them, in their lives and community.

"The third place is a generic designation for a great variety of public places that host the regular, voluntary, informal, and happily anticipated gatherings of individuals beyond the realms of home and work" (Oldenburg,1999: 16).

Examples of third space include churches, cafes, libraries, bookstores, public parks, bars, hair salons and other hang out spaces. Oldenburg's conceptualisation of third places provides a safe space, where individuals can let down their guard, relax, be themselves, develop new friendships and deepen existing ones (Oldenburg, 1999). Furthermore, Oldenburg and Brissett (1982) portray "third place" in terms of sociability and non- discursive symbolism, advocating that active involvement in a third place (outside of work and home) is a vital and a pivotal sphere of human experience. They postulate that access to a third space greatly enhances individual's ability to negotiate both work and homelife acting as an enabling platform (Oldenburg and Brissett,1982).

Many third places enable individuals to interact sociably, with face to face meet ups constituting network formations, collective action, learning opportunities or just spaces to share stories beyond work and home life. These have been addressed by many as catalysts for life satisfaction (Campbell,2017: Lefebvre,2009: Szreter, & Woolcock, 2004).

Many diverse literatures suggest that place matters for identity, politics, history and future lives. It stabilizes and provides solidity to social structural categories, hierarchies, and differences (Casey, 1993; Agnew and Duncan, 1989). From a gendered lens, the spatial division of labour for women between work-life and home shines a spotlight on consequences for women's opportunities and identities (Spain, 1992; Nippert-Eng, 1995; Schor, 2008). Traditionally, for many women working in the home, maintaining family stability was seen as the norm, the social construction of what it was seen to be a woman was ascribed to domesticity (Benjamin, 1995; Schor, 2008) which historically was seen as a woman's place (Massey, 1994; McDowell, 1999). Thus, the idea of accessing a third space or the need to do so was an uncommon occurrence. Today although much has changed with many opportunities opening up for women in accessing education and climbing the career ladder, women still are burdened with a greater percentage of management within the domestic sphere once they complete their day job (Edgwell, and Granter, 2012; IHREC, 2016). Thus third places can be powerful places of advocacy and enablement for women (Markus, 1993; IHREC, 2012; Weiss, 2020).

Oldenburg's (1999) conceptualisation of third places concentrate on the people and the conversations as being the focus of the experience along with providing entertainment and enjoyment. They are dynamic and should be continuously created and re-created in response to the community they serve. Having attended a women's shed (as an example of a third place) in Dungarvan earlier this year with over 70 members. Oldenburg's (1999) theory was very evidently in action on the day. The women reported a thoroughly enjoyable uplifting social experience from attending the shed, some twice weekly. Benefits of involvement in third places according to Oldenburg (1999) does not guarantee you anything. The advantages of joining a third place are emergent, not linear or sequential, however ongoing involvement does provide individuals with social experiences and relationships unavailable in greater society (Oldenburg, 1999; Oldenburg and Brissett, 1982). In exploring different places with a view to developing a

sociological awareness of place as a theoretical concept, the men's and women's sheds which are visible throughout Ireland are all examples of third places. These community groups, over 400 sheds throughout Ireland, enable men and women from all sectors of society lead happier, healthier and more productive lives (Lefkowich, & Richardson, 2018). As Lefebvre (2009) states places are the realm of the lived.

It is through this sociological lens of place that I will examine the Midlife Women Rock Café in this study. It is these sociological understandings and perspectives that will be looked at in relation to the case study in this research. Does the Café act as a third place in enabling women transitioning through menopause better negotiate both work and homelife? Does the Café contribute to a greater strength of community? Are sociability and non-discursive symbolism narratives that can be associated with the Café gatherings? Furthermore, in keeping with Gieryn's meaningfulness of place, in that places exist both physically and in lived experiences, I will examine if it is possible that the café provides a meaningful place in the women's lives and enquire if this place may provide a legitimacy for women's agency in tackling the taboo surrounding menopause. As silence, shame, fear and denial are narratives synonymous with menopause (Beck et al,2018: Weiss,2020) could providing a safe "third space" enable women to openly discuss what is happening during this time in their lives.

2.7 Conclusion

This chapter provides an overview of the three themes in the literature relating to this case study. They are menopause identity and place. The literature review has discussed the material and literature that has been written on these themes, highlighting their significance to this study and to the study of Sociology. It is evident from reviewing the literature to date that the story surrounding menopause is complex and continues to evolve. The social experience of menopause varies immensely contingent upon socio cultural factors, ranging from Margaret Mead's *menopausal zest* to the biomedical model which is more reductionist. Women's understanding of identity and the impact menopause has on identity is discussed while finally the theme of place was analysed in terms of the significance of place in Sociology, and the concept of third place in the lives of midlife women.

Menopause scholars have also drawn attention to the paucity of women's stories until recently, as many believe that this provides the most transparent account of how women understand, experience, and negotiate this life stage (Greer,2018: Ussher,2011). Dillaway (2012) asks if the evolving construction and framing of menopause surrounding identities and attitudes be correlated to the dearth in the literature until recently. While Greer (2018) Sheedy (2012) and more recently Jack et al., (2014) Montero et al., (2015) Beck et al., (2018) highlight the omission of women's voices being hampered by the medicalisation discourse.

Chapter Three: Research methods

“Not everything that can be counted counts, and not everything that counts can be counted”

Albert Einstein (2011:49).

3.1 Research Question

How is the menopause understood, experienced, and negotiated in Irish society: A case study of a Midlife Women Rock Café in Waterford city.

Sub-questions

How are discourses surrounding the menopause understood?

How does the menopause impact on women’s daily lives?

Does the Café act as a third place for women to develop understandings of the menopause and themselves during this life stage?

How does this place-the café enable women to create or recreate narratives of the menopause?

This research aims to examine how the menopause is experienced, understood and negotiated in Irish society. As outlined in chapter two narratives of menopausal transition are constructed in medical frameworks and in socio-cultural understandings. This inquiry aims to understand how women develop their personal understandings and how they negotiate and understand different narratives. The menopause is associated with various changes and this research also aims to examine the impact of these changes on their daily lives and understandings of identity.

In Ireland there are few places that women can come together to discuss and explore the menopause with other women. I argue that women need a place that can facilitate these discussions and that allows women the space to develop and construct narratives and understandings. Following on from completing a degree in psychology in 2018 where I reviewed the literature on Midlife women, I noted there was an injustice to women transitioning through menopause. Following the success of the Menopause café concept in Scotland, which began in 2017(as outlined in setting the scene chapter 1). I founded the Midlife Women Rock Café in Waterford city in 2019. The aim being to establish a Café that could act as a third place for midlife women. Third place is a term coined by sociologist Ray Oldenburg (2000) to refer to places where people spend time between home ('first' place) and work ('second' place). They are locations where individuals exchange ideas and build relationships. In contemporary society third place is an important place for social interaction and for discussion. Thus, I will examine the role of the Midlife Women Rock Café in Waterford as a third place in the lives of the women who attend.

3.1.1 Choosing a qualitative approach

Social research methodologies are generally classified as quantitative or qualitative. These two cultures vary in their basic orientations to research. Quantitative adheres to a more statistical approach involving reliability and generalizability (Ragin and Amaroso,2010),with qualitative being more exploratory, the understandings of social phenomena involving in depth interviewing and observation, with contextualisation of experience being more important than generality (Goertz,2012).In response to those who argue that qualitative is not scientific or generalizable(Collier,1995), Goertz and Mahoney (2012) disagrees and alludes to the fact that both traditions contribute to scientific inquiry as outlined here *'The employment of scientific methods for the generation of valid causal inferences unites the two research traditions...[T]he interpretive culture contrasts with the "causal inference" cultures that we discuss'* (Goertz and

Mahoney,2012: 4-5).Indeed, qualitative researchers do not aim to generalise, their objectives being to gather a rich deep understanding of a specific organization, group, or event, and recount how individuals or groups derive meaning from their surroundings, and how their meaning influences their behaviour(Sale and Thielke, 2018).This study was an exploratory qualitative study using an interpretive approach involving in depth interviewing, chosen to give voice to the women's stories. Their understandings, experiences and negotiation of menopause provides a rich contextual narrative. Twenty in depth interviews were carried out over Zoom due to Covid19 restrictions.

3.2 The Qualitative approach.

The increasing desirability to understand and incorporate qualitative research methodologies has intensified (Cresswell and Cresswell,2018)). Qualitative inquiry involves a strategy for systemic assembly, organisation, and elucidation of contextual knowledge Qualitative methodologies aim to explore and understand meanings, and experiences, individuals assign to situations or events in their worlds (Elliot,2005). They endeavour to focus upon individual's life experiences, asking the "how" "why" and "what" questions rather than the quantitative studies preoccupation with statistics, measurement, predictions, and generality. Indeed, qualitative inquiry is inductive and iterative, and undertakes to explore complexities in the social world which often focus on meanings that are less discernible (Gerring,2012). Furthermore, qualitative research questions are reflective and deliberate, derived from a focus on context along with an understanding of the limitations and strengths associated with qualitative inquiry. Its systematic as opposed to being loose and ad hoc, instead, it depends upon a paradigm of established well defined articulated methodologies for collecting and analysing data. What's more, it is organised broadly using inductive approaches from the ground up, to generate novel understandings of situations that are difficult to measure

quantitatively (Cresswell,2013: Ragin and Amoroso,2011). As a result of these understandings, a qualitative approach was chosen for this research study. I am hoping to gain an insight into how women in Ireland who attend the Midlife Women Rock Café in Waterford, understand, experience, and negotiate Menopause.

The theoretical approaches of the qualitative paradigm will be discussed below, there are numerous ontological and epistemological avenues however, convergence occurs contextually in how meaning making takes place, with an understanding that the research questions pave the way for data collection strategies (Creswell, 2013: Hennink, Hutter, Bailey, 2011).Qualitative researchers favour subjects natural settings (if possible) when undertaking research allowing the individual become more relaxed in a “*non- clinical*” setting (Willis,2007).This also assists the researcher’s understanding and interpretation that individuals assign to their experiences and stories (Stake,1995). The distinctiveness of this methodology is its experiential knowledge of the complicated worldviews between phenomena, and the simplification of its findings (Gerring,2012). Menopause as a taboo subject for polite conversation is associated with complex and complicated understandings to date, some would argue contributed to by the silence surrounding this topic (Beck et al., 2018). We cannot solve a problem we cannot see, thus the importance of creating places to allow open conversation.

The researcher’s subjective acumen is paramount, as is the visibility of how their preconceptions influence the information gathered through personal reflexivity during the research (Hennink, Hutter, Bailey 2011).

The most utilised qualitative research methods are one-on-one interviews, focus groups, ethnographic research, case study research, record keeping, and qualitative observation (Stake,1995). Limitations of qualitative inquiry include the fact that it is time consuming. A labour-intensive analysis process such as in- depth interviewing, categorization, coding, and

recoding, can take time. The skills, personal biases and idiosyncrasies of the researcher must be acknowledged, and reflexivity of the researcher must be accounted for (Gerring,2012). Furthermore, interpretations may be limited, and qualitative studies are not statistically representative unlike quantitative methods. Nevertheless, in this study qualitative studies are warranted and more appropriate, as a comprehensive perspective of phenomena are needed, to investigate complicated processes, and in highlighting the spectrum of human experience (Elliot,2005).

3.2.1. Philosophical underpinnings of Qualitative research.

Research analysis is always conducted alongside a cohort of beliefs, often deferred to as a paradigm. A paradigm is essentially a world view, a whole framework of beliefs, values and methods within which research takes place. It is this worldview within which researchers work (Tuli,2010). Guba and Lincoln (1994) refer to paradigms as fundamental belief structures based upon ontological, epistemological, and methodological assumptions all interrelated. Therefore, a chosen methodological approach is dictated by the ontological and epistemological beliefs of the researcher. The design of a research study is made up of a paradigm. The paradigm framework is made up of the following:

Philosophy

Ontology

Epistemology

Methodology

Qualitative inquiry is underpinned by a philosophy that is “interpretive, humanistic, and naturalistic” (Creswell, 2007). There is much focus upon subjectivity. One of the distinctions between qualitative and quantitative researchers is the former understand the significance of

philosophical principles and theories that enlighten their work, and keenly write about this in the literature (Mason,2002).

