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A Qualitative Study of Menopause Experiences in the Workplace in Sweden

Linnea Fox
MSc Social Scientific Data Analysis
Graduate School, SIMZ-2023
Sociology Major
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Supervisor: Hjalmar Carlsen

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Abstract

Menopause is a transitional process often hidden from society. Menopause can have varying degrees of effects on individuals, however there are possible enormous effects which can have impacts on individuals personal and professional lives. The following thesis explores menopause as a sociological phenomenon. The research specifically looks into how experiences of menopause appear in the workplace and how menopausal symptoms affect employees. I also ask about the potential roles of social support networks. In order to investigate these questions, the researcher uses semi-structured interviews with administrative staff at Swedish universities who are currently undergoing or have undergone climacteric. Through thematic analysis of the ten interviews, this research provides an overview of menopause experiences in the workplace, and an understanding of how larger gendered cultural and social norms work to shape experiences of menopause. I found that, similarly to periods, conversations around menopause bolster bonding and create social support networks within the workplace. Additionally, the participants spoke with a normative discourse of menopause being a manageable discomfort to minimize the concerns and shame around menopause. This result showcases further normalization of women's pain. I argue that this discourse is another function to oppress women, by minimizing and concealing their pain.

Keywords: Menopause, Middle-age, Workplace, Women, Administrative Staff, Swedish Universities

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Popular Science Summary

This research explores experiences of menopause in the workplace in Sweden. Menopause is the process of shifting hormone levels and the cessation of menstrual periods. Menopause is accompanied with a number of symptoms such as hot flashes, mood swings, brain fog, sleep disturbances, depression, vaginal dryness, and joint pain. This transitional period, also known as climacteric, can be a challenging physical and psychological process. However, I am interested in exploring the topic of menopause beyond the physical and psychological aspects, to understand the social implications of undergoing menopause in the workplace. The specific case I am investigating is administrative staff at Swedish universities. I conducted ten interviews with staff members at three different Swedish universities and then analyzed those interviews.

It remains important to study how menopausal employees experience the workplace, as workplaces are spaces which can create gender disparities leading to greater gender inequality. In general, literature usually focuses on the cross-section of age and gender at only the extremes, focusing on the young or the elderly. Women now spend a significant portion of their lives beyond menopause in the workforce, however social disregard of older workers could be leading to restrictions for this population. As retirement ages continue to increase in Sweden and across Europe, middle-age experiences in paid employment must be studied further in understanding the effects of gender. The following study explores questions of how menopause is experienced in the professional setting and how these relate to broader gender norms.

This study found that the participants described accessing social support, through conversations with colleagues, friends, and family to gain access to information on menopause. Talking about menopause in these groups allowed for menopausal individuals to feel connected with others undergoing the same experience and exchange their personal knowledge on the subject. However, these spaces did not allow for discussions on the more intimate symptoms of menopause, potentially adding additional shame to these more stigmatized topics. This research also concluded that the women used formulaic language to minimize menopause concerns.

1. Introduction

The following thesis explores the often overlooked topic of menopause. Broadly speaking, menopause is a transitional phase when menstrual periods end and hormone levels change within the body (Monteleone et al., 2018, p. 199). This is experienced by cisgender women, as well as many transgender and non-binary people assigned female at birth (Riach and Rees, 2022, p. 1). Menopause comes with a long list of potential symptoms, such as vasomotor symptoms, sleep disturbances, insomnia, memory loss, brain fog, dry skin, vaginal dryness and pain, decreased interest in sex, depression, anxiety, mood swings, joint pain, repeated urinary tract infections, and unusual or heavy menstrual bleeding, to name a few (Riach and Rees, 2022; Elmström, 2021; Converso et al., 2019; Monteleone et al., 2018; Whiteley et al., 2013). Roughly 50-75% of women experience some form of menopause symptom and a third of women seek treatment of symptoms (Elmström, 2021, p. 46). These symptoms can be challenging within themselves, as well as impact other areas of daily life, in particular workplace productivity (Carter et al., 2021b, p. 1).

In Sweden, the median age women[1] go through menopause is 51 years old (Elmström, 2021, p. 62; Ekström, 2008, p. 15). Menopausal symptoms do not only occur after the conclusion of menstruation, rather encompass a larger transitional period often broken into three stages: pre-menopause, peri-menopause, and post-menopause (Elmström, 2021, p. 39; Monteleone et al., 2018, p. 199; Ekström, 2008, p. 16). The entirety of this transitional period is otherwise known as climacteric (Elmström, 2021, p. 39). Menopause cannot simply be understood in isolation, rather it is closely associated with other midlife social factors, such as work life, family life, and stress (Elmström, 2021, p. 19; Converso et al., 2019, p. 1; Monteleone et al., 2018, p. 204). The following study does not differentiate between these stages or rely on a medical definition of menopause that is focused on the cessation of menstrual periods. Rather I aim to understand all aspects of this transitional period, climacteric, and its social and cultural implications.

[1] I will note that I use gendered and non-gender specific language throughout this paper in reference to those who experience menopause depending on different context, predominately to echo the language used in specific research studies that are being cited. However, I acknowledge that there are women who do not experience menopause and others who do not identify as women that experience this transition.

For some, menopause can be short and unobtrusive to their daily lives. While others live with the harsh effects for over ten years (Elmström, 2021, p. 14; Monteleone et al., 2018). One of the most common menopausal symptoms is vasomotor symptoms (e.g., hot flashes, cold flashes, night sweats, and chills) (Riach and Rees, 2022, p. 1). Vasomotor symptoms, which roughly 75% of women experience during menopause (Monteleone et al., 2018, p. 200), can affect individuals' daily lives and workplace experiences due to their visible nature, potential randomness, and possible embarrassment (Converso et al., 2019, p. 2). Sleep disturbances, one of the other common symptoms, affect anywhere from 40-60% of women during menopause (Monteleone et al., 2018, p. 200). These common menopausal symptoms can have immense effects on one's relationship to paid employment, workplace productivity, absenteeism, and workplace relationships (Converso et al., 2019; Carter et al., 2021b). In the following study, I aim to capture how menopausal symptoms can affect individuals' experiences in the workplace and their personal lives in Sweden.

Older women are a vital demographic in the paid labor force (Riach and Rees, 2022). As the average age of retirement is increasing, individuals are participating in the workforce for longer. Women now spend on average one third of their life after menopause in paid employment (Carter et al., 2021b; Elmström, 2021, p. 146). One of the main reasons this research is important is due to possible gender disparities in the retention of employees as they age. During their life course, women in Sweden participate in the paid labor force for fewer years than men, working one to four years less than men (Heikkilä et al., 2021, p. 4). Prior research has found that individuals who have more severe menopause symptoms are more likely to exit the paid workforce (Riach and Rees, 2022, p. 1). This could be adding to an increase of "opting out," a pattern well documented for younger women as they participate in having families and its effect on reduced mobility within the workplace and on the gender pay gap more (Evertsson et al., 2016, p. 303). Possible gender disparities in the older working population could be leading to gender inequality in pensions and retirement. As retirement ages increase in Sweden and across Europe, understanding possible workplace effects related to menopause and middle-age are more relevant than ever.

Like many aspects of womanhood and the reproductive cycle, the impacts of menopause are often not openly discussed or even educated about (Elmström, 2021, p. 19), often leaving individuals isolated (Wood, 2020, p. 322). Social support networks, however, can mediate this by creating

avenues for information sharing, education, and trust (Small, 2017; Brantelid et al., 2014; Young, 1998). Discussions between coworkers around menstruation, for example, provide important spaces for bonding, social support, and the dissemination of knowledge between women (Brantelid et al., 2014, p. 605). I aim to explore how individuals navigate the social effects of menopause and how they connect to their social support networks, i.e., peers, family members, colleagues, and supervisors. In order to address these issues, I use semi-structured interviews with ten women working as administrative staff within Swedish universities to gain insight into the social phenomena of climacteric, middle-age, and this transitory period.

Research Questions:

1. What are the experiences of individuals undergoing menopause in the workplace in Sweden?
    a. How do the symptoms of menopause affect individuals' daily lives?
2. What role, if any, do social support networks play for women with menopause in the workplace?
3. How do menopause experiences in the workplace relate to broader gender norms and expectations?