Ontology is derived from the Greek word “*ontos*” which means to be, ontological beliefs concern the nature of reality *what it is to exist, -what is true? what is the nature of existence?* Examples of some fundamental ontological questions for social scientists include *are individuals aware of the consequences of their actions?* or *Are individuals essentially selfish?* (Mason,2002). Thus, what individuals think reality is, will configure what they think they can know about reality (Ritchie, Lewis, Nicholls, & Ormston, 2013). From an ontological perspective there are two presiding opposing perceptions of reality- they are realism and relativism. Realist ontology is objective, linear, independent of theories, beliefs and behaviours, this contrasts with relativists who believe in multiple realities, are subjective and their foundations are immersed in meanings and contexts (Tulli,2010).Thus, realists operate somewhat from ideals or idealistic worldviews, whereas relativists have a broader perspective on lived realities. Other ontological perspectives fall between these two perceptions and include positivism which searches for truth, and a reality that can be measured, its experimental and associated more with quantitative inquiry, while modernism searches for certainty and permanence and is much aligned with positivism. There are also post- positivist and post-modernist approaches. The post positivists value objectivity and a critical realist ontology, having moved away from positivism, while the post- modernists assert that social phenomenon cannot be defined, they do not consider a truth that can be well-defined, and mistrust abstract theories that explain reality(Mason,2002). Furthermore, critical theory is another approach that is representative of a perspective moving further away from positivism, emerging from historical realism, the belief is that reality is formulated by gender, social, political, cultural, and economic values (Gerring,2012).

In this case study a constructivist/interpretivist ontological qualitative approach was considered most suitable. The constructivist paradigm provides insights on how individuals or groups construct their realities, it points to the importance of interactions with social environments, along with being open to the possibility that individuals may have multiple social realities. It was found that this paradigm best represents the women's voices from the Midlife Women Rock cafe. Interpretivist approaches collect in-depth experiences, endeavouring to understand how people give meaning to the world around them. Informal interviews and participant observation are synonymous with this approach with the epistemology being similar to the constructivists (Gerring,2012).

Epistemology looks at the inter-relationship between knowledge and the researcher throughout the research process, it is driven by the researcher's ontological perspectives, these views dictate how objective the association is between the investigator and what can be known(Goertz,2012). Research studies have an opinion on a view of knowledge of what is knowable, or worth knowing. From a philosophical perspective, epistemology is learning about how we go about knowing things -whether something is right or wrong, true or false,- it is the debate about what knowledge is- Bourdieu(1973) talks about everyday knowledge, while the philosopher Descartes famous epistemological position known as cartesian dualism discusses the clear hierarchy between the brain, the mind and the body when it comes to knowledge(Rozemond, and Rozemond,2009).

Methodology refers to how knowledge is uncovered and considered in a methodical way. It also refers to beliefs that monitor how knowledge should be gathered, while methodological and epistemological assumptions are driven by ontological beliefs, all are interrelated (Cresswell and Cresswell,2018).In contrast methods is limited to data gathering procedures for example interviews, questionnaires, or surveys. Choice of method is dictated by ethical and moral issues, practical matters such as time and money, and thirdly theory, exploring scientific

approaches. Methodologies can be separated depending upon the ontological and epistemological beliefs that commanded them. Simplified, our ontology determines our epistemology which determines methodology, which in turn dictates the methods chosen. (Tuli,2010). In conceptualising a qualitative research question for this study an inductive, exploratory open approach was taken, few assumptions were predetermined, while a constructivist/interpretivist paradigm was found to be most suited to this research.

Mason's(2002) idea concerning intellectual puzzles, where she advocates that all qualitative research should be structured around an intellectual puzzle of some kind in order to generate an explanation or argument was taken into consideration in order to add clarity to the essence of inquiry.

Qualitative methodologies were chosen because the researchers ontological position suggests that individual's knowledge, understandings, interpretations, and experiences have meaning within social settings. The questions being asked are exploring individual's perceptions and how they construct their realities at this time of life. If what the researcher is interested in ontologically and epistemologically is a social process which operates situationally, then situational rather than abstract questions need to be asked. In using a qualitative approach, the researcher conceptualises themselves as active and reflexive in the process of generating data rather than neutral.

3.2.2. Reflexivity.

Reflexivity and issues of positionality in research are vital concepts to become aware of as they can directly affect the accuracy of the research findings and outcomes (Cresswell,2007). Positionality in qualitative research is pivotal as it not only gives cognisance to how the study is conducted but furthermore, affects the fundamental results and conclusions -the voice(s) that will be epitomized in the final reports or conclusions.I outline my interest in this subject area,

why this topic was chosen to research, my role as researcher, and issues of positionality. The recent restrictions in relation to Covid 19 and how these impacted on the research process will also be discussed here.

I am a registered general nurse, midwife and public health nurse, I have worked with women for many years both in hospital and community settings. When I returned to full time education five years ago and completed a psychology degree, I choose to examine the literature on midlife women as I was 51 years. My final year thesis was titled *Midlife Women Rock: An investigation into the relationship between self-esteem, attitudes to aging and quality of life in midlife women*. Back then in 2018 I was dismayed to see that the narratives surrounding midlife and menopause were very negative (Wilson,1968:Greer,1991).It has to be noted that much of the literature I was accessing back then was from a medicalisation perspective. These narratives did not resonate with me having worked with many women across the lifespan over the years. This led me to continuing to explore the research in this area and deciding to do a masters in sociology. As the in- depth literature review in chapter 2 outlines, there are numerous discourses surrounding menopause. However, it must be acknowledged that the degenerative disease model remains prominent in media reporting of this life phase (Greer,2018; Krajewski,2018). Why one has to ask is this the situation? Why do media narratives continue to illuminate the distressing sides of this rite of passage at the expense of the positives. As one of the women in the café said good news does not sell newspapers and maybe this is a contributory factor.

In 2019 I set up a face book page to share some of the information which I had gathered with friends. Essentially my objective was to try to shine a light on positive empowering discourses in the literature, the need for more information and education and to reduce the emphasis on the negative narrative. I was coming from a place where I believe there is a massive injustice to women in not knowing about or understanding what is happening to them during this life

phase. This led to a place on social entrepreneurs Ireland academy 2019/2020. This platform enabled and assisted me in opening up the Midlife Women Rock Cafes (previously called menopause cafes) in Waterford in 2019. The objective being to open conversations while providing a safe space or place for women to discuss menopausal transition. We cannot solve a problem we cannot see thus, providing a visible platform engenders curiosity and interest. The first menopause café was opened in Scotland in 2018 by Rachel Weiss. (<https://youtu.be/OVIZzogAwms>) in response to a massive void in information on menopause. This social innovation was opened to start conversations, provide information and support women transitioning through menopause. Having received the go ahead from Rachel I opened the first menopause café in the republic of Ireland in June 2019 at GROW hq Waterford city. 18 women attended on that occasion. Further pop up cafes were organised in Tramore, Dungarvan, Kilkenny, Wexford and Limerick throughout August and September 2019. Furthermore, Waterford Health Park, a large medical and health centre founded on a new paradigm for sustainable improvements in community health invited me to run a monthly café in the coffee foyer of their premises in September 2019. This monthly café has continued stopping in April due to Covid 19. The case study for this research project focuses on this café. Thus, reflexivity and positionality in qualitative research are pivotal, as well as relaying how the study is conducted, they affect the fundamental results and conclusions -the voice(s) that will be epitomized in the final reports or conclusions.

3.2.3. Impact of Covid 19 on the research project.

The Covid 19 pandemic became detected in Ireland in March 2020. On the 17th of March, the Republic of Ireland was placed on lockdown. Our ability to move about, socialise and interact was drastically curtailed. I had facilitated a café on the 3rd of March where I had recruited 5 women to attend a focus group. I had also invited women to take part in the research project consenting to do 1 on 1 interviews at Waterford Health Park. However, once the lockdown was

announced on the 17th of March this was no longer possible. The cafes were deferred and in collaboration with my supervisor it was decided to go on- line interviewing the participants over zoom. Due to much anxiety and fear over the first weeks of lockdown many of the women had other priorities and were not available to be interviewed thus I had to postpone many of the interviews for some weeks. Access to zoom and utilising zoom as a platform proved another issue for some of the women. Eventually 20 women gave of their time to participate and be interviewed these interviews were undertaken between April and July 2020.

3.2.4. Ethical considerations.

This study abided by the ethical guidelines as outlined by the Sociological Society of Ireland (S.S.I.,2019) and Maynooth University's requirements. The department of sociology provided ethical clearance for this study. The researcher was aware of the importance of informed consent and each participant was presented with an information sheet (see Appendix 1) and a consent form (Appendix2) by email prior to participation. The participants undertook the study voluntarily and were not coerced. Prior to data collection, information relating to the study and collection of data was outlined along with their right to withdraw from the study at any time. Confidentiality and anonymity were always upheld, as the researcher was cognisant of the need for participants' privacy. Pseudo names were ascribed to each interviewee, this provided a reference for each participant, ensuring anonymity. All interviews were carried out and recorded over Zoom due to Covid 19 restrictions. All recordings are stored on the researcher's computer, password protected, and to be destroyed after 5 years. The participants were duly informed of this.

3.2.5. Respect and Anonymity

The dignity of the women was maintained throughout the interview by frequently confirming with participants' that they were happy with how the interview was going. The interviewees

were also given the opportunity to withdraw from the study at any time if they so wished. Anonymity of participants was safeguarded by taking these measures.

Changing the respondent's names.

Age of participant used instead of date of birth.

Broader field of work rather than specific roles within those fields.

3.2.6. Prevention of harm to participants.

The methodology and methods utilised were not harmful in any way to respondents. Yet, open-ended interviews require especially demanding emotional labour, while the interview is not confined to a limited set of questions, every so often it can progress into areas that the researcher did not foresee (Hoffmann 2007). This is often the case with in-depth interviews. It occurred during the interview with Marilyn (participant E) when she spoke with emotion about how her mother's personality changed at middle age. It was only on reflection over the past year that she now understands what was possibly happening for her mother. She was menopausal and possibly had no one to talk to or no way of expressing what was happening to her. Marilyn became visibly upset in the interview, when talking about her mother. Her own journey and new knowledge as she is transitioning through menopause is allowing her to understand her mother in a totally new light. She expressed how much she loved her mother, but the moodiness and anger were very noticeable for 10 years or more which had impacted on their relationship. Although upset she requested to continue with the interview as she saw it as "*vitally important for other women to realise what is happening to them during menopause*".

3.3 Sources of data

3.3.1 The case study approach: The Midlife Women Rock Café

Qualitative research is often based on specific case studies. The case study research examines the complexity and nature of the case in question, (Stake, 1995). In this research exploration a case study of the Midlife Women Rock Café in Waterford city was chosen. *‘The basic case study entails the detailed and intensive analysis of a single case,’* (Bryman, 2004:48). The Café where women gather monthly appeared appropriate for case study analysis as *‘Case studies allow you to collect and present information in a way that provides more context. They are good for showing how something happens or works in a real -life situation.’* (Kane and O’Reilly-De Brun, 2001: 215). In a case study one can examine attitudes, behaviours, and the environment all together, in a natural setting, to give a better understanding of how things work (May,2001). Twenty women who attended the Midlife Women Rock Cafés since opening in Waterford in 2019 were recruited. Several open -ended questions which related to their understandings, experiences, and negotiation of menopause along with the impact of attendance at the café on their narratives were discussed.