This study aims to provide new insight in terms of empirical evidence of menopause experiences in Sweden and how these phenomena may relate to workplace gender norms. Additionally, I aim to add to the larger theoretical discussion of gendered workplace culture in relation to experiences of workers' reproductive journey and these aspects of individuals' lives that are considered inherently gendered. The subsequent text presents previous research conducted on the topic of menopause. Then I describe the methodology of this study, followed by situating this research into a larger theoretical framework, and present the analysis of the interviews conducted. Finally, I discuss the findings and limitations.

2. Previous Research

2.1 Menopause: A Physical, Psychological, and Social Transition Period

The notion of climacteric, a midlife transition, has been around since the medieval ages (Ekström, 2008, p. 13). However, only in more recent history has climacteric been considered a gendered experience (Ekström, 2008, p. 13). In the mid-nineteenth century, the term commonly associated with this change shifted from climacteric to menopause and connected to women's menstruation status (Ekström, 2008, p. 13). This shift was accompanied with a greater public awareness of the natural disposition of menopausal symptoms (Greer, 1991, p. 2) as well as the development of obstetrics and gynecology (Ekström, 2008, p. 13). Interestingly, in Swedish, menopause is still colloquially referred to as *klimakteriet* or climacteric. *Klimakteriet* or *övergångsperiod* (transitional period) are also used more commonly in social situations to refer to menopause. *Klimakteriet* is still used as a term to encompass the larger 5 to 10 year transitional period, whereas *menopaus* (menopause) is a medical and precise term to describe the end of menstruation (Elmström, 2021, p. 39). *Övergångsperiod* is a Swedish phrase used socially but is not a scientific or medical term (Elmström, 2021, p. 40).

Historically, menopause or the cessation of ovulation, has been considered a negative, somewhat of a "premature death" (Greer, 1991, p. 1). Although at times, the end of menstruation and menopause symptoms have been seen as positive, supporting the health of older women (Ekström, 2008, p. 13). In the late eighteenth century, the negative depictions of menopause increased, labeling it as the "cause of disease" (Ekström, 2008, p. 13). Therefore, women were subject to an assortment of strange and invasive "medical treatments" to cure menopause and menopausal symptoms (Greer, 1991, p. 2). Those who experience menopause have often faced unsympathetic conditions and mistreatment at the hands of the healthcare system (Elmström, 2021, p. 56). With these negative assumptions came a slew of derogatory stereotypes about older women, such as *old maids* (Greer, 1991, p. 2), or in Sweden *klimakterier käring* which roughly translates to climactic old maid.

Extensive medical research on menopause has connected many physical and psychological symptoms to this transitional period. Some of the unpleasant common menopause symptoms include hot flashes, night sweats, insomnia, forgetfulness, mood changes, and decreased interest

in sex (Whiteley et al., 2013, p. 983). As menopause is not just a physiological process (Converso et al., 2019, p. 1), but also a psychological one, many individuals experience symptoms of depression and anxiety (Monteleone et al., 2018, p. 201). Some of the negative stereotypes of menopause are associated with irritability and mood swings (Grandey et al., 2019, p. 18). Mood swings are linked to changes in estrogen and progesterone levels (Monteleone et al., 2018, p. 208). Many women also report challenges with concentration and memory (Monteleone et al., 2018, p. 201). Additionally, menopause can be a time of reflection not just physical change but of social conditions and existential thoughts, when many consider the impacts of aging, life course, and even death (Elmström, 2021, p. 19; Greer, 1991, p. 4). There is a huge range in menopause experiences and symptoms, which can lead to different effects and support seeking strategies (Anderson and Posner, 2002, p. 265). In fact, many women never seek medical advice during this period (Elmström, 2021, p. 46).

Literature about bodies typically discuss aspects of social markers which change the way people are perceived by others in society, such as gender, race, class, disability, and sexuality (Laing and Willson, 2022; Oberhauser et al. 2018), however, age is often left out of this discussion. When age is discussed, there is mainly a focus on the divisions between the elderly and youth, not addressing the ongoing experiences of aging constantly happening in all bodies. The undergoing of this middle-age life phase such as body changes, menopause, and social implications of middle-age, remain under researched. I argue that menopause and middle-age need to be explored and understood as a sociological phenomenon, not just physiological and psychological phenomena. Menopause is important to study as the topic is often left out of conversations, in doing so has negative consequences on cultural understandings of the topic as well as on education and healthcare systems (Riach and Rees, 2022, p. 1; Lindh-Åstrand et al., 2007, p. 19). Menopause is not just an individual problem, however, is a reflection of gender disparities that affect all of society.

As there remains a lack of research on the effects of menopause, literature about menstruation provides great insight into potential climacteric experiences. A qualitative study of women aged 18-48 in Sweden discovered that discussing experiences of menstruation bolsters bonding among women (Brantelid et al., 2014, p. 600). Brantelid and colleagues (2014) found that women

discussed their periods with their female colleagues as a method to “support one another and share menstrual information during their periods” (Brantelid et al., 2014, p. 606). The bonds created through this practice foster support, mutual understanding, and a space for knowledge dissemination (Brantelid et al., 2014, p. 606). However, within these relationships is an underlying rule that these matters must remain private (Brantelid et al., 2014, p. 606), as menstruation is perceived as intimate and private, as a matter that needs to be concealed (Wood, 2020, p. 322; Brantelid et al., 2014, p. 600). Presumably, these same attitudes can be translated to climacteric.

As menopause is considered a private issue, it is rarely openly discussed (Elmström, 2021, p. 19), leaving individuals underprepared for the potential consequences of menopause. Individuals’ conceptions of menopause differ vastly and are often connected to the menopausal status and symptoms experienced by an individual (Lindh-Åstrand et al., 2007, p. 5). Menopause is often framed either from a medical perspective or psychosocial one (Lindh-Åstrand et al., 2007, p. 4). The medical model frames menopause as a disease which needs to be treated, while the psychosocial model sees menopause as a natural transition where the burden is placed on the individual to undergo stages of personal development to deal with menopause (Lindh-Åstrand et al., 2007, p. 4). The discourse around menopause is important as it can shape women’s expectations and therein individuals’ relationship to menopause and support-seeking strategies (Lindh-Åstrand et al., 2007, p. 15; Anderson and Posner, 2002, p. 268).

A survey of 400 women 45-54 in Australia found that 61% of respondents deployed self-help strategies, including those nutritional and exercise focused (Anderson and Posner, 2002, p. 268). The same survey found that 57% of respondents said they contacted a health professional, however only 51% of those individuals found the practitioner helpful and comprehended their concerns (Anderson and Posner, 2002, p. 268). Anderson and Posner also explored opinions associated with menopause and found that 57% did not think that “women worry about losing their minds during menopause” and 81% did not agree “that women no longer think that they are real women” (Anderson and Posner, 2002, p. 268). Although the survey did find 66% of the women agreed that menopausal women experience depression and irritability (Anderson and Posner, 2002, p. 268). This reflects the social scripts associated with the menopause experience. There remains inadequate literature on the direct and indirect financial burdens placed on women during this time

(Whiteley et al., 2013, p. 983). This could include increased costs from medical appointments, medicines, even other resources such as lotions and ointments, or days taken off paid employment.

The workplace is an important point of departure, as it is an institution specifically designed for men and by patriarchal values (Johnson, 2022, p. 640). These values are so ingrained in our perceptions of the workplace, they are often misinterpreted as gender-neutral, even though they continue to privilege men (Erikson and Josefsson, 2019, p. 198). While social and political band-aids have been put in place, in attempts to cover this up and piece together the workplace structure for women, transgender, and non-binary individuals, it cannot negate the structure of such organizations. Key factors that make it difficult to challenge these patriarchal structures and shift gender disparities in the workplace include isolation, information monopolization, and dependency (Young, 1998). These three bureaucratic elements are extremely effective methods of controlling workers, however, when employees foster social support networks in the workplace, they can negate some of the effects and increase employee's agency (Erikson and Josefsson, 2019; Young, 1998). A study by Geukes and colleagues (2023) found that educational workshops on the topic of menopause in the workplace significantly increased participants' ability to cope with menopausal symptoms, as well as boost general knowledge on the topic (p. 53).

The impact of menopause on work can be measured in absenteeism, presenteeism, and other forms of work impairment. Absenteeism describes the case when employees are physically absent from their work, however, presenteeism means reduced work productivity even when employees are physically at their workplace (Geukes et al., 2023, p. 51). In a study of 4,116 women in the US, researchers found that women with menopausal symptoms reported significantly higher presenteeism and work impairment compared to women without menopausal symptoms (Whiteley et al., 2013, p. 986). The authors also found that women experiencing menopausal symptoms reported significantly higher impairment in daily activities and more visits to healthcare professionals in the last six months (Whiteley et al., 2013, p. 987). Converso and colleagues (2019) found menopausal symptoms to be positively associated with emotional exhaustion and depersonalization, both indicators of burn-out (Converso et al., 2019, p. 6). The authors' findings show that menopause symptoms often negatively affect workers' quality of work, productivity, and absenteeism (Converso et al., 2019, p. 10).

While there are limited statistics on the impacts of menopause on presenteeism, a Dutch study of 32,748 women 15 to 45 years old found that women reported presenteeism or decreased productivity at work due to menstruation for an average of 23 days per year (Schoep et al., 2019, p. 1). An Australian study of 21,573 women also found that 71% of women experience debilitating dysmenorrhea (period pain) (Armour et al., 2019, p. 1165). This dysmenorrhea was associated with absenteeism, as 40% of their respondents reported taking time off school or work due to their periods (Armour et al., 2019, p. 1161). Periods affect women's daily lives and activities, specifically reduced concentration, patience, and efficiency on the job (Brantelid et al., 2014, p. 608). As these effects are commonly seen as unacceptable, many women mask these symptoms through constant mental and practical management (Brantelid et al., 2014, p. 608). Understanding the effects of menopause on presenteeism and absenteeism is vital as it could be creating further gender disparities in the older working population, such as increased gender wage gap and inequality in pensions and retirement experiences.

3. Method

This research uses an abductive and exploratory research design (Hallin and Helin, 2018, p. 43; Greener, 2011, p. 137), in order to gain a baseline of menopause experiences for administrative staff at universities in Sweden. During analysis, I have used my research questions and theoretical framework as guides, however, have continually evaluated my epistemological and ethical approach throughout the research process.

3.1 Case Selection

This study focuses on administrative staff working at Swedish universities that are currently experiencing menopause symptoms or have undergone menopause. Looking at menopause in the workplace is important, as organizations are key points of creation for social and economic inequality (Acker, 2006). Universities, in particular, have ingrained hierarchical structures and gender inequality (Husu, 2019; Gonäs and Bergman, 2009). My case selection operationalizes both the effects occupational gender segregation and the wage gap. Previous research on gender differences in the labor market in Sweden show patterns of occupational gender segregation, wage disparities, and fewer women in higher hierarchical positions within organizations (Kaufman, 2020; Gonäs and Bergman, 2009, p. 670). Occupational gender segregation encourages women into lower paying sectors, which often have more family-friendly policies and culture as a result of employing majority women. These occupations are often considered feminized and are therefore undervalued, for example, education, health care, and social services (Evertsson, 2004, p. 5). This gendered bias affects work culture and the reproduction of workplace norms and expectations that disadvantage women (Acker, 1990, p. 140).

I have chosen this population as universities are known to have gender disparities across different disciplines (Husu, 2019, p. 1), meaning there may be diverse climacteric experiences between staff working at different faculties. Administrative staff also often move between academic departments and faculties; therefore, they could have reflections on the gender disparities across universities. I am interested in administrative staff, in particular, as I assume they have clearer workplace environments than academics. Administrative staff continue to be primarily women, a product from decades of misogyny within the labor market and job hierarchies (Evertsson, 2004, p. 17). Additionally, social class divisions also play a role in the examination of administrative staff as in

Sweden white-collar employees continue working longer than blue-collar workers (Heikkilä et al., 2021, p.8), making it appropriate to examine this particular work environment. In looking at a female dominated field, such as higher education, and then administrative staff within higher education, a position often predominantly filled by women, the implications of larger gender structures at play are important to recognize.

I have chosen to zoom in on menopause experiences in the workplace environment, because these organizations are a reflection of the way society handles menopause. Additionally, much of daily life is consumed by work and individual's identities as workers, meaning that private lives are always conflicting with the workplace. Menopause is no exception to this. Administrative staff in the university setting are a prime example of the "least likely" case (Flyvbjerg, 2006, p. 231), as this population is relatively advantaged by their social location. Least likely cases are suitable for exploring the verification of assumptions (Flyvbjerg, 2006, p. 231), such as the assumption that menopause will affect individuals' work life. Research also suggests a relationship between higher education levels and social class status as associated with less intense menopause symptoms (Monteleone et al., 2018; Li et al., 2003; Anderson and Posner, 2002), meaning that this population may face fewer negative effects of menopause than others. Additionally, the tasks of administrative staff mirror those of similar positions in other fields, meaning the experiences of these women may be transferable to others in similar roles.

3.2 Data Collection

In order to recruit study participants, I reached out to staff at university departments, often communication leads, administrative leads, and heads of personnel with a request to share my flyer which asked to interview individuals who were undergoing or had undergone menopause. I found these first points of contact through universities departments' websites; some universities had all staff members' details published while others only had emails for employees that handled media requests. The outreach email included a short paragraph about the study and an attached flyer. I asked those I reached out to send on my flyer to their colleagues and for any one with interest to reach out directly to me. In this email I did not use any gendered language and asked those I contacted to forward the request to the staff broadly, in an attempt to not have people directly ask their colleagues based on presumed age and menopausal status. The voluntary nature of the study

led to selection bias based on the types of individuals who reached out to me, both in terms of menopause experience, social location, and personality, leading to a less diverse sample.

One particular benefit was the first points of contact, the gatekeepers, were often women, which may have motivated them to send the information along or more well connected to those going through this process. These individuals that I reached out to functioned as gatekeepers, impacting the sample through their own attitudes, biases, and social capital (Eklund, 2010, p. 129; O'Reilly, 2009, p. 22). I kept my study requirements fairly open to cast a broad net and gain an overview of potential menopause experiences. All participants reached out to me directly, most having seen the forwarded emails from the gatekeepers within their departments. An additional few were from snowball sampling, introduced to me through other participants (Hallin and Helin, 2018, p. 34).

Overall, I received positive responses to my outreach emails, often responding that they thought it was an interesting study and that they would send on the information. A handful of people also responded saying they were unable to forward the information to their colleagues. In total I contacted roughly 60 staff members at ten different Swedish universities. I received 18 responses, which resulted in a total of 10 interviews. Interviews included staff members from three different universities, from an array of different departments and faculties. Data collection was conducted for approximately a month, from the middle of February until the middle of March. I concluded data collection when I started to see patterns form between the interviews, as I had reached a decent level of saturation (O'Reilly, 2009, p. 97). Interviews were held both in-person and over Zoom. All interviews were conducted in Swedish and ranged from approximately 40 minutes to an hour and 15 minutes.

3.3 Interviews

In order to investigate menopause experiences in the workplace, and how these may reflect gender norms, I used semi-structured interviews (Blommaert and Jie, 2010, p. 42). This methodological approach allowed for direct contact with the study population and to gain a better understanding of participants' experiences and narratives. The interview questions centered around describing menopause symptoms and their effects on participants' work and daily lives. I also asked about access to resources, conversations about menopause (with friends, colleagues, and health

providers), the work environment, relationship between menopause and work, and their personal lives. Depending on each interviewees' comfortability and where they seemed to open up more, I asked more in-depth questions about topics they brought to light.

In order to have some structure for the interview, I prepared a guide that split questions into the main categories that I knew I wanted to cover throughout the interviews. I used the interview guide mostly as a preparation tool to categorize and explore my own thoughts about the topic (Hallin and Helin, 2018, p. 43). A translated version of the interview guide can be found in Appendix A. While conducting the interviews, I drew heavily from the guide in the beginning and then asked follow-up questions based on what participants shared. All interviews were recorded and later transcribed for analysis. Participants verbally consented to being recorded and the use of their interviews for this study prior to the start of the interview.