According to Bryman *‘one question on which a great deal of discussion has centred concerns the external validity or generalizability of case study research’*, (2004:51). The answer to this is that case studies cannot be generalised to all areas. They are historically and socially specific and are also specific to a certain context. Furthermore, case studies allow the researcher a chance to explore key social processes, therefore, the café was chosen to study. A case study can provide insights that survey techniques ignore (Mason,2002). This does not mean however, that findings are merely limited to the social setting where your research is conducted. If one is looking at a case study of a locality or specific place or organisation, then one may find that many areas or groups are constructed and reconstructed the same. While what one is examining

may be mediated at a local level and the implications and findings may be context specific one can also use case studies as a comparative analysis, and this is what was attempted in this study.

3.3.2 Participant observation/Observation

Participant observation entails the involvement of the researcher in the social setting of that which they wish to study. Participant observation helps the researcher to gain a better understanding of complex processes and is particularly good for understanding something within a larger context, (Kane and O'Reilly-de Brún, 2001:218-219). Within participant observation the researcher immerses themselves in a group or setting '*...for an extended period of time observing behaviour, listening to what is being said in conversation both between others and with the fieldworker, and asking questions*', (Bryman, 2004:292). As such the researcher is involved in the data produced or generated. In this study participant observation took place at two of the cafes, the first in September 2019 where 5 women were present, the second in February 2020 when 17 women attended. Notes were written out at the onset and after the 2-hour café sessions. In September 2019 I was invited to run a café at Waterford Health Park monthly. Prior to this the cafes I had run were pop ups. I was anxious on the first morning as I did not know who or how many would turn up, 5 women appeared, and an overview of this morning is provided in Appendix 3(Field notes). When running the Cafes monthly I choose a different topic related to some aspect of menopausal transition, the first three Cafes involved providing women with basic foundational information as this is what many come here for- What was menopause, perimenopause, the terminology, statistics, symptoms. I then continued with themes such as anxiety and mood changes, relationships and menopause, diet and exercise, and the power of a positive mindset. What was most evident and remarkable in actively observing the women, was the changes in the behaviours of these women from the time they entered the Café to the exit, many very anxious on arrival, were then very slow to leave, staying on having lunch with one another or more coffee (February café) once I had finished the session. Further, more detailed discussion on this takes place in the next chapter. See also Field notes on the café (Appendix 3).

3.3.3 Interviewing

Interviewing is the most widespread system of information collection in qualitative research. According to Oakley (1998), qualitative interview is a sort of structure in which the methods and criteria are not only recorded, but likewise achieved, challenged, and reinforced. Most qualitative research interviews are semi-structured, lightly structured, or in-depth (Mason,1994). Unstructured interviews usually appear in long-term field work, allowing participants freedom of expression at their own pace (Oakley,1998).

The research strategy used in this study comprised qualitative semi -structured interviews with 20 women attendees of the Midlife Women Rock Café, recorded over zoom. The length of interviews varied from 45 minutes to 2 hours. Holliday (2007:8) suggests that “*whereas the rigour in quantitative research is in the disciplined application of prescribed rules for instrument design, the rigour in qualitative research is in the principled development of strategy to suit the scenario being studied.*” This research develops a methodological procedure using an interpretive exploratory pathway. Although why what and how questions were asked throughout the interactions with the women over Zoom, the emphasis was on a more conversational style enabling the respondents move at their own pace and reflect at times. Reinharz (1992) commented that interviews allow an exploration of the meanings and interpretations of the participants and if done well allow the voices of the interviewees to be heard. In this research project the voices of the women became an integral part of the study.

The 20 women were recruited from attendance at the Midlife Women Rock Café at Waterford Health Park. The women self- identified as being peri-menopausal, menopausal, or post-menopausal. The age range was from 46 to 59 years of age, ranging across the socio-economic spectrum but predominantly middle-class women.18 were Irish, with 2 originally from eastern Europe, living in Ireland 10 years or more.10 women were married,1 lesbian in a relationship,4 separated/divorced now single,4 others identified as single, and one other was living with a

partner. Three of the participants were carers along with negotiating other roles. Many of these women had attended on more than one occasion, while others had also attended one of the pop-up Cafes run last year and followed the Midlife Women Rock Facebook or Instagram accounts.

Table 3.1 List of participants in study.

Respondent	Name	Age	Occupation	Peri-menopause menopause or post menopause	Married, single, partner, separated/divorced.	Children Yes/no.
A	Rachel	54	Entrepreneur	Post menopause	Divorced.	Yes
B	Sue	52	Social worker	Peri menopause	Partner.	Yes
C	Robin	46	Health care	Peri menopause	Single	yes
D	Louise	47	Self employed	Peri menopause	Married	yes
E	Marylin	51	Public servant	Post menopause.	Single	no
F	Hazel	59	Management	Post menopause	Divorced	yes
G	Brigitte	51	Part time In administration	Peri menopause	Separated	yes
H	Gwen	55	Full time mother/carer	Peri menopause	Separated	yes
I	Jill	50	Company employee	Peri menopause	Married	yes
J	Lydia	49	Entrepreneur	Peri menopause	Married	yes
k	Ella	47	Civil service	Peri menopause	Partner	no
L	Pam	50	Stay at home mother	Peri menopause	Married	yes
M	Amy	55	Health care	menopause	Single	no

N	Petra	53	Part -time Teacher	menopause	Married	yes
O	Noelle	55	Company assistant/carer	Peri menopause	Married	yes
P	Wendy	56	Administration	Post menopause	Married	yes
Q	Maria	52	Public service	Peri menopause	Single	no
R	Meabh	51	Part time Lecturer/carer	Peri menopause	Married	yes
S	Helena	49	Self employed	Peri menopause	Married	yes
T	Amber	46	Part time in Law	Peri menopause	Married	yes

3.3.4 Questions asked at interviews.

The in- depth qualitative interviews were semi-structured, not asked in order, but more as a probing exercise. From the interviewer's perspective the success of an interview is marked by the ability of the two participants to dissolve-their social difference to maximize communication (Manderson, Bennett, Andajani-Sutjahui, 2006).As I had met all of the women at least on one occasion before the interview, there was no need to go to in-depth lengths explaining who I was or what my interests in menopause were. This provided for a more open and conversational style of interviewing that enabled many of the women to relax. I summarised my professional and educational background at the outset of each interview and outlined my interest in continuing to research this area of menopause. This was to assure participants that the study was a credible study.

The questions:

- 1.Setting the context-Tell me a little about yourself and your life? (This is important in understanding the impact menopause may have on her life).
- 2.Can I ask what were your understandings and/or experiences of menopause prior to attending the café? Where did you get your information?
- 3.How did you hear about the cafes?
- 4.What made you decide to attend? What brought you here? What were your expectations?
- 5.Who do /did you talk to about how you were feeling during this life transition?
- 6.How did you feel that first morning walking into the café?
- 7.How did you feel about the experience of sitting with other women listening and sharing stories on this time in life?
- 8.Was is an enjoyable chat with other women over coffee or did you take away more from the experience?

9. What effect did attendance at the café have on your understanding of

A. menopause.

B. yourself.

Has it helped?

10. What have you learned or taken away with you that you could pass on to others, friends, sisters, daughters?

The in-depth interviews elucidated:

(a) A greater understanding of women's knowledge of peri menopause and menopause.

(b) Structures and meanings women associate with this life stage.

(c) Mechanisms and significances around how women experience menopause.

(d) How women negotiate menopause in Ireland today.

(g) The impact of attending the café.

(h) Interpretive information about the impact menopause has on every aspect of women's lives.

In many of the interviews a discussion of an array of happenings in the women's lives, relationships and health grew as the interview evolved, facilitating "*thick descriptions*" (Geertz 1973) of the social life of participants to materialize.

3.4 Analysis of data

Thematic analysis of the data was undertaken utilising a framework based upon the themes and sub-themes identified in this chapter. Further sub-themes emerged during fieldwork and are all commented upon in the next chapter. The thematic headings of menopause identity and place are utilised to conduct this analysis. Fig 3.2 shows an outline of the steps taken in the research process to date.

Figure 3.1: An outline of the steps taken in this qualitative research project

Initial readings surrounding the topic of inquiry



Developing an idea, research question, hypothesis. Formation of general research question and initial theoretical framework (this includes theories, literature surrounding the area of inquiry etc.)



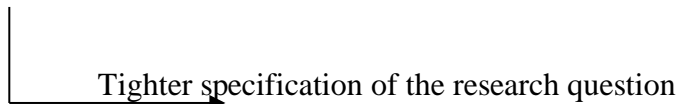
Collection of relevant data – surveys, interviewing, participant observation, photographic representation, documentary analysis, literature review etc.



Interpretation of data / analysis of data



Conceptual and theoretical framework



Write up findings/conclusions

(Figure adapted from Bryman: 2004: 269)

3.4.1 Transcription and thematic analysis

All interviews were fully transcribed verbatim and coded manually. Coding was to be done using MAXQDA however, as all lectures were suspended and Maynooth university closed from the 17th of March. It was not possible to receive tutorials on MAXQDA. Instead we were instructed on how to manually code using colours. Thematic analysis of the data was undertaken. The transcribed interviews were coded through a process of line by line reading of the transcriptions, identifying and colour coding with highlighter recurring themes, noting their

frequency and distribution. Subthemes were established from the prevalent themes. All findings were discussed with my supervisor.

Due to Covid 19 the concept of a verbatim transcript was limited to a reproduction of the zoom recordings, these being taken as “*the embodiment of truth as an indisputable record of the interview*” (Poland 1995: 291). It took approximately one hour to transcribe 15 minutes of video recordings. While I discovered the procedure of personally transcribing all interviews an arduous task, it did allow reflection on each interview before commencing proper thematic analysis. I logged possible themes and ties between various interviews as comments while transcribing. This enabled me to form themes as I progressed with the analysis.

3.5. Conclusion

This chapter began by introducing the research question followed by outlining the subthemes. In choosing a qualitative approach the advantages and limitations were outlined along with the philosophical underpinnings associated with this approach. A constructivist/interpretivist ontological approach was deemed most suitable for this research inquiry along with a case study approach being utilised as ‘*Case studies allow you to collect and present information in a way that provides more context. They are good for showing how something happens or works in a real -life situation.*’ (Kane and O’Reilly-De Brun, 2001: 215). Furthermore, the importance of reflexivity and ethical consideration were also elucidated. Covid19 and its impact were discussed, which led to us all learning quickly how to operate Zoom and Microsoft teams. The sources of the data utilised in this research inquiry have all been provided along with how the data was coded and analysed. Finally, a framework of the steps taken in the qualitative research process is provided (fig.3.1).

Chapter four: Findings and analysis

“Too many women in too many countries speak the same language-of silence”.

Hillary Rodham Clinton (1995)

4.1 Introduction

This study set out to explore how the Midlife Women Rock Café in Waterford city contributes to women’s understanding, experience, and negotiation of menopause. To date the literature reveals that narratives of the menopause are constructed in medical frameworks with focus primarily on the deficiency disease model, leaving medical professionals responsible for fixing women’s deteriorating bodies (Voicu,2018: Utian,1978: Wilson,1968). Alternatively, the broader socio-cultural understandings try to provide a meaning for this life stage. Menopausal transition is elucidated as a unique subjective experience, or rite of passage, which with the correct supports and knowledge enables women to navigate this life phase successfully (Usher,2011: Utz,2011: Wadsworth,2000). This research looked at how women develop their personal understandings and how they negotiate and understand different narratives surrounding menopause. The alarming mental health and suicide rates in women in Ireland (similar in UK) peaking in the 45 to 60-year-old age group (Table 1.1 Suicides rate statistics in Ireland 2001-2018) is of concern, In asking what they account for? The findings reveal a dearth in knowledge and understanding of how menopause impacts women. Women do not know or understand what is happening to them physically, mentally and emotionally as they reach perimenopause. The silence and shame are contributing to this dearth in education which is subsequently impacting on women’s mental health.