Semi-structured interviews lend well to explore intimate topics with one person (Blommaert and Jie, 2010, p. 44). I enjoyed this phase of the research as I was able to connect with participants and be in conversation with them. The rapport built with participants throughout the interviews allowed them to explore what they were willing to share on their own terms and time (Blommaert and Jie, 2010, p. 44). All of the in-person interviews, four in total, were conducted in participants' work offices, which were all individual offices with a closed door. The other six interviews were conducted over Zoom, where I was in an isolated space and interviewees either called from their work offices or home offices. The two interview settings, in-person and online, could have led to different outcomes as the ability to make connections with participants and their willingness to open up. Although I did not notice a significant change to that effect. Additionally, video-call interviews present a challenge reading participants body language and can include possible technical difficulties leading to misunderstanding one another, a common element of interviews (Blommaert and Jie, 2010, p. 45). I will also note that I am on outsider to this population, as I have not experienced menopause and am not an administrative staff member at a Swedish university. Being an outsider can change the dynamics of interviews as it affects the information shared in the interview setting, both positively and negatively (Blommaert and Jie, 2010, 27).

3.4 Ethical Considerations

As this study was taking place, I was constantly considering the possible ethical issues (O'Reilly, 2009, p. 57; Eldén, 2020, p. 65). In order to protect my study participants and ensure that their personal information would not be compromised while discussing this sensitive subject, I provided informed consent forms to the participants, anonymized the data, and used pseudonyms (O'Reilly, 2009, p. 62). The interviewees were sent informed consent forms, which informed of the background of this research project, audio recording, and how the data would be handled throughout the analysis process and thereafter, prior to the start of each interview (Eldén, 2020, p. 84; Hallin and Helin, 2018, p. 48). This information was also gone through with the participants before the interviews and participants were asked for verbal consent before the interviews began. I did not use written consent forms to protect the informants' anonymity. Anonymity is important, as it not only protects participants' identities, but also supports rapport and trust building, which leads to higher quality data (O'Reilly, 2009, p. 61). Since this study examines only a small sample, I have redacted sensitive personal information from the interviews to prevent participants from being identified.

3.5 Thematic Analysis

After transcribing interviews, I analyzed the transcripts within NVivo, a computer assisted qualitative data analysis software (Kuckartz, 2014, p. 122) I created coding schemes and latent topics informed by the interviews and my theoretical framework. This process was informed by thematic analysis of the text. The method focuses on coding interviews and then developing latent themes that reflect meaning across the entire dataset (Kuckartz, 2014, p. 69). Coding the interview transcripts is important as it allows for close examination of the data (O'Reilly, 2009, p. 34). I conducted two rounds of coding and reframing my latent topics. The first round allowed for understanding what was present in the data, and to gain a baseline of the text. Then the second round was oriented to taking my ideas from the first round and looking more closely at the text. In total, I developed 90 codes which fit into nine main topics, see Appendix B for the full code book with descriptions. The topics include Age and aging; Gender norms; Healthcare system; Menopause norms and discourse; Menopause symptoms; Mental health; Resources; Social support networks; and the Workplace. Additionally, there is also a tenth topic relating to coronavirus effects. To further explore the themes of the interviews and discover the similarities and variations

between the conversations, see the key term index in Appendix C. The findings from this process were then used to develop my analysis and inform my conclusion.

4. Theory

4.1 Gender and the Body

In order to answer the research questions at hand, I adopt a theoretical framework informed by gender theorist Judith Butler and the concept of performativity. Butler (1990) states that "gender is performatively produced and compelled by the regulatory practices of gender coherence" (p. 34). Gender is a key concept in exploring menopause as gender cannot be separated from any experience, as "gender is always a doing" (Butler, 1990, p. 34). Additionally, Simone de Beauvoir (1997) establishes that gender is constructed, and that the embodiment of the feminine sphere is in association with the body, thereby controlling women, their actions and bodies. A key implication of exploring gender is the way that the body is perceived as a gendered object, by others in society as well as one's own experiences of the body. The body is also constructed and given meaning through the concept of gender (Butler, 1990, p. 12). This is informed by the presumed role of the female body and its purpose in society. As mechanisms of gender are concealed and embedded within society, the definition of gender is naturalized and normalized, creating structural gender inequality which rests on the notion of a mutually exclusive binary (Scott, 1989). Femininity and the body residing on one end, and masculinity the other (Grosz, 1994, p. 4). The normalization of these structures remains rooted in discourse which works to reinforce gender hierarchy and gendered expectations (Foucault, 1984, p. 236).

I have chosen to situate my theoretical framework within those of Butler, Beauvoir, and Foucault, to focus on the lived body, as it represents culture and gender (Grosz, 1994, p. 18). While culture is constantly being re-produced by larger systems and structures (Smith, 1988, p. 19), culture encapsulate everyday social practices and individuals' lived experiences (Butler, 1999, p. 114; Fraser, 1989, p. 18). The way in which these theorists establish the interplay between power, discourse, and cultural production, showcase the significance of understanding individual experiences of gender and menopause. As they in-turn reflect larger social practices and gender norms. The discourse around menopause is vital to unpack, as it showcases power and the production of gender norms which run therein (Fraser, 1989, p. 20). In order to understand the potential power of discourse in experiences of menopause, I explore Michel Foucault's (1984) concepts of discourse and biopower. The power which discourse holds, is that it controls

individuals through pressure to conform. Discourse is internalized by the individual, leading to self-surveillance and adherence to social norms. This is biopower (Foucault, 1984, p. 236).

4.2 Implications of Gendered Bodies

The notion that women's bodies are fragile and their hormones uncontrollable have often been used as justification for their inferior position in society (Grosz, 1994, p. 13). Coupled with this control of women's bodies, is the hysteria or madness often attached to feminine emotions (Ussher, 2011, p. 12). Patriarchal systems connect women more closely to the body and to reproduction, compared to men who are associated more with the mind (Grosz, 1994, p. 4). This correlation helps push the norm that the body is entangled with women and their worth. This argument is used as pseudo biological reasoning for the oppression of women (Wood, 2020, p. 327; Grosz, 1994, p. 23). The combination of the idea of the instability of women and their hormones, alongside a general lack of knowledge of women's bodies, work to create systems which distrust the experiences of women and minimize their experiences of their own bodies. This not only works to reproduce patriarchal systems which minimize women's experiences, however, also teaches women to experience their own bodies within that framework (Trethewey, 1999, p. 424; Foucault, 1984). As women's bodies are naturalized, pain is considered normal and not symptomatic.

The role of biopower within these relationships, to gender and bodies, is key. This leads to women's experiences being overlooked and disregarded within institutions, such as the workplace (Johnson, 2022; Acker, 1990) and the healthcare system (Perez, 2019). In order to fully unpack these experiences, an intersectional framework must be applied to capture the interplay between different social locations and corporeal markers. Intersectionality, a concept from gender theorist Kimberle Crenshaw (2010) highlights how power relations within the experiences of social groups' oppression operate on multiple axes (Galpin, 2022, p. 162). An important attribute of gendered experiences is social location and the way that gender is presented through the visible distinctions of corporeal markers (Oberhauser et al., 2018). Corporeal markers include a range of elements, such as gender, race, ethnicity, class, disability, and age. Race, ethnicity, and class play a large role in the way women experience menopause and menstruation, and the expectations placed on them by others (Trethewey, 1999). The intersections of social location are important as they function simultaneously, creating an altogether different experience, not a multiplication

(Galpin, 2022, p. 162). I aim to understand how these gendered norms and expectations of the body are related to experiences of aging, middle-age, and menopause.

One of the key reinforcers of these gendered experiences is the invalidation of women's pain through social scripts within the workplace, education system, and healthcare systems. Menopause is not a unique instance, but rather mirrors norms and other gendered experiences, such as menstruation (Wood, 2020; Armour et al., 2019; Brantelid et al., 2014) and pregnancy (Longhurst, 2008). For example, how pregnant bodies are surveilled and controlled through social scripts in how individuals should behave, dress, and eat (Longhurst, 2008). Dysmenorrhea (period pain) is often brushed aside as just a normal element of menstruation, as women are rarely accurately diagnosed with endometriosis even after years of explaining their pain to doctors (Perez, 2019, p. 224).

The stigma placed on menstruation is particularly relevant as it dictates that menstruation be concealed in order for women to properly participate in public spaces (Wood, 2020). This is reinforced through individuals abiding to internalized menstrual discourse (Wood, 2020, p. 320). This is in turn a form of surveillance of women's bodies (Wood, 2020, p. 320; Foucault, 1984, p. 236) and is rooted in the way women's bodies are feminized and therein othered (Wood, 2020, p. 320; Beauvoir, 1997, p. 29). Women are forced into shame and secrecy, often coupled with telling women they need to find ways to keep themselves "clean" (Wood, 2020, p. 319). At the same time, the medicalization of menstruation "conceptualizes women as deficient, ill, and diseased" (Wood, 2020, p. 319). This medicalized notion of menstruation as an illness, along with the emotional "deficiency" of those who experience it, restricts women's membership in private and public spaces (Wood, 2020, p. 319).

4.3 Menopausal Bodies

Aging is not just a biological phenomenon but also a social one with gendered implications. Norms of womanhood are often tied to ideas of youth (Jermyn, 2016, p. 578), leaving older women to fall to the background in discussions of gender. One of the key social mechanisms in reproducing these youth-centric ideologies is within the visual economy, i.e., body ideals, fashion, and clothing norms (Laing and Willson, 2022, p. 10). The visual economy solidifies ageist and heteronormative

standards of femininity (Trethewey, 1999, p. 424). Middle-aged and post-menopausal bodies are the antithesis of the fashion industry's ideal body type (Jermyn, 2016, p. 585). Therefore, older women generally become invisible or seen as having less value to society than younger women (Laing and Willson, 2022). This leaves individuals who no longer experience periods out of many discussions on gender and gender equality, and to navigate this transitional time on their own (Wood, 2020, 322).

Men gain maturity when they age, while women lose their sexual values and attractiveness (Beauvoir, 1997, p. 588). Beauvoir (1997) calls the menopausal woman "deprived of her femininity" where "she loses the erotic attractiveness and the fertility which, in the view of society and in her own, provide the justification of her existence and her opportunity for happiness" (p. 587). Beauvoir is calling attention to the connection between women's bodies, notions of womanhood, and women's worth. While notions of marriage, beauty, and age have shifted since Beauvoir first wrote *The Second Sex*, there remain important takeaways on the connection between the female body, a woman's worth, fertility, and youth from her theories. These ideas remain embedded in society and maintain structural gender inequality.

With the vast list of commonly occurring menopause symptoms, it becomes fairly clear how menopause can affect individuals' bodies and their lives. However, public discourse and collective awareness of menopause does not necessarily reflect the lengths to which menopause may be a larger social issue. Menstruation and the cessation thereof are culturally considered just "a natural part," meaning those who experience them are expected to have an intuitive understanding of their bodies and how to handle it (Golding and Hvala, 2021, p. 351). This renders periods and menopause a private matter not a social problem. The labeling of menopause as a private issue and therefore not relevant to discuss as a society, has to do with the way the body and womanhood are perceived. As discussed earlier, the gendered body is an important mechanism in the way that discourse around menopause and menstruation reproduce gendered expectations.

4.4 Gendered Workplace Culture

Workplace culture is still structured around traditional ideas of masculinity and success and steeped in institutional sexism. The workplace, as a social institution, is designed by and for men,

actively disregarding the experiences of women and non-binary folks within these spaces (Johnson, 2022; Young, 1998; Acker, 1990). The ideal worker is based on a white cisgender heterosexual able-bodied man (Johnson, 2022, p. 640). While workplaces are now commonly perceived as gender-neutral spaces, they continue to possess patriarchal values and organizational structures (Erikson and Josefsson, 2019; Acker, 1990). While few formal workplace policies blatantly discriminate against women, "power hierarchies, informal norms, practices, and expectations may still be gendered, thereby privileging men and masculine behavior" (Erikson and Josefsson, 2019, p. 198). This gendered bias affects work culture and the reproduction of workplace norms and expectations that disadvantage women (Acker, 1990, p. 140).

Heilman (2001) argues that "gender stereotypes are the foundation of gender bias in work settings" (p. 671). Therefore, women who defy stereotypes in the workplace can be subject to social rejection (Heilman, 2001). This is also known as stereotype threat, "which is a state of anxiety and cognitive preoccupation with a negative ingroup stereotype that can lead individuals to confirm the stereotype" (Conner and Fiske, 2018, p. 325). Working against stereotype threat can also create stereotype maintenance procedures, in anticipation of possible backlash and social rejection, therefore, reinforcing gender-stereotype-congruent behavior (Conner and Fiske, 2018, p. 324). This means that women in the paid labor market need to constantly balance stereotype threat and not pushing against stereotyped behavior in fear of possible backlash. Stereotype threat could be an important contributor to the choices that participants make in relation to their behaviors in the workplace and menopause.

Women face many stereotypes within the workplace, leaving them to be cautious about their behavior, due to others' perceptions (Conner and Fiske, 2018). Conner and Fiske (2018) explain that women shy away from self-promotion in the workplace due to concern for being labeled as pushy or demanding. While the authors are primarily discussing this concern in salary negotiation situations, the same principle could apply to women asking for resources in the workplaces, particularly those associated with gendered experiences. Therefore, I imagine that women are less likely to discuss workplace resources needed due to menopause symptoms, such as more flexibility options and additional time off, for fear of association with stereotypes and retaliation related to menopause. This removes agency to discuss aspects of the reproductive cycle of women and the

accessibility of supports. However, presumably similarly to menstruation discourse which provides bonding and support amongst women (Brantelid et al., 2014, p. 605), conversations around menopause should bolster social ties. In these spaces women are able to disseminate knowledge and facilitate support through sharing (Brantelid et al., 2014, p. 605).

Individuals are constantly making decisions about what to share and who to share it with (Small, 2017). This is not without reason and patterns as when "people confide in others their mental and physical health improves; when they do not, it suffers" (Small, 2017, p.4). Those we choose to confide in may close or open doors and starting conversations about menopause is no different. The social support networks formed around womanhood and menopause experiences should therefore bridge organizational isolation by supporting a sense of trust and enhance knowledge (Brantelid et al., 2014, p. 605). Additionally, these networks can also be emancipating and encourage individual empowerment and increase cohesion, as well as develop social bonds (Young, 1998). Social support networks, then, have the potential to create agency for menopausal women and increase advocacy for workplace supports and resources. Although, social networks can also work to reinforce norms within a workplace, that define how people appear and act, by association with others of the same social location (Erikson and Josefsson, 2019). Therefore, creating a network of menopausal individuals could also generate cause for discrimination against this population.

4.5 Ageism within the Workplace

While younger women are met by employers who are scared of their departure from the workplace due to their fertility (Grandey, 2019, p. 14; Conner and Fiske, 2018, p. 328; Trethewey, 1999), older women who are stable in their personal lives are still considered less employable because of their age and incoming retirement (Arman et al., 2022). This leaves middle-aged and menopausal women vulnerable to age discrimination in the workplace. There is no standardized scale for the prevalence of age discrimination in the workplace, it ranges anywhere from 1 to 71% of the workforce (Furunes and Mykletun, 2010, p. 23). In the work environment, ageism can appear as "prejudice, discriminatory practice and institutional habits" towards an age group (Furunes and Mykletun, 2010, p. 23). Addressing age-based issues in the workplace is becoming increasingly important, as retirement ages increase across Europe. The EU has a policy to improve the

“demographic dependency ratio,” which aims to increase EU citizens working years to support the overall welfare system (Arman et al., 2022, p. 2589). Even though the state is encouraging prolonged retirement to individuals and companies, employers and workplace culture have yet to change attitudes towards older employees (Arman et al., 2022).

Neo-liberalist policies and workplace norms remove employer responsibility and instead place productivity on the individual (Arman et al., 2022). As previous research has shown an association between menopause symptoms and workplace capacity, presenteeism, burn-out and other forms of impairment on productivity (Golding and Hvala, 2021; Converso et al., 2019; Whiteley et al., 2013), it is important that the impact of menopause is understood by employers. In Sweden this responsibility is solidified through the *Arbetsmjölag* (SFS 1977:1160), or the Work Environment Act, which dictates that the work environment be satisfactory and employees not be subject to physical strain or mental stress that could lead to illness. A method for supporting prolonged activity in the paid labor forces is called “age management.” Age management strategies would allow for a more nuanced understanding of workplace productivity, “taking that employee’s age and age related factors into account in daily work management, work planning and work organization” (Arman et al., 2022, p. 2593). Although, organizational and social responsibility must be taken for accessible workplace resources for those experiencing menopause, in order to negate blaming individuals.