The menopause is associated with various transitions in women’s lives and this research also examined the impact of these transitions on their daily lives and understandings of identity. There are few places that women can come together outside of home and personal friendships

to discuss and explore this life phase with other women. The findings indicate that a third place a place outside of home and work like the Café greatly facilitates these discussions and allows women the space to develop and construct narratives and understandings.

This chapter will draw upon and discuss the literature that was reviewed in Chapter Two, highlighting how findings in the case study may add to this knowledge base. By connecting the information collected from the semi-structured interviews, participant observation analysis, and blogs with the sociological literature, the objective here is to enhance and broaden the understanding of the lived experience of menopause in my respondent's lives. The findings are analysed thematically based upon the themes and sub-themes identified in chapter three which include Menopause, Identity and Place. Further sub-themes emerged during fieldwork including silencing and validation of feelings and are commented upon in this chapter.

Chapter two highlighted the fact that there are many discourses surrounding menopause from the feminist to the biomedical, psychosocial, and positive emanating from the literature. However, it must be noted that menopause encompasses an arena, which is part of a wider lack of understanding, and dearth in research into midlife women's life experiences (Dillaway,2012: Montero, Montero, & de Vogelfanger, 2013: Jack et al.,2014, 2019). This was highlighted when I was invited in February 2020 to attend the Women's Health Task force at the Department of Health.

Fig. 4.1 The following is taken from a blog post posted on- line after attending the task force.

“I was invited to attend the stakeholder’s forum of the Women’s Task force at the Department of Health in February 2020. Credit has to be given to the Department and the Minister for Health Simon Harris for developing this innovative initiative in 2019, the first of its kind in Europe. The World Health Organisation points to gender as a social determinant of health. Women’s health for too long has not been prioritised, the women’s task force seeks to address health issues of importance to women in Ireland. It is a collaboration between the Department, women, professionals, and academics with a remit to develop effective policies and initiatives. It was fantastic to learn that Menopause and its management has been chosen as one of its top priority areas to focus on over the next year. More and more conversations are opening up about this life stage, a time which can lead to immense power, opportunity and positivity for many women once they pro-actively manage symptoms. From listening to contributions from Orla O’Conner (Chairperson, National Women’s Council of Ireland) and Peggy McGee (Director General of the European Institute of Women’s Health) along with participating in the interactive focus groups on menopause, it is becoming evident that Midlife Women in Ireland are finding their voice, we may be the first generation to do so, who knows where it will lead! Blog post on Mid-Life Women Rock.com website



At this forum three areas in women’s health were chosen to focus upon over the next year, menopause was one of these areas. The task force highlighted the fact that menopause for too long has been considered and tolerated as a taboo subject, a fact reiterated in recent academic papers (Krajewski, 2018; Beck et al., 2018). Discussion groups within the forum found that conversation oscillates from degenerative disease to a narrative from some older women of just getting on with it, we all had to! These perspectives have not really served women well contributing to the silencing around this life phase. The many discourses emerging to date as

outlined in chapter 2 portray a dearth in women's voices or stories something that has not served women. The high incidence of mental health issues and suicide amongst women aged 45 to 60 years (outlined in chapter 2 Table 1.1 Suicides rate statistics in Ireland 2001-2018) is also something that needs to be spotlighted and addressed. In trying to gain an insight into how women understand, experience and negotiate menopause I undertook a qualitative study interviewing 20 women who have attended the Café over the past 7 months. I recount here the impact attendance at a third place like the Café can have upon these women's narratives. As numerous themes were reoccurring from the data, I layout this section under these themes.

4.2. Menopause: Silence and silencing of this life transition

Shame and silence and menopause are interlinked narratives that emerge in the literature (Greer, 2018; Krajewski, 2019; Perz and Ussher, 2008). Nosek, Kennedy and Powell (2010) elucidate the fact that much remains questionable about women's experiences of menopause transition and advocate that

“clinicians must be cautioned of the potential for silencing and withdrawal in women who may not be receiving adequate support and must advocate for more choices for midlife women”

(Nosek, Kennedy and Powell, 2010:1)

This premise around silence emerged again and again from many of the women attending the Cafes many come as they have no one else to talk to

“I came to the café as I have been building on my knowledge base about menopause, nobody talks about it, my friends, my family brushed it off when I mentioned it, I came to the café on my own, I attended a conference on menopause in Dublin last year on my own, I went to a talk in the library on my own. I did not ask anyone to come with me I guess because nobody around me was talking. There is a conspiracy of silence it's a powerful taboo no one is talking, and I don't really know why” (Maria, Respondent Q)

The fact that she attended all these events on her own is not uncommon in women searching for information. Having attended The Meg Mathews Menopause conference in London last year (alone it must be said), it was mentioned at the start of the day that over 70% of attendees

attended alone. Meg Mathews who hosted the event thanked all the women who attended (over 300) as trailblazers, as this was the first conference on menopause specifically for women in the world.

Attending an event on one's own was also noted in the field notes (Appendix 3) on the first morning of the Cafe all the women came alone, all very nervous, not knowing what to expect but seeking information and understanding. Louise (Respondent D) was desperate for information, very tearful, she did not understand why she was feeling the way she was. Thought it was grief due to the death of her father in the last eighteen months but something within, told her this was more than grieving.

Giddens (1991) postulates that social constructionists hold assumptions that human beings formulate subjective meanings of their experience. Where do the meanings on menopause come from for women in society when there is so much silence? Giddens (1991) in employing a social constructivist framework, acknowledges the complexities and interactions between knowledge, meaning, interpretation, and power, this is of use in understanding the significance of “*silencing*” the subject of menopause.

Beck et al.,’s (2018) study of university lecturers in the UK also highlights the fact that silence is a huge issue and is contributing to many of the problems associated with this life phase. The paper refers in anger to the taboo, silence and secrecy that remains pervasive in contemporary society. They refer to the overdue need to make the “private political” in relation to menopause as outlined here

“Talking about menopause out loud in communal settings as a political act and a necessity in order to break the taboo” - A collective sense of defiance emerged - the research project providing the three female researchers with an epiphany, ensuring menopause will become a “joint political crusade” for them going forward”. (Beck et al., 2018:13-14)

Similar sentiments are reiterated in Jack et al’ s (2019) research on gendered agency and Krajewski’s (2018) paper on framing menopause as taboo.

The quote above from Maria (Respondent Q) from the Café also emphasizes the fact that women are looking for ways to negotiate and navigate the silence, (by attending talks, conferences and the café) in order to develop a voice and understandings. This research illustrates how women are pushing to counteract the taboo and silence.

Women's voices need to be heard, this case study is revealing how their voices can be heard and how women are making their voices heard even in small places like the Café highlighting the importance and need for such places. The field notes (Appendix 3) from the two different Café meetings 1st in September 2019 second in February 2020 highlight how narratives change once silence and taboo are challenged. Once the silence is broken and women are allowed talk in a safe space it can be empowering and life changing (Weiss,2020).

“The overwhelming feeling of not realising what is going on or being on my own with these feelings- as not everyone wants to talk was starting to get me down. I am so lucky to have found the cafe it's a lifeline, the women are so open and supportive seeing others feel like this and I can actively do something about it is powerful” Amy (respondent M) expresses the impact of silencing on her.

4.3 A voracious and often desperate need for information

“I always had negative thoughts about menopause, something to be endured, never thought about opportunities opening up for us Midlife Women. After a few tough months, attending the café has given me my confidence back again”

Amy (Respondent M)

Contemporary society is enabling women to question, to voice concerns, to demand information that predecessors could only have imagined. The activist Vicki Phelan and the cervical smear controversy is an example of women's agency and overcoming silence enacted in modern-day Ireland (Phelan,2019). Women who are attending the Midlife Women Rock Café want to be informed, they want to understand this life phase, they want to understand

themselves as they transition through menopause. This was obvious from the first Café meeting in June 2019 as discussed in Appendix 3(field notes).

Gathering information at the Café that enables, informs, and empowers women is very beneficial, their lived experience is pointing to a huge lack of information, many women arrive at peri-menopause with no knowledge, no understandings, often desperate for some help (as outlined in the field notes, Appendix 3). The findings also point out how lifechanging it is when women access information (provided through discussions and handouts at the Cafe) as outlined by the following quotes

“the access to all this information provided within the café completely has reduced my anxiety I knew so little, understanding what’s happening to me has given me a whole new perspective, women do not know what is happening to them, what’s going on, why has this happened, women talk but we need to be doing more of it”(Helena, Respondent S).

“Knowing there are solutions and support for how I am feeling is changing my life, I thought I was the only one feeling like this, now that I have the knowledge, I feel confident to talk and discuss what is happening, I am adamant to bring this out of the closet at work and with my friends” (Jill, Respondent I).

This is coupled with a sense of defiance which emerges once women have the knowledge and education:

“I can see how uncomfortable some women are, we owe it to each other as women to start talking can’t get my head around it every woman goes through it and yet so little information compared with childbirth” (Petra, Respondent N).

Knowledge gained from attending the Cafes enabled and assisted many of the women to discuss experiences and understandings with partners, or friends. The information and having the open conversations with other women in the café, offered confidence to initiate conversations outside at work or socially with a group of friends.

This links to the growing body of work that is focusing upon the correlation between self-esteem, attitudes and women’s experiences noting that stigmatisation and silence is consequential. (Ayers, Forshaw, and Hunter 2010; Jurgenson et al., 2014; Bryan, Brown et al., 2015). Rachel Weiss (2020) who started the Menopause Cafes in Scotland echoes the sentiments around how women are so much more confident to talk once they have information

and silence is negotiated. The concerns associated with silencing, lack of information, education and understandings of menopause are consequential and appear to be correlated with women's mental health.

A very emotional Marilyn (Respondent E) who is an articulate educated woman says

"I thought I knew what menopause was but now realise I really do not have a clue, I am taking HRT for the last few years and it has helped with sweating and flushes which were terrible at work, but it's all the emotional stuff I just didn't feel myself, and nobody could tell me why until I came here, having listened to the stories from the other women I can see myself, I was lost for a while but am finding the real me again"

Other misconceptions that abound include

"I did not know one could be in menopause in our 40's, I thought menopause only started after your periods stopped, I never heard anyone talk about the likelihood of starting in your 40's. It's good to know" Wendy (Respondent P).

This was re iterated by Pam (Respondent L) who left work over 3 years ago at 47 years of age very stressed. She knew something was not right but was getting no answers from doctors having attended many. She eventually signed up for a health and wellbeing course and a woman at the class on hearing her story mentioned perimenopause she was shocked but relieved. On researching online, it all made sense:

"I was so unsure of myself, kept doubting myself, had to leave work, I hit a wall, I was so stressed and did not know why, I thought I was going mad, it was very sad and scary at the time, I felt very alone I now look back and see it was perimenopause" Pam (Respondent L)

What is curious about Pam and many of the women interviewed is that women know when something is out of balance or just not right for them, the problem appears to be that the answers and support are not easily accessible. Having talked at length to Pam one could see how she was adamant to find an answer, she empowered herself by signing up for a course, she came along to the café because she wanted to learn more. What Pam and many of the other women Sue (Respondent B), Robin (Respondent C) Louise (Respondent D) and Lydia (Respondent J) symbolise is access to women's agency, at an intuitive level they all knew something was out of balance. My own experience working with women as a midwife and public health nurse re-

enforces this belief about women. Having access to the right supports, information and understandings enables and empowers women find answers, treatment pathways and greater conceptions of self. These women are finding ways to negotiate the silence and information deficit and actively enabling and empowering themselves by attending the Café. What about the women who are not as pro-active?

This case study is highlighting the many benefits of a third place like the Cafe in women's lives Brigitte (Respondent G) outlines how attendance, openness, and access to information can be life changing

"I had these ideas about what it would be like mostly negative kind of all downhill, did not want to go there, I was in denial, there is something shameful about it, I knew something was happening to me. I have the Mirena coil, so I don't have periods as such. I am thinking about HRT haven't decided yet, From being here with this group of women, the openness, the support, I feel different, its nothing to be shamed about it's only a phase, and learning that it can lead to a powerful time in women's lives is affecting my mindset, nobody mentioned this before, Thus I now see the reality can be so different from what we think menopause is. I tell other women start talking this is how we can help each other" Brigitte (Respondent G).