5. Analysis

5.1 Participants' Menopause Experiences

In total, I collected 10 interviews between February and March 2023. The participants worked for three different universities in Sweden within administrative positions. Their job titles included communications officer (2), head of communications (1), administrative coordinator (1), administrative manager (3), education officer (2), and financial officer (1). Four of the women were in managerial roles. The participants worked as staff within six different academic departments: medicine, social work, political science, math and statistics, physics and astronomy, and informatics and media. The youngest participant was 48 and the oldest was 62, with an average age of 55. The average age the participants self-labeled their entry to menopause was 49 years old, ranging from 39 to 58 years old. Nine of the ten participants had children, six of those had children that were now adults and the other three had teenagers and younger kids. Eight of the interviewees discussed currently being in a relationship. Given the small set of interviews, I will not go into details about each participant individually as to reduce their identifiability.

While each interviewee had an assortment of menopause concerns, there were similarities in the way they discussed their experiences, who they turned to for support, as well as their relationships to work. One of the participants self-labeled as being in the pre-menopause phases. Another one no longer felt ongoing symptoms of menopause, since her menstruation ended four years ago. The other eight participants were in various phases of peri-menopause. To get an understanding of the various types of symptoms the women experienced and the frequency at which they referred to their personal symptoms see Table 1. Table 1 shows the conversations about menopause symptoms had by each participant. These specific instances captured in the table, include moments when they discussed their own experiences of certain symptoms. Although, interviewees typically referred to more symptoms and effects when talking about others' experiences of menopause. The numbers show the frequency participants spoke about each category of symptoms, which indicates a broad overview of the intensity of symptoms participants had.

Table 1: Types of Menopause Symptoms and Effects Discussed by Participants

	Eleonora	Gunilla	Kerstin	Linda	Lovisa	Olivia	Rita	Sofia	Ulrika	Vera
Menopause symptoms[a]	28	47	8	23	19	26	22	14	8	20
Cogitative (Memory, brain fog)	5	2	-	-	1	1	-	-	-	1
Dryness (skin, eyes, body)	1	1	-	3	1	-	-	-	-	-
Hormone related	-	2	-	-	-	-	5	-	1	2
Menstruation	2	5	3	1	2	5	5	10	-	2
Metabolism (digestive, body shifts)	-	2	-	-	-	2	6	-	-	-
Mood changes and irritation	6	5	-	2	-	-	-	1	5	8
Other physical symptoms	-	-	-	-	3	1	3	1	-	-
Psychological effects	3	20	4	2	1	6	-	-	1	3
Sleep disturbances and tiredness	4	2	-	4	-	1	1	-	-	2
Vaginal and sex related	2	2	1	6	3	3	-	-	-	-
Vasomotor	5	6	-	5	8	7	2	2	1	2
Existential thoughts and identity questioning[b]	4	6	7	-	-	2	3	1	3	1

[a] This is the total number of times that participants mentioned concerns they identified as menopause symptoms.
[b] This is not a direct menopause symptom, however, is an indirect effect often associated with the experience of menopause. I have therefore included it here as it came up as an effect for the majority of the participants, although it is not included in the overall total of menopause symptoms.

Kerstin, Lovisa, Sofia, and Ulrika had fewer menopause symptoms, while Eleonora, Gunilla, and Olivia had symptoms with more significant impacts. Linda, Rita, and Vera fell in the middle. As Table 1 indicates, nine of the participants mentioned encountering vasomotor symptoms (i.e., hot flashes, night sweats, chills), reflecting the high regularity of vasomotor symptoms found in

menopause research (Monteleone et al., 2018, p. 200). Additionally, the majority of the women expressed some psychological effects, such as depression, burn-out, or existential thoughts. Interestingly, a few of the participants reflected on a similar point to that established in menopause research, that these psychological effects were also influenced by other stress factors, for instance from the work or home environment (Elmström, 2021, p. 19; Greer, 1991, p. 4).

Another common symptom was around menstruation and changes in previous patterns in the women's cycles. This included further apart or more frequent periods, and extremely heavy flows. Three of the participants, Olivia, Rita, and Sofia, had heavy and long periods, which led to headaches, iron deficiencies, being more tired, and trouble concentrating at work due to paranoia about bleeding through their clothes. Olivia, for example, shared: "It was something that took up all my thoughts. I felt like I had my period constantly. I got headaches, and naturally had an iron deficiency, which brought with it fatigue. It was a symptom that I couldn't fight against." This indicates that the participants' experiences echo previous research on menopause and periods, which connect symptoms to higher presenteeism and work impairment (Schoep et al., 2019; Whiteley et al., 2013; Brantelid et al., 2014). Additionally, changes in menstruation patterns were connected to many questions and uncertainties from the participants, of not knowing what was happening with their bodies. This can lead to further psychological effects, as uncertainty has been connected to higher risk of depression and anxiety, and less effective coping strategies in chronic health problems, such as endometriosis, as well as menopause (Davis et al., 2010, p. 2322).

The participants commonly expressed that their climacteric status remained unclear until their menstruation patterns changed. Rita explained: "You start to consider it all when your periods start to change. Then you think about when it will end, when you can expect it to be over. Then you have to read up on it." Although for those with an IUD, an intrauterine device which is a common birth control method, this indicator was less present given that they had not experienced menstrual bleeding for years. The women expressed that they felt unsure of who to turn to for help, when they began to experience possible menopausal symptoms.

At the start of my recruitment process I was worried the sample may become skewed, that the participants would all have extreme menopause symptoms, however this was not at all the case.

Many did not think their symptoms were severe. In fact, I now assume the population of individuals with more intense menopause symptoms is likely challenging to reach as they feel greater stigma and more hesitancy to open up about their menopause journeys. I caught a glimpse of this stigma from one of my participants, Eleonora, who entered early menopause at the age of 39. Early menopause (also known as premature menopause, premature ovarian failure, and primary ovarian insufficiency) is when "normal" ovarian function changes before the age of 40 (Davis et al., 2010, p. 2321). When Eleonora first had these symptoms of premature menopause, she did not tell anyone what was happening. Eleonora expressed this discomfort with her situation: "It really was not something I mentioned to anyone. I really kept it to myself, because I thought it was very odd and very unusual." Eleonora's hesitancy to disclose her menopausal status demonstrates the effects of stigma, which leads to concealment (Wood, 2020, p. 320). Premature menopause also has been correlated with higher levels of emotional distress and social alienation (Davis et al., 2010, p. 2327).

The majority of the participants, seven, often expressed that they were not the type to feel uncomfortable talking about menopause, women's bodies, and their sexuality with others. This could indicate that the sample is slightly skewed due to selection bias of those who are more likely to volunteer for a study which asks individuals to open up about their private matters and discuss sensitive topics. Interestingly, not all participants felt this way, as three in particular said that they were more hesitant to talk about sensitive topics with friends, family, and colleagues.

5.2 Cultural Narratives of Menopause

Menopause is generally hidden from the public sphere. While most people are aware of some stereotypes of menopause, such as hot flashes and that it is a change that occurs to menstruating individuals roughly around 50 years old, few have an in-depth understanding of menopause and its possible effects. As mentioned earlier, there can be a great deal of stigma around menopause and discussing women's reproductive cycles, this is connected to both the historical association with menopause (Ekström, 2008, p. 13; Greer, 1991, p. 2) and the cultural norms surrounding menstruation (Wood, 2020; Brantelid et al., 2014). A few of the participants, such as Eleonora, found the topic of menopause still taboo, she said: "There is more openness around it [menopause], but not everyone has embraced that openness and maybe I haven't either, because I don't talk

openly about it. So, I think it is actually a bit taboo." Although this was not the opinion held by the majority of the participants who instead said they did not find the topic taboo, at least in conversations with women. Eleonora's conception of menopause could be connected to her personal experiences, which has been shown to cause variation in menopause perception (Lindh-Åstrand et al., 2007, p. 15).