4.4 Validation of feelings

Krajewski (2018) proclaims that the social identities of menopausal women and the attitudes towards them are constantly under construction. I ask why is this so? Why is there so much complexity surrounding menopause? To date findings from this case study indicate that the silence around the topic is feeding into the dearth in education and understanding which in turn is impacting upon women's mental health. As the interviews continued another repetitive theme emerged and this was the confirmation or validation for what women were feeling and experiencing. Listening to other women say they had similar experiences, was a great relief, it removed a layer of anxiety for them. They were not alone. Listening to me as facilitator tell them that most symptoms and feelings do pass and are transitory had a huge effect upon these women. The Midlife Women Rock Café affords an open forum for discussion and is an

information provider. The information that I provide, focuses more on the positive discourse narratives (the majority of women have never heard of these) outlining menopause as a process not an event as postulated by the work of Margaret Mead (Lutkhaus, 2008; Howard, 1989), an opportunity for radical self-care in order to prepare for the second half of life (Pope, and Wurlitzer, 2017), the focus is on second chances, increased creativity and increased access to our own power as outlined in the work of Dr Christiane Northrup (2011, 2019). Nobody disputes perimenopausal symptoms can be disruptive, but the framing of this disruption by both the media and biomedical model (Krajexski, 2019) has not served women's best interests.

Louise (Respondent D) talks about this

“Being around women in a safe place, who can identify with my feelings and fears was such a relief. Justification of all of what was going on for me was big, knowing I am not going off my rocker is an enormous relief. I feel so much better about myself I know I can manage this and look forward to the next stage in my life”

Meabh (Respondent R) age 49 was also looking for validation and articulately states

“I do feel many women do not know what is going on with them, it can be frightening. I had been to the G.P. on two occasions I knew something was not right but couldn't put my finger on it I was still getting periods, so menopause never crossed my mind. I was sent for further investigations to another doctor and told nothing was wrong, when one is feeling vulnerable and being dismissed, it has a silencing effect, you question yourself is it me, what's wrong with me, although very nervous about going to the café it has changed my life”

Women are not only looking for validation for themselves but confirmation on what their mother's menopause may have been like.

An emotional Maria (Respondent Q) outlined

“The information I have gained from attending the café is not only helping me understand myself but also my mother, when I think back to when she was around 50, I was 18 doing my leaving cert. I remember her being so critical, moody, always in bad form (getting very upset) she probably had no idea what was going on she became very anxious and she has been very anxious since, never addressed it, probably did not know she could. So much of suffering is from lack of information and misunderstanding its like a negative veil that has hung over us for too long”

This was reiterated by a few of the women, the effect of what they feel was menopause on their mothers at midlife.

Looking at the themes and subthemes in the literature, although the medical discourse receives much focus (Greer,2018;Voicu,2018) the narratives emerging at the Café are more generalised with the majority who attend looking for information on menopause and validation for how they are feeling. This is in keeping with researchers who believe in challenging the medical paradigm to introduce and reflect upon women's experiences. Many cross -cultural researchers (Beyene,1986: Im, Lee and Chee 2011: Jones et al 2012: Dasgupta and Ray.2013: Christoforou,2014) argue that the somatic experience of menopause cannot be separated from women's stories, sociocultural processes and their socio- political context. Furthermore, Newhart's (2013) findings outline that medical discourse has made no contribution in providing a meaning for this rite of passage instead focusing only upon hormonal loss. I argue that women are so much more than only their hormones, hormonal replacement if chosen is only one part of the puzzle. What about women's thoughts, feelings, emotions, life experiences, the narratives surrounding these need to be brought to the fore and this is where storytelling and sharing stories can help enormously.

As Sue (Respondent B) outlined

“Having attended a couple of the cafes it's the information sharing at this point in my life that is powerful--look at how when you become a new mother there is loads of information and support, you get all of this information about how things are going to change or may change or whatever or even as a parent of your first young child ---I remember something would happen, I would think is there something wrong with my child or is it me, once you say it to another mother and she might say I did or I felt like that too its completely normal, the relief is just amazing. Sharing how I am feeling at the cafes and having it validated by another woman sitting beside me was a weight off my shoulders, when another woman says I feel like that too- the relief! It's not only me I am not going crazy its huge I now realise it's only a stage and it passes”

4.5 Mental health and de-personalisation.

I refer to this here as when I was interviewing the women so many of them used the term or terminology around, I thought I was going mad, going nuts, going crazy. Rachel (Respondent A) Pam (Respondent L) and Sue (Respondent B: Appendix D) are amongst the reported 25%

of women who leave or give up work due to menopause (The Irish Menopause,2020). Mental Health rates for women in the UK and Ireland across the lifespan peak in the years 45 to 60 years when most women are transitioning through menopause (outlined in chapter 2 Table 1.1 Suicide rate statistics 2001-2018) One must ask if the taboo, the silence and the secrecy that remains pervasive in contemporary society as outlined by (Beck et al., 2018) is impacting on these statistics? The findings here are suggestive of a correlation and point to an overdue need to make the “private political” in relation to menopause in 2020.

Rachel (Respondent A) who is post menopause is now able to reflect on her sometimes-turbulent years going through the transition but today epitomises “menopausal zest”. She talked about the powerful taboo that still surrounds it and is not helping women. In her own work she has become an advocate in trying to open conversations and help women. She openly shared what she knew about menopause at 45 years of age

*“I knew nothing about menopause, nothing! All I knew was it happened for women in their 50’s or 60’s all I knew from my mother and from women growing up is that women used to stand at the door at night times and that cooled them down from a hot flush and sometimes from years ago they used to say from my grandmothers and my aunts generation they went a little bit mad or crazy or odd during the change and that’s what they called it back then was the change.it was never the menopause it was the change and everything was hushed under the carpet, and I thought I was thinking a little bit of hot flushes I would go out stand at the door for 5 minutes and that would be it (laughter)”*Rachel (Respondent A)

A dearth in knowledge leads to many myths and misunderstandings she continued by outlining what her journey has been like

“I had lost a lot of confidence in my late 40’s and had a lot of health problems. I thought I was a hypochondriac returning to the G.P. over and over Rachel (Respondent A).

The turning point for her came when she educated herself on perimenopause, attended talks and the Cafe. Another example of how women are challenging and negotiating the silence and taboo.

“The realisation that what was happening to me was actually linked to the menopausal transition was like having a light bulb turned on, when I saw the possible symptoms, it

answered so many questions- it's not me, I am not ill, I am not going crazy, I don't have dementia, this is the menopause it's not me, I can manage this" Rachel (Respondent A)

This idea of de-personalising the event from the person is very powerful and was also eloquently relayed by Sue (Appendix D). However, not every woman has the knowledge or awareness that these two women have. Rachel (Respondent A) continues by stating that

"my perceptions, my understandings, my views on menopause have undergone a 360 turn over the past year. I now see it as a process not an event, women deserve to know this, it certainly can have negative consequences, but education and support helps greatly. My children have left home I am embarking on a new phase of my life and it feels good".

When women understand what is going on in their bodies and minds, physically and emotionally it changes everything as Robin (Respondent C) outlines

"You have this doubt in your head am I the only one thinking or feeling the way I am feeling, I was struck by the openness of the women in the café, it felt very safe, never been in a an environment like this before, it enabled me to share and feel supported"

Helena (Respondent S) had her own views on mental health issues

"At work it's a joke, if mentioned it is said in jest, no proper conversations, there is a huge reluctance by friends or work colleague in conversations. I feel mental health issues at midlife is a big issue women don't know who to turn to for help, think they are going mad, off their heads, anti- depressants are often prescribed this might be contributing to the silence and shame".

Sue (Respondent B) when being interviewed introduced the word de personalised. She had to leave work a few years ago as she was exhausted, her mental health suffered she was juggling a lot. However, like Pam she empowered herself and as she says went on a journey of self-discovery which she is still on.

"I had very little knowledge on menopause just from listening to older work colleagues, opening windows due to flushes. I was doing a lot of research on mental health but what is remarkable is that I came across nothing about menopause or peri menopause in all the papers I was reading. The anger irritability and impatience started and I started wondering could this be menopause, when I heard you mention that moods associated with hormonal fluctuations are very different to depression, it was a relief and understanding that oxytocin the nurturing hormone also drops leaving us less inclined to do everything for everyone like I once did was huge for me-the information I have gained from attending the cafes has helped me to de-personalise this journey, its menopause not me women need to know this to understand what is happening to them" Sue (Respondent B).

deSalis et al (2017) note that from reviewing the sociocultural literature, highlighting women's stories, it appears that menopausal transition contributes both physically and emotionally to an unsettling feeling in many women's lives. This is indeed true and highlighted by many of the respondents in the case study. However, what is notable is that providing women with knowledge and support in a safe environment like the Café enables and empowers them to overcome many of these feelings. These feelings do not define who they are as women, they are only part of who they are at this time in life.

As Sue (Respondent B) states

“Prior to I attending the cafes I thought how I would experience menopause would be potluck-random whether it was going to be a good or bad time for me. I was ambivalent rather than dreading it.... Now I realise I have control, the knowledge the strategies, I know how to access help it seems so much more manageable”

Furthermore, in the literature, women describe menopause as changing their lives in meaningful, unprecedented ways—like a “marker event.” As McQuaide (1996:132) suggests, *“Menopause . . . is the quintessential biopsychosocial experience. It is both crisis and opportunity’*

Indeed, this belief has been reiterated more recently in the work of Pope and Wurlitzer (2017). Again, the findings are suggesting that if women looked upon menopause as an opportunity could this in some way assist in opening the conversations (Greer,2018). Why one must ask has the media to date prioritised their focus on crisis at the expense of opportunity (Krajewski,2019)? The findings reveal that it is not serving women and contributes to the silence and suffering. Menopause has been referred to as a rite of passage (Northrup.2011: Greer,2018), we need to understand how women's identities are impacted upon as they transition through this passage. This will be discussed in the next section.

4.6 Identity

Dr Robert Wilson's (1968) best-selling book *Feminine forever* described menopause as a degenerative disease, a time when women lost their femininity and sexuality. Post-menopausal women he described as crippled castrates with little to offer. The cure he proclaimed to counteract this was medicalisation with high doses of hormones (horse hormones in the 1960's and 1970's) and or antidepressants. Thankfully much has changed and evolved since the 1960's with Krajewski (2018) claiming that menopausal knowledge continues to evolve and be constructed. Menopause is a process that impacts on women's identity and understanding of self. Furthermore, the various discourses surrounding menopause also impacts on women's understanding of both the menopause and the self. This was evident in the Irish study by Hyde et al (2010), they discovered how impactful dominant narratives (in this case medicalisation) are on societal understandings. If menopause is considered as a deficiency, a degenerative disease and post-menopausal women defined as crippled castrates (Wilson,1968, Utian,1978) is it any wonder that there is a taboo still pervasive today? The W.H.O.'s definition (1981) continues to prioritise the deficiency disease, loss of hormone model with no attempt made at providing a wider meaning for this transition (Newhart,2013) This needs to be challenged.

Identity is structured and restructured in social contexts and in narratives and understandings (Giddens,1991). I asked in this study where do women go to develop their narratives and gain an understanding of themselves as they transition through this life phase. The findings point to the Café as a space that allows women openly discuss and develop narratives, that counteract the taboo and silence discourses. New more positive enabling narratives emerge from acquisition of information and validation of feelings. Furthermore, in allowing women formulate new narratives and understandings the Café became a very meaningful place in the lives of the women who attend. This research shows how the silence is being overcome and a more optimistic story around menopause is emerging.