Cultural narratives of menopause included many negative stereotypes (Grandey et al., 2019, p. 19). For example, that menopausal women are just whiny, sweaty, and irritated. These ideas also affected the participant's experiences of menopause, in particular in how they would be perceived by others for discussing the topic. Sofia, for example, revealed this fear of talking about menopause too openly: "You would probably be seen as a really annoying lady if you would sit and talk about menopause. You just don't do that." Participants seem to recognize that on a societal level menopause is becoming less taboo, however themselves do not want to be associated with menopause and its stigma. Linda also discussed these negative implications:

> *You can have extremely negative effects [of menopause], in that maybe you go up in weight or that you look tired, because you are tired. And, there is nothing that is positive. It is not like you are in the middle of a meeting just chatting about it, 'oh well I'm in menopause now so that's the reason why I have slept poorly and am irritated.' That would be challenging to say. I would probably say that to my friends, because we are in the same phase.*

This negative association of the visible manifestations of menopausal changes is important, as it is often used as a tool for discrediting and disregarding the experiences of women (Ussher, 2011; Grosz, 1994) and their ability to be a productive employee. The women's hesitancy to share the reasons behind these changes works to further hide the impact of menopause experiences in the workplace.

The cultural and personal resignation of menopause as a private issue can lead to feelings of isolation and further disadvantages in the workplace. Olivia expressed these connections of cultural attitudes towards menopause, shame, and isolation:

> *When you get around menopause age, there is no one that takes care of you, because then you are just old, like you should know by now how to take care of yourself. And then with the sweating, it is seen as so disgusting. And when you cry because of nothing, because of a mood swing, it's embarrassing. They are ugly symptoms.*

This can be seen as comparative to the way that society views pregnant persons. Pregnancy and menopause are two moments in life when the body is subject to changes and disruptions in normality. Pregnant people are often dismissed and given a "free-pass" because of their hormones, as they are stereotyped to be joyful, but incompetent (Grandey et al., 2019, p. 15). Menopausal persons, on the other hand, are seen as irrational and emotional (Grandey et al., 2019, p. 18). In comparing pregnancy and menopause Olivia said: "they are both hormonal shifts, but one is ugly, and the other is nice." This idea that menopause is ugly confirms that menopause is seen as a contrast to narratives of femininity, youth, beauty, and fertility (Beauvoir, 1997, p. 587).

Menopause and aging can be closely tied to not just a physical shift but also a transitional period (Elmström, 2021; Converso et al., 2019). The majority of the participants did not feel any kind of loss in their identity as a woman. This finding is in alignment with other literature, which found that menopause did not change women's relationships to their womanhood (Anderson and Posner, 2002, p. 268). Rita, Vera, and Lovisa all said they had been excited to no longer have their periods. Lovisa shared:

> *It is so nice to not have my period anymore, incredibly nice! I used to have a quite difficult time with my period when I was younger…. It was a little difficult when it [my period] started to disappear, because you never know if you are going to get your period or not. It was impossible to predict, but otherwise it has been nice to not have to deal with my period anymore.*

As Lovisa points out, the joy connected to the cessation of menstruation could be connected to past afflictions due to periods. Previous research has also found that those with negative experiences around menstruation are more positive to period suppression (Brantelid et al, 2014, p. 602). While some of the participants expressed how happy they were to no longer be menstruating, one interviewee, Olivia, did get emotional when thinking of her now infertility and the end of her ability to have children. Interestingly, Olivia had two children. A few participants said they thought they would have found this more difficult had they not had children. Kerstin, for example, mentioned the possible effect in change in identity, "I have friends who have not been successful in having kids and I think that there is another crisis and loss in that case when they come into menopause." Kerstin's reflection showcases the ever-present association between womanhood, fertility, and the societal value of successful reproduction, as the inability to do so is considered negative and as a loss (Grandey, 2019, p. 18; Beauvoir, 1997, p. 587).

While women are expected to just be able to deal with this natural process of aging, many of the participants displayed that even many menopausal women do not understand the extent of menopause, before entering into it themselves. Linda discussed the conversations she had with friends: "When I meet up with friends, we chat quite a bit about how everything is going [to do with menopause]. And I think we are a bit surprised how uninformed we all are about what is happening to us." Kerstin also shared: "I think it is super interesting with menopause, because I myself know very little about it and think that it can be quite challenging." The information that participants did gain was predominately from personal experiences, conversations with friends and family, and through the internet, not from more formal avenues of education or healthcare professionals. One participant, Kerstin, described a possible reason of the informal nature of menopause teachings:

> *I think that it also has to do with the fact that everyone's experience is different. It also depends on how acute the symptoms become for us, then maybe we try to find more information. I haven't searched so much for information, but have talked about menopause with friends, of course. It is that we suddenly find ourselves here and some of us have already started the process, and others come into it later.*

This lack of education on menopause is not just an individual problem, but a social issue of menopause discourse that has been created to conceal the topic (Wood, 2020). Like periods, the impact on women is kept in the shadows and considered shameful (Brandtelid et al., 2014, p. 601). Removing these problems from public discourse reinforce systems of gender inequality (Golding and Hvala, 2021), particularly in spaces such as paid workplaces where middle-aged women need more access to information and better resources.

I found that there seem to be acceptable and unacceptable menopause effects that can be talked about openly, which align with societal notions of the public and private spheres. Therefore, signaling ideas that menopause is an intimate topic, and even embarrassing or shameful, despite participants sharing that they found more positive social acceptance. For example, hot flashes, a common and visible symptom can be discussed with a broader group of individuals from different social locations, however changes in periods, and vaginal and sex related symptoms are considered a no-go. I will go into further detail on this topic in section 5.8. The lack of openness about menopause also impacted the participants' perception of menopause before they experienced it. Linda described how she did not think menopause would have such a large bearing on her:

> *I think I never thought that it [menopause] would have an effect on me, otherwise I would have thought more about it other than just that my period would stop. Even with an IUD of course it affected me. Like I always thought that it [my period] would just stop, and sure I had heard that some people have really intense problems, but never thought it would happen to me. Like that's just someone else's problem, too bad for them but I never considered that it would affect me.*

Gunilla also shared a very impactful thought about the disconnect in accessing information about menopause: "I think that we should get some kind of heads-up, a bit of a reminder to be extra nice to yourself." I find that Gunilla's statement showcases the implications of gender norms and the way that women are taught to treat themselves and experience their own bodies with negativity (Wood, 2020, p. 328). The idea that women need to be reminded that they should be nice to themselves, implies that without that reminder they would not.

5.3 Manageable Discomforts

Overall, the majority of the participants shared that their climacteric experiences had no major impacts on their personal or work lives. Even the symptoms that did cause shifts in their routines were seen as manageable with minimal interference. The discourse the participants used to describe their experiences stood out as almost formulaic. Many of the participants started the interview saying they had not had such intense menopause concerns, however as the interview went on, I learned of a number of symptoms or discomforts these women faced. This delayed opening-up could be an effect of trust building within the interview setting (O'Reilly, 2009, p. 61), combined with a general tentativeness of knowing what concerns might be menopause related. As there is no standard path to this transitional period, many individuals go years experiencing possible symptoms without connecting them to menopause (Monteleone et al., 2018, p. 204). Gunilla explained this feeling, "If you have a parent that menopause just passed by, that you didn't notice. It doesn't seem so connected, like you don't put one plus one together to make two." As Gunilla shows here, one of the main avenues for learning about menopause is through observing how older family members navigate symptoms and discuss the topic. As many aspects of menopause are hidden from others and covered by language which minimizes discomforts, the masking of effects becomes normalized. Therefore, the naturalization of pain and discomfort in women's bodies are re-perpetuated through biopower and self-regulation (Wood, 2020, p. 320; Foucault, 1984).

In order to do this, the participants put their own experiences into a larger framework of what they had heard from others, comparing their menopause to worst-case scenarios. Ulrika shared that her menopause symptoms were manageable in her current situation: “How it is now, I think it all feels quite manageable.” All but one interviewee shared a similar statement of this, situating their experiences in the context of what they had heard from friends or colleagues, who they saw as having far more extreme symptoms. See Table 2 to compare the language used by the participants. This showcases the discourse of these formulaic statements compared to the inconveniences often later revealed during the interviews.