Identity develops and changes throughout the life course. It acts as a multi-dimensional classification “of the human world and our place in it”, as individuals and as members of collectives (Jenkins 2008:5). The women attending the café outlined this

“I have been taking HRT for 4 years but attending the cafes every month has done so much more for me, it's about understanding myself, and all of what is going on in my body and mind ,I know I have not been myself for a few years, coming here is a game changer. I have learned so much about me.”
Noelle (Respondent O).

In contemporary society, individuals are consistently constructing and revising “personal stories and so reconstructing ourselves” (Craib 1998:2). This is also evident in the findings as discussed by Maria

*“I am on a journey of discovering more about myself, it started last year when I left my long-term partner. I made the decision and did it I have no regrets. When I look back, I don't know where I got the power to do it, could not have seen myself do it 5 or 6 years ago. I am putting more energy into me now I read a lot, I joined a gym in 2019 the first time in my life. Since my long-term relationship ended, I realise I have never been alone as an adult. My energy was always given to others It's my time now ”*Maria (Respondent Q).

As women move through this life stage, they have more access to their own power than at any other time in their life (Northrup,2011). There can be growth or stagnation (Erikson,1998).Thus, it is not uncommon to see significant changes occurring, turbulent unfulfilling relationships end, women apply for promotion, change career, take a gap year and travel, or return to full time education. The literature highlights that the menopausal process allows for greater access to our own power and agency and women need to become aware of this (Greer,2018: Northrup,2011: Pope and Wurtzlinger,2017)The findings indicate that it is in not understanding the process that leads to much upheaval and discomfort.

Giddens (1991) and Goffman's (1979) respective writings on social constructionism along with Foucauldian conceptions of the body and agency provide an understanding of the construction of identity (Rabb,2019). The social constructionist concept, in acknowledging the complexities and interactions between knowledge, meaning, interpretation and power amongst belief

systems, can be referred to in order to assist with analysis and understanding of the significance of menopause in women's lives. Constant questioning and reconstructing of the self-identity is a lifetime project (Craib, 1998). As women transition through menopause many highlight this questioning and reconstructing of identity as the findings show.

"The negative illusion that society imposes on us as menopausal women needs to change, having access to information, hearing about the positives which nobody ever mentioned to me educating myself, understanding what is happening to me is changing everything, the sweats and insomnia can be bad but knowing there is support out there if I need it changes everything for me" Petra (Respondent N).

The women attending the café are creating and recreating narratives by listening to one another's stories and gathering information (much that is totally new to them), the literature reveals that Identities evolve dependent upon the situations that individuals find themselves in. One's identity is "under provisional construction", and who we are is open to frequent change, influenced by our social surroundings (Macionis and Plummer 2008:211).

"Fear ruled my life before the cafes. I has lost a part of who I was and didn't understand why. Tips on self-care and slowing down were good. They helped reduce my stress levels and increase my confidence. I am following up on pastimes and hobbies I loved when I was younger. I have started to go out and meet friends again. The conversations are open and honest and although it sad to hear what some women have suffered; we manage to laugh. The café has given me my mojo back" Gwen (Respondent H)

Menopause certainly is a process that impacts on women's identity and understanding of self. Women's identity is structured and restructured in social contexts and in narratives and understandings, as described in the field notes (Appendix 3). This case study's findings elucidate how identity shifts occur during menopausal transition, from a decrease in confidence, feelings of being lost, an unknowing, to becoming empowered due to education, supports and understanding. In understanding the connections between menopause and identity the findings suggest that having a third place like a Café that challenges the silence and provides a validation for their feelings, enables, and empowers women to pro- actively manage this life stage.

4.7 Place and Third place

From reviewing the literature in chapter two, Sociologists such as Gieryn (2000), Oldenburg (1999), Sack (1988) and Cresswell (2009) elucidate the importance of place in understanding social life and society. Ray Oldenburg (1999) discusses the importance of Third places in people's lives. Third place is a term used to refer to places where people spend time between home ('first' place) and work ('second' place). They are locations where individuals exchange ideas and build relationships. In contemporary society Third Place is an important place for social interaction and for discussion. The findings reveal the Café acts as a place that can provide an "*interpretive frame*" enabling women to make sense of their everyday lives during menopause. Often the stories we tell, and share occur in places (Gieryn,2000). The stories the women tell of their understandings and experience of the menopause in the Midlife Women Rock Café help to develop their interpretive understandings and experiences.

The discoveries from the Café are representative of these understanding of place.

"Attending the café enabled me to have the first serious conversation on menopause in my life. There was a huge feeling of belonging and connection, we are all in the same boat, I felt I was taken seriously and felt supported. It has provided a space for me to verbalise all these feelings I was grappling with" Ella (Respondent K).

The case study findings elucidate that sharing narratives in the Café can help in developing understanding and constructing identity.

This café is like a sanctuary to me a safe haven, women come in every month, sharing and being open with each other, it adds so much to my understanding of me and the menopause. I love the socialisation part of the café the cup of tea, cake and the laughs" Robin (Respondent C).

The women attending the café articulated very well what the café epitomised for them as Noelle (Respondent O) talks about place necessitating agency as outlined by Sack (1988) she says

"I bring an authentic me, we all have respect for one another there is nothing superficial about this place- we are all supporting and raising each other up"

While Hazel (Respondent F) outlined the meaning of the café for her

“The café has given me confidence, and I have new friendships. I go walking with some of the women I have met here, we have a WhatsApp group I walked out last month with a spring in my step. I love hearing about the positive side of menopause it makes such a change from a lot of the doom and gloom I have seen on -line”.

Entrickin (1991) argues that the acumen involved in socially constructing places is the result of our liberty in creating meaning. From this perspective we can see that place is constantly being constructed through human practises and institutions while also assisting in shaping those same practises and institutions (Giddons,1991).As revealed in many of the above quotes and from the field notes taken from two of the Cafes(Appendix 3), the women in attending the Cafes are creating and constructing new more powerful narratives within the safe space provided by the Café. It is enabling the creation of new meanings for these women. The women are learning about menopause, pro-actively constructing new stories about themselves, how to find the most appropriate ways for them to navigate this life transition. Women feel uplifted, de-personalising menopause from self provides great solace and reduces anxiety. The findings highlight that in order to share narratives women need a place separate from home and work. The findings also underline how increasing knowledge leads to greater confidence as many of the women are now able to speak about menopause outside of the Café. Thus, this research is emphasising how the Café provides an ideal location for menopausal women to learn and understand about both themselves and menopause.

As Amy (Respondent N) outlines

“We are all equal in this place, this helped me to open up and keep coming back, I was not judged, it felt safe. With the new knowledge I am learning I am more relaxed”

and Lydia (Respondent J) who used Dr Google in researching all things menopause. She talks about

“The power of a café like this I feel is that we are all equal, all on the same journey trying to source information to help ourselves and others. I have friends who would be too nervous to come here but they would benefit greatly. I Love the positive spin and information especially menopause zest it gives me hope. Knowing it’s not all doom and gloom might help others to open up and start talking.

4.8 Other themes

Due to the scope of this study I outline briefly other themes that emerged from the interviews which warrant further research in the future.

The theme of healing emerged from 3 of the women I interviewed. Grief, loss and abuse which were not fully dealt with in busy lifestyles, commitments and responsibilities may re- emerge as women were transitioning through menopause. Northrup (2011) speaks about suppressed trauma and how menopausal transition provides a great opportunity to address unacknowledged events that may be impacting on individuals lives unknowingly. Rachel (Respondent A) outlined how the menopausal process allowed her cry for the first time in her life

“even though it has been dramatic and uncomfortable....., it has been enabling I could not cry for years... I went to many people asking for help but in going through menopause It has created healing, personal healing in my life, it’s like I think a healing process! healing is occurring in my body. I had been under an awful lot of stress for many years my separation was very difficult there was domestic violence. Apart from healing in my body I feel a personal healing, self- acceptance self- love without going into the airy fairyness of what that is. I feel I have reconnected to the person I was years ago, the young Rachel massive personal healing. I didn’t ask for it but it was as if the more I resisted the healing it was as if my body got my attention as I was going through the menopause like forced it upon me. Rachel (Respondent A).

She has chosen her journey through the menopause to heal deeply from trauma in her past, Overcoming and becoming stronger as she outlines here

“Yes, knowledge and understanding are powerful and enabling. we consciously transition through this phase. Yes, its bloody hard but having groups of other women supporting you along the way as in the midlife women rock cafes gives us power and knowledge. Women need to know they are entering into a very powerful phase in their lives embrace it. Rachel (Respondent A)

Louise (Respondent D) came to the first café grieving, from the death of her father, in tears as outlined in the field notes (Appendix 3). Attending the Café each month has provided great healing to her.

“I cry most months at the Café, this safe place with these lovely women helps me to understand what’s going on in my body and my mind, its healing to me” Louise (Respondent D)

A search for meaning, a deeper meaning in life also emerged from many of the women with many embarking on spiritual quests. Hollis (2006) discusses this search for meaning and an increased interest in spirituality at midlife as powerfully enabling.

Marylin discussed how she had felt an emptiness, felt a bit lost for a while, the literature reveals that as women transition through menopause many are led into a state of limbo, unknowing, unaware of what is happening to them- this limbo, liminal, “*betwixt*” state “in between” period is temporary yet frightening if not understood (Pope and Wurtlinger,2017).Furthermore, liminal experiences impact identity (Thomassen2009).

“I don’t know how to describe It, like something was missing in my life, there was a hole there ,a vacuum, I was searching, I have felt like this for a few years, along with all the physical signs of peri menopause this lostness was there, it was hard. I attended a talk by Lorna Byrne the woman who talks to angels, she has written a few books on spirituality it’s not about religion its bigger .I follow her all the time on social media now really love her messages of hope” Marylin (Respondent E).

And Lydia (Respondent J) outlines how meditation and spending more time in nature is allowing her better to understand herself

“the anxiety I was experiencing last year when I look back, I can see was associated with my hectic work schedule I was going, going all the time I was the multitasking queen, doing so much for everyone and forgetting me. The anxiety and panic was a wakeup call. I was reluctant to try medication. A friend recommended I try meditation. I started meditating five months ago,10 minutes every morning it sets me up and grounds me for the day. I now give myself the permission to take time every other day to get out in nature. It has greatly helped reduce my anxiety” Lydia (Respondent J).

4.9 Conclusion

"Silence afflicts too many women's lives-the silence that keeps women from expressing themselves freely, from being full participants even in the lives of their own families."

-Hillary Rodham Clinton 1995

This chapter discussed the findings and analysis that emerged from the case study of the Midlife Women Rock Café in Waterford city. The literature revealed that narratives of the menopause are constructed in medical frameworks (Voicu,2018: Utian,1978: Wilson,1968) and socio-cultural understandings (Usher,2011: Utz,2011, Wadsworth,2000). The findings reveal that discussing menopause is seen as a Taboo and shrouded in silence. However, women are challenging this by attending talks and the Cafes. Beck et al., (2018) argue this silence and taboo needs to be broken, much research in recent years has been carried out that aims to break the silence and explore positive aspects of menopause and individual journeys. This research inquiry reveals menopause is a transformation or life passage in need of a new story. A new story is needed to define this experience and give it meaning .Dr Wolf Utian (1967) first referred to menopause in the 1960's, this doctor along with many of his medical colleagues founded the deficiency disease model, although it has served many women, the findings indicate a need for a more up to date meaning and model for this life transition.

Twenty women who attended the Midlife Women Rock Cafe in Waterford city were interviewed. The thematic analysis surrounded menopause, identity and place and how they are all interlinked in the lives of menopausal women. By connecting the information collected from the semi-structured interviews, participant observation analysis, and blogs with the sociological literature, the objective here was to enhance and broaden the understanding of the lived experience of menopause in my respondent's lives. The findings reveal that women are looking for ways to negotiate and navigate the taboo and silence surrounding menopause (by attending talks, conferences and the Café) in order to develop a voice and understandings. This

research illustrates how women are pushing to counteract the taboo and silence. Women's voices need to be heard, this case study is revealing how their voices can be heard and how women are making their voices heard even in small places like the Café highlighting the importance and need for such places throughout Ireland. The field notes (Appendix 3) from the 2 different café meetings, 1st in September 2019 second in February 2020 highlight how narratives change once silence and taboo are challenged. Once the silence is broken and women are allowed talk in a safe space it can be huge relief and significantly reduce stress levels (Weiss,2020). This is apparent from many of the quotes included in this chapter. Gathering information at the Café that enables, informs, and empowers women is very beneficial, their lived experience is pointing to a huge lack of information, many women arrive at perimenopause with no knowledge, no understandings, often desperate for some help as outlined in the field notes(Appendix 3) and how lifechanging it is when they access information (provided through discussions and handouts) as outlined by the following quote

“the access to all this information provided within the café completely has reduced my anxiety I knew so little, understanding what’s happening to me has given me a whole new perspective, women do not know what is happening to them, what’s going on, why has this happened, women talk but we need to be doing more of it”(Helena, Respondent S).

Nobody disputes perimenopausal symptoms can be disruptive (deSalis et al 2017), but the findings also reveal that the framing of this disruption by both the media and biomedical model (Krajewski,2019) has not served women's best interests. What is notable is that providing women with factual knowledge, dispelling many myths and supporting them in a safe environment like the Café enables and empowers them to overcome many uncomfortable feelings and create new narratives around this transition. Validation for the many feelings and emotions accompanying this life phase when addressed, removes a huge layer of stress it can depersonalise the menopausal process as outlined by Sue (Respondent B) and Rachel (Respondent A).

The narratives emerging at the Café expose a massive dearth in information and understanding of this life transition. This is in keeping with researchers who believe in challenging the medical paradigm to introduce and reflect upon women's experiences. Many cross-cultural researchers (Beyene,1986: Im, Lee and Chee, 2011: Jones et al., 2012: Dasgupta and Ray,2013: Christoforou,2014) argue that the somatic experience of menopause cannot be separated from women's stories, sociocultural processes and their socio-political context. Furthermore, Newhart's (2013) findings reiterate that medical discourse has made no contribution in providing a meaning for this rite of passage instead focusing only upon hormonal loss. As noted earlier, I argue that women are so much more than only their hormones, hormonal replacement if needed and chosen is only one part of the puzzle. A more holistic approach to addressing women's needs as they navigate menopause is urgently needed.

The mental health and suicide rates for women (Chapter 2 Table 1.1 Suicides rate statistics in Ireland 2001-2018) in midlife need urgent address. The findings indicate that stress, anxiety, shame, mood changes and silence, can all be associated with menopausal transition. However, what women and society need to hear is that these are transitory, with the right supports and understandings most can be reduced. To date the silence and taboo is disabling women, preventing access to supports. Findings from this research elucidate that increased access to information, understanding, and support may help reduce the mental health statistics in this country.

Jill (Respondent I) outlines how access to support and accurate information can help change women's lives.

“I remember hearing you say to me at the cafe that this will pass it's a phase and being a little kinder to myself, slowing down giving myself some time and space it really stayed with me because I honestly thought the symptoms were here to stay the anxiety, foggy brain and even thinking I might have dementia. Knowing that these were a normal part of the process of menopause was a huge relief”

Finally change in Irish society does appear to be starting as outlined by Rachel (Respondent A) below. This research inquiry is contributing to this shift in challenging and overcoming the taboo and will benefit women immensely and may even contribute to reducing the peak suicide rate (51 years) for women in Ireland.

“I have sought out and have been attending talks in Leinster over the last two years on this, what I am noticing in the last year particularly- the rooms are full to the door. I do see a change coming women are starting to ask more questions, they are attending cafes like yours, they are not prepared to put up with debilitating symptoms. They want information. The media have a role to play here, the way menopausal women are portrayed fat and frumpy or crazy. We are all going to be living longer there are more opportunities for midlife women emerging. Women need to zone in on the positive side of this time of life. I do see that more focus needs to be put on this and that might encourage more women to open up if they knew that there is so much more available to us in our middle years” Rachel (Respondent A).

Chapter Five: Conclusion

“We are inclined, as homo sapiens, to make meaning of our lives. We do this through ritual and story. These stories and rituals make our journeys, even the painful ones, purposeful and rich. They give us guidance. They help us transform”.

(Greer,2018:5).

The universal experience that menopause is, has been associated with rhetoric constructed in medical frameworks and in socio-cultural understandings. The literature reflects the narratives surrounding menopause to date are not serving women’s best interests (Greer,2018; Beck et al.,2018; Jack et al.,2016). Accessing a safe place to discuss the varying discourses has remained elusive in Ireland until last year. It was only in 2017 that the first menopause cafes in the world emerged in Scotland, these were created because of women voicing the need for more information and understanding. Menopause as a taboo subject for polite conversation is associated with complex and complicated understandings to date, some would argue contributed to by the silence surrounding this topic (Beck et al., 2018). We cannot solve a problem we cannot see, thus the importance of creating places to allow open conversation. Gieryn (2000) outlines that place exploration in sociology enables researchers to gain a social understanding of individuals experiences, perspectives and meanings of place, while Oldenburg and Brissett (1982) portray “third place” in terms of sociability and non- discursive symbolism, advocating that active involvement in a third place (outside of work and home) is a vital and a pivotal sphere of human experience. These conceptualisations of place were applied to the Midlife Women Rock Café as they enable a social understanding of the women’s experiences, meanings, and narratives within the Café. The findings magnified the importance of place and sharing stories within our lives. The Café enabled stories to be told and shared to make sense of the worlds we live in. As a taboo subject *“for polite conversation in public”*

(Beck et al., 2018) the case study of the Café reveals that this place enables and empowers women create narratives that proactively assist them in navigating this life transition adding to the research of place in sociology.

Menopause is part of a woman's lived experience with meaning arising from the interaction between the biological and the social (deSalis et al., 2018). The story surrounding menopause to date has not served women well. A review of statistics points to 25% of women leaving or giving up work at menopause (Steinke,2019: Beck et al., 2018), while, concurrently an increasing number of researchers (Tilly et al.,2013: Jack et al., 2016,2019:) are highlighting the need for menopause policies in the workplace, with a growing body of literature pointing to menopausal women as a massive asset, experienced, reliable, resilient and loyal, deserving of supports if needed, during this life phase. Another alarming statistic that emerged during this research review is that across the lifespan in both the U.K. and Ireland, women aged between 45 and 60 years have the highest incidences of mental health issues, with suicide for women and girls peaking at 51 years (CSO,2018). The literature to date reveals no plausible answers for such high rates of mental health in women at this age. Emerging from the findings in this inquiry is that silence is pervasive and along with a lack of information, education and misinformation are all contributing to increasing stress and anxiety levels. Validation of feelings within the Café, provided immense relief and enabled the women to better understand themselves, completely removing a layer of stress as outlined by Sue (respondent B: Appendix D). *"It de-personalised the process"*. There is a need for further investigation here the silence, lack of information, dearth in validation and understanding all appear interlinked. From working on the ground with women at the Midlife Women Rock Café along with reviewing The Irish menopause Facebook page (providing daily menopause support in Ireland), it must be noted that anxiety accounts for one of the top three symptoms most reported by women. What is also notable is the commentary from women when they receive information that

enables them to understand what is happening and access supports, a significant layer of stress is removed, this again points to silence as significantly contributing to mental health outcomes.

The W.H.O.'s (1981:1998) definition of menopause along with Wilson's (1968) and Utian's (1978) disparaging descriptions of menopause as a disease constructed within the language of deficit, socially and medically deficient, marked by decline, loss of youth and shame surely in 2020, needs to be reviewed urgently. This is commented on in light of the increasing amount of literature on menopause appearing in academia calling out, stigma, shame, and silence (Nosek, et al., 2010: Beck et al.,2018: Krajewski,2019) which are feeding the taboo discourse and not serving women. The findings reveal that for too long these depictions and definitions have gone unchallenged. In 1984 the clinical psychologist John Gerald Greene attempted to construct a sociopsychological model of menopause, he paid tribute to Doctor Utian's (1978) work on the biology of menopause, however, pointed out there is no evidence of the deficiency disease that Utian (1978) and Wilson (1968) assume to be the cause of menopausal distress. Furthermore, his research reveals that no one to date knows how to disentangle menopause from the natural aging process (Greene,1984). From this study the findings highlight the inadequacy of the WHO's definition, it does not reflect the lived experience of the women who attend the Cafes and may be contributing to the silence and the secrecy that remains pervasive in contemporary society as outlined by (Beck et al.,2018). No women referred to menopause as a disease or a deficiency, rather many of the women signifying transformation emerging from distress once they gained an understanding of the menopause process. Knowledge and understanding is key in enabling empowerment for so many of the women, with most eager to proactively manage their symptoms, either naturally or using hormone replacement therapy

HRT (6 of the respondents) with many looking forward to the next phase of their life. The importance of providing adequate supports was outlined by Nosek et al., (2010)

“clinicians must be cautioned of the potential for silencing and withdrawal in women who may not be receiving adequate support and must advocate for more choices for midlife women.”

(Nosek, Kennedy and Powell,2010:1)

Furthermore, this inquiry elucidates how many women in Ireland today are challenging the taboo and silence. They are accessing support and information (by attending, talks, Café or conferences) that enables them to pro- actively manage this life transition.

Limitations of the study included the limited ethnic diversity of the respondents; all were white Caucasian mainly middle-class, future studies may address these issues. Women who attend the Café are actively searching for information to increase their knowledge on this life transition, as menopause is equated with shame, stigma, and silence narratives they may not be representative of the general public.

Additionally, the Midlife Women Rock Café is located in Waterford city and only opened up last year, the case study is geographically located in the South East of Ireland one needs to be cognisant of generatability in the findings.

Further research is needed on women’s experiences, women’s stories, their knowledge, how they access information, who they turn to for support, this is needed as it is estimated by 2025 menopausal women will account for over 1.1 billion women.

Chapter One, provided an overview of this case study and incorporated a setting the scene chapter, outlining the decision to explore this subject. Chapter Two introduced the literature and identified the essential themes which included menopause, place and identity and various subthemes. Chapter Three discussed the methodologies used in this study and why they were

chosen, A qualitative constructivist/interpretivist approach was deemed most suitable. Utilising semi-structured interviews recorded over zoom and participant observation offered an opportunity to capture insightful and in- depth information concerning the exploratory objectives of this study. Chapter four discussed the analysis of the data along with an exploration of the findings associated with the main themes and sub themes. The findings gathered in this research inquiry emphasise the significance of this research and its contribution to the study of Sociology. The findings illustrated the importance of place in particular a third place, in these women's lives through the exploration of the Café. Finally, chapter five concludes drawing the arguments arising from the findings and analysis together into a coherent framework and provides recommendations for future research. Mental health rates need to be spotlighted and further research is needed to discover the relationship between menopausal management and mental health issues.

A final word

Scientists have recently discovered that killer whales are the only known species to go through menopause and exhibit a post- menopausal life. In the whale community these mammals become the leaders, matriarchs, in their pods provoking Steinke (2019) to question if post-menopausal women and leadership should become synonymous in contemporary society. Krajewski (2020) echoes this in her paper "Killer whales Killer Women" elucidating the suggestion that a comparison of the social implications of menopause in women and female killer whales, may change the way women experience 'the change' and shift the focus from medicalization to empowerment. What an impact this could potentially have moving from deficiency and disease to empowerment and leadership potentials. This may assist in removing historical stigma and silence, open new conversations, bringing menopause into the 21st century with a long-awaited new story.

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Appendix A

Consent form

Participant Identification Number: 19253388

Title of research:

Silence Taboo and Midlife Women:

A case study of the Midlife Women Rock café in Waterford

Name of Researcher: Breeda Bermingham

Please initial box

1. I confirm that I have read and understand the information sheet dated (insert date) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to refuse to answer any questions and to withdraw at any time, without giving any reason.

3. I understand that my name will not appear in the final project.

4. I agree to take part in the above study.

Name of Participant Date Signature

Researcher Date Signature

Appendix B

Consent Form Information Sheet

(insert date)

Thank you for agreeing to take part in my Research Project for my master's at Maynooth University, NUIM. My research is designed to explore

How Irish women understand, experience, and negotiate menopause

This interview may take up to one hour and with your permission I would like to record the conversation. A copy of the interview tape will be made available to you afterwards if you wish to hear it.

All of the interview information will be kept confidential. I will store the tapes/notes of our conversation safely. Your identity will be kept confidential and I will use a code number/pseudonym to identify your interview data. Neither your name or private information will appear in the final research project.

Your participation is voluntary. You are free to refuse to take part, and you may refuse to answer any questions or may stop at any time. You may also withdraw at any time up until the work is completed.

If you have any questions about the research, you may contact me at breedaberm@gmail.com

Appendix C: Field notes on the cafes

“Attending the café enabled me to have the first serious conversation on menopause in my life. There was a huge feeling of belonging and connection, we are all in the same boat, I felt I was taken seriously and felt supported. It has provided a space for me to verbalise all these feelings I was grappling with” Ella (Respondent K).

Beginning in June 2019 the first menopause café meeting in Ireland was held at Grow HQ in Waterford city. At this inaugural meeting I did a presentation on menopause followed by Dr Riona Mulcahy who talked about our brain, aging and dementia prevention. 18 women attended following local advertising on radio, Facebook and newspaper. In conversation with many of the women who attended, this appeared to be the first time many had ever openly talked about menopause, narratives around taboo, silence, injustice, and lack of supports prevailed in conversations. The response was very positive, many came out of curiosity, others wanted information, with one woman commenting that the time has come in 2019 to make this historically “private hidden area” of women’s lives a political cause. *“Open the doors, we need to talk more openly about this, we need to speak up”*. The place- the café at Grow HQ provided a safe space for women to get together, talk openly, share stories, and support one another. Following on from this, further cafes were facilitated in Tramore, Dungarvan, Limerick, Kilkenny and Wexford. Numbers in attendance were smaller than the first café however desperation for information, along with lack of understanding of menopause and loneliness became recurring themes.

The case study.

In September 2019 Waterford Health Park in Waterford city invited me to facilitate a café monthly, this started a process whereby many women began to return month after month. The first morning I facilitated a midlife women rock café here I recall the nervousness of the women who attended (I was also anxious myself) the hesitancy in approaching the café as they arrived in the health centre was evident. Five women attended all were on their own. One of the first women who arrived looked very tearful and when I asked if she was ok she broke down crying, her father had passed away a year earlier and she was wondering if she was still grieving everyone (GP and family members) had told her it was still grief but she herself felt it was more than this. She continued to talk for 30 minutes or more, the other women listened and were supportive, and from listening to her outline what was happening in her life and to her, I could tell she was peri menopausal. She instinctively knew something was not right within, what was great was that one of the other women was able to identify with what she was sharing and gently told her you are perimenopausal. *This is menopause what you are talking about are symptoms associated with menopause.* She cried for some time as she explained nobody including her G.P. had understood her before this morning, she had seen the advert, and something made her come along to ask for information. This woman left the café with an immense sense of relief on that day, having her feelings acknowledged and has returned each month seeing the café as a gamechanger in her life. The other women attending on that day were quieter and happy to listen to me talking about the project I had started. Before the café ended two of the women asked a number of questions, they had no one to talk to about what was happening to them, they came seeking some information, and clarification on some facts they had heard about surrounding the menopause, they were also looking for tips or suggestions for insomnia and night sweats. Once we started sharing tips on managing symptoms a great

discussion ensued which led to lots of laughter before the café finished. I recorded notes in my notebook at the start of the 2 hour session and again after the women had left the café. The second café in which I recorded notes was the café on the 4th of February. 17 women were in attendance, by then many of the women had been returning thus a great rapport had built up amongst some of the women, this group was larger than many of the earlier gatherings with many new faces. Discussion around the taboo of menopause and the silence took place with many women admitting to never having spoken about this subject to anyone before coming to the café. Two of the ladies had tried to bring it up within families only to be brushed off and told get on with it. These women wanted more information and believed they deserved to have it.

Following on from that first morning many of the women return every month some, see it as a social outlet, a community gathering, some have formed a whatsapp group meeting up outside the café, with the majority coming with questions and looking to have certain feelings confirmed and validated.

Appendix D

Transcribed interview with Sue over Zoom.

“ Prior to I attending the cafes I thought how I would experience menopause would be pot luck-random whether it was going to be a good or bad time for me, but now I realise I have control, the knowledge the strategies, I know how to access help it seems so much more manageable”
Sue

Setting the scene: I had planned on doing face to face interviews however due to Covid 19 restrictions the interviews took place over Zoom.

Interview 1. 50 minutes with Sue (respondent B).

Interviewer: Hi My name is Breeda Bermingham I am a masters in sociology student from Maynooth University. I am here with Sue on Zoom. She has kindly agreed to be interviewed. Thank you for taking the time to read the information sheet, sign the consent form and undertake this interview. As I outlined in an earlier email my thesis is on exploring how women in Ireland understand, experience and negotiate menopause.

Hi Sue, would you like to tell me a little about yourself, family, hobbies, work life before we start discussing menopause.

Interviewee: Sure, fine, my name is Sue. I am 49 years old. I am presently a full time stay at home Mum. I live with my partner and my two daughters. I enjoy writing and reading and have also started sea swimming which I really enjoy. I worked in health care for many years but left work a few years ago exhausted, burned out, my mental health was affected.

Interviewer: Sorry to hear that Sue, can I ask what were your understandings and/or experiences of menopause prior to attending the café? Where did you get your information?

Interviewee: I suppose I felt I had very little knowledge, I associated it with older women at work. I did not really have any interest in knowing about it. I used to hear the women at work make a joke about opening the windows and having flushes. My own mother never talked about it, my friends never mentioned it but looking at their age they must have been going through it. What's interesting was that I had been doing a lot of researching on mental health and never came across any mention of menopause and mental health.

Interviewer: How did you hear about the cafes?

Interviewee: I saw the advert on Facebook and was curious.

Interviewer: What made you decide to attend? What brought you here? What were your expectations?

Interviewee: My period had become irregular and I had noticed I had become increasingly more irritable and impatient with little things. I was kind of exploring could it be the start of menopause but was not sure, I wanted some information. I was wondering was this my mental health or menopause just curious.

Interviewer: Who do /did you talk to about how you were feeling during this life transition?

Interviewee: Apart from my partner I really did not talk to anybody before I met you at the café and now, I can hardly stop talking (laughing).

Interviewer: How did you feel that first morning walking into the café?

Interviewee: I looked forward to getting some information and asking questions, did not really know what to expect but it was so relaxed the women were very welcoming and so open, I felt like here we were, a group of women all in the same position in life chatting and supporting one another, the shared experience was powerful.

Interviewer: How did you feel about the experience of sitting with other women listening and sharing stories on this time in life?

Interviewee: Having gone to a couple of the cafes it's the information sharing at this point in my life that's making a difference - look at when you became a new mother, there was loads of information and support you get all of this information about how things are going to change in your life or may change or whatever, or even as a parent of your first young child I remember something would happen and I would think is there something wrong with my child, is there something wrong with me and once you say it to another mother and she might say I did or felt like that too its completely normal, the relief is huge.

Going to the cafes reminds me of this sharing how I am feeling at the cafes and having it validated by another woman sitting beside me was powerful and a huge relief to me. oh my God it's not only me I am not the only person feeling like this. When another woman says I do too, or I feel like that too.... its huge. I am also learning from the tips and ideas shared on managing symptoms they have been great. There is something empowering about sitting with a group of women, listening learning and sharing.

Interviewer: That's a very good analogy Sue with young children I can remember that relief talking to other mothers.

Interviewee: I know not everyone wants to talk but that overwhelming feeling of not understanding what's going on can be terrifying. You kind a ask yourself is there something wrong with me, that's why I really like the information sharing I now know these are symptoms of menopause, it's a stage it will pass it is de-personalising it for me. I feel I am getting braver in talking now having attended the cafes.

Interviewer: De-personalising menopause from you as a person is that what you mean?

Interviewee: Yes, I now know that women need to understand that the symptoms, all those feelings we have like we feel we are going crazy; they are associated with our hormones changing at this time of our lives. It's good to understand this, to make sense of it, It's not me personally. This had reduced some of the stress for me.

Interviewer: Thanks Sue can I ask attending the cafe was is an enjoyable chat with other women over coffee or did you take away more from the experience?

Interviewee: The whole café idea is so casual, although facilitated its non- performative, all of us women are on the menopause journey, eager to learn more. The other women were lovely so open. It has genuinely given me a much more positive outlook. I see in my own life so many women who do not want to go there, I feel lucky to have found this group of women.

Interviewer: What effect did attendance at the café have on your understanding of A. menopause. B. yourself. Has it helped?

Interviewee: It is changing my life. The anger I was experiencing I didn't understand where it was coming from but when I heard that this is a symptom of fluctuating hormones in perimenopause and that it does pass, be kinder to ourselves it was phenomenal to hear that. It's so scary I have lost control a few times ended up screaming at my teenagers its lucky that I have a good relationship with them as afterwards I talk to them. It's trying to understand myself it can be frightening. Knowing it's a symptom and it's not me is huge it de-personalises it as I said. The overwhelming feeling of not knowing what's going on or being on your own asking what is happening to me why am I feeling like this is frightening. The access to information

that is provided at the café reduces our stress levels or a layer of stress, information and knowledge massively helps in reducing stress. Not understanding or not knowing what is going on is adding to anxiety and stress levels.

Another issue that needs to be talked about is the narrative of self-deprecation making jokes passing insults around menopause it helps no one. Some may feel it's humorous but is there no other way apart from mocking us, hearing 'don't mind her she's having a moment', it's the menopause diminishes who you are as a person it's condescending.

Prior to attending the cafes, I honestly thought it was pot-luck random whether it was going to be a good or a bad time for me. I was ambivalent rather than dreading it. I had heard rumours but nothing concrete. Now I realise I can manage and take control, knowledge and strategies are enabling me I know where to go for support it seems so much more manageable. What I am learning also about myself is the importance of the self-care bit. I do feel a lot of us women lose touch with who we are due to the multitude of responsibilities we carry. We deny a lot of the inner stuff, like intuition due to doing, doing, all of the time. I am conscious of slowing down now and it does make a difference.

Interviewer: What have you learned or taken away with you that you could pass on to others, friends, sisters, daughters?

Interviewee: It has made me look forward to the next phase of my life. What you are sharing about the effect our mindsets have on so much in life was very big for me. I left that first café feeling confident I could take control of this life transition. I now realise I am not at the mercy of people's often shaming attitudes to it. I have my own. I also liked in the café that it was not about having HRT or not having HRT. Nobody knows what another woman's base line is. I see it's about providing information to give women the power to make up their own minds

choose what's right for them, know that we can manage and take ownership of this part of our life, I loved that. I was considering going back to university, but my confidence was a bit shaky, having come to the cafes and being encouraged I have applied! I am changing direction I want to work with midlife women to enable them to realise their potential, increase self-esteem this is another big issue for women in menopause. I am more confident talking; I talk to everyone about menopause now.

Interviewer: Thank you Sue and the very best in your studies in September. Is there anything else you would like to add?

Interviewee: Information is certainly power, women talking and helping each other is powerful, we need to do more of this. Attending this cafe has been life changing I feel more confident in myself and in my knowledge base, a huge layer of stress has been removed. Hearing about the positive sides to what menopause brings I never heard any of that before, bravery, creativity, the kick ass attitude I love that one and can't wait for it (laughing). I feel optimistic about turning 50 there has been a shift in my outlook on life I am very grateful for that.

The End.