Table 2: Formulaic Minimization of Experiences

Participant	Quote
Eleonora	-
Gunilla	“But within the larger picture, I think my troubles are manageable here.”
Kerstin	“I haven’t had any direct symptoms.” “I haven’t had any of the classic menopause symptoms, like hot flashes, tiredness, or irritation. Those classic symptoms my friends have had.”
Linda	“I haven’t had any obvious symptoms.” “I haven’t experienced it [menopause] as a problem. I have friends that wake up in the middle of the night sweating and those types of things, I don’t have that. So, I don’t think I have any of those kinds of symptoms, that have a direct impact on my work.”
Lovisa	“Otherwise, I think that within my daily routines I haven’t had many effects. I haven’t shifted the way I dress or anything like that.”
Olivia	“I am not so affected by it [menopause]. There are others who have it much worse.” “I haven’t had so many physical problems really.”
Rita	“I have had very mild symptoms compared to many others.” “I have had a fairly mild menopause, very limited hot flashes. And I haven’t had so many other typical problems compared to others I know.”
Sofia	“I haven’t not any hot flashes. I haven’t felt any mood swings. I haven’t felt different.”
Ulrika	“How it is now, I think it all feels quite manageable.”
Vera	“I have had some hot flashes, but nothing too intense.”

Within this framing there appears to be a relationship to the consequences of menopause being attached only to the physical inconveniences and common symptoms, predominantly hot flashes and mood swings. Vera, for example, said: “I have had some hot flashes, but nothing too intense.” Kerstin expressed a similar sentiment: “I haven’t had any of the classic menopause symptoms, like hot flashes, tiredness, or irritation. Those classic symptoms my friends have had.” I assume this discourse is connected to not wanting to be perceived as the stereotypes of being whiny, irrational, and unstable (Grandey et al., 2019, p. 18). However, this may also be connected to having had their experience dismissed in the past, as women learn that their pain is not taken seriously (Trethewey, 1999, p. 424).

Participants did not only compare their menopause experiences to their friends’ journeys, however also contextualized menopause to adjacent past occurrences, more specifically menstruation. This method of discussing menopause is heavily connected to menstruation discourse, and the inconveniences these women have been living with for decades. For example, Rita who said: “I have not had any more problems than I already had in the past, because I have had quite a bit of period pain.” Rita’s statement is particularly interesting as she is making a direct comparison to her own relationship to menstruation, that she has not had any *more* challenges than she already faced with period pain. The women were not only comparing their symptoms to others’ experiencing menopause, but also their previous familiarity with similar ailments. Rita perfectly captured this when she compared working during menopause and menstruation, “I can imagine that many people think that well ‘you have to work when you have your period, then you have to work when you go through menopause.’ I think it feels that way.” The way that society treats women and menstruation related pain often leaves many women feeling unheard, their experiences disregarded, and in some circumstances misdiagnosed from illnesses (Armour et al., 2019; Perez, 2019). I assume that the participants are practicing similar methods of masking their symptoms as fear of potential effects being perceived as unacceptable, particularly in the workplace. Research has also concluded that women disguise their menstruation related issues in order to adhere to broader menstrual discourse, which conceals the stigmatized elements of periods (Wood, 2020, p. 320).

Olivia spoke at length about the social norms and stigma of openly discussing menopause:

> *As long as you are risking being met negatively, as if you feel like it would not be understood as positive if you say something, then you do not say anything, of course. Naturally, with menopause it is the same thing, that you try to reduce the symptoms if they do not really have serious effects.*

Here, Olivia is confirming my assumption that the participants may be attempting to reduce the appearance of their symptoms, both to others and themselves in order to not be perceived negatively. Although, attempting to cover the effects of menopause takes constant mental and practical management (Brantelid et al., 2014, p. 608), and in doing this creates a tremendous burden on the individual.

These women have brought these attitudes through menopause, that the discomforts of menopause are normal and manageable. While some menopause symptoms are almost inconspicuous, many symptoms are being masked through fear and discourse. For example, Rita made sure to say that she would not take sick leave because of menopause symptoms: "I don't take sick leave just for anything, I don't stay home instead I go to work." Showing that there are norms that are not meant to be broken, as well as judgment and guilt for having inconveniences due to menopause. Therefore, I wonder, at what point do the inconveniences of menopause become unmanageable? And, would menopausal individuals' narratives change if there was a better understanding of the consequences of menopause and more resources available?

5.4 Invisible Implications in the Workplace

The convenient idea that work and factors of individuals' private lives can be separated is a fallacy (Acker, 2006). People cannot detach from their personal lives and feelings when walking into the office in the morning. While most participants expressed that they would feel comfortable telling their supervisors about menopause symptoms which conflict with their work capabilities, if necessary. However, as the manageable discomfort discourse shows, the interviewees rarely felt it applicable to share their climacteric status. In order for a symptom to be impactful enough to bring up it must be far beyond the discomfort stage and have major consequences. Only one participant, Gunilla, discussed speaking to her supervisor at length about her menopause symptoms, to be able to find a proper solution for her needs. She routinely experienced episodes of feeling depressed and unmotivated in the mornings. This made it challenging for her to get to work and be productive. Gunilla had a positive relationship with her boss and was able to access additional

flexibility in her work hours through explaining her symptoms. Gunilla shared: "I find it to be very flexible. If I were to wake up tomorrow feeling really terrible, then I would contact my boss, who is a woman, and tell her that 'you know what, I really just can't make it work today, I'll be in at 10am instead.' I am absolutely sure that she would say, 'yes, of course!'" Here, Gunilla, highlights an important aspect of her comfortability to confide in her boss, as she is a woman and in the same age group. Gunilla was the only participant to discuss such an explicit menopause effect on her work.

Although, even a seemingly unintrusive symptom, such as those associated with vasomotor imbalances, caused consequences on the women's lives, both physically and emotionally. These elements of menopause led to their own impacts within the workplace. The need to be constantly prepared for hot flashes or vaginal bleeding were particularly points of concern for the participants. Gunilla shared that situations became more difficult to prepare for when there were multiple unknowns, such as the type of location or temperature at a work training: "Now I have to sit at this training, and don't know how big it is or how warm it will be. I have to think about wearing cotton material [clothes] that breathe, no acrylic or polyester materials. Maybe I should have one of those little fans with me too." At the surface this may not look like an impactful thought process or one that is different from anyone else at the training, however, it does have a cumulative effect. This places an additional burden on Gunilla to constantly be managing possible menopause concerns. Lovisa explained something similar in relation to her chills and hot flashes: "I always have a shawl nearby when I am at work, so I can put it on [when I get cold]. I always have access to my cardigan or poncho so I can put them on, but at other times I can't have too much on because I get hot. So in that way, I always have to be prepared that I will be a little bit cold."

These cases of vasomotor symptoms and also preparing for possible concerns not only have a personal burden, but also can affect workplace productivity (Geukes et al., 2016, p. 6). Olivia, for example, experienced chills constantly, which affected her at work. She described this at length:

> *I know when I arrive at work, that as soon as I sit down, I start to freeze. That means that I need to have a "freeze-sweater" and a shawl at work, and more layers. Otherwise, I would sit and freeze constantly. I would have ice-cold hands and ice-cold nose and then not be able to work. It is something that has been very palpable for me, that I am cold all the time. So much so that I barely can concentrate on my work. And, it would be the same*

case if you had hot flashes that it is something that has quite an intense effect, even if you do not really connect the dots.

Olivia's chills not only made her cold but added stress and anxiety to her workday. This is a clear example of presenteeism, of reduced workplace productivity due to a health-related concern despite being in the office (Geukes et al., 2023, p. 51). This invisible burden can consume an individual despite not appearing to be an inconvenience or disruption to another person (Geukes et al., 2016, p. 6). Olivia found very little information about this particular symptom of menopause, although it is quite common. This led to her not feeling comfortable bringing up the problem to her supervisor in hopes of accessing workplace supports, such as having more control of the temperature in her office, which could allow her to focus on her job rather than freezing while at work. She explained that had this symptom been on the 1177 website (the Swedish health agency website)[2], then she would have been more likely to talk to her employer about it. She also explained that she would have had a clear medical connection between her chills and menopause, and therefore would have felt valid asking for support. This reveals a connection between the lack of awareness about menopause to a reduction in access to resources in the workplace. It also reflects the work by Geukes and colleagues (2023) where workplace training on menopause had a positive effect on those working during their menopausal transition (p. 56). Presumably, if employees feel more supported in the workplace, they are able to share more about their menopause journeys with supervisors and gain access to better resources. However, if they do not feel support, they may attempt to hide their experiences in fear of stereotype threat and ageism (Conner and Fiske, 2018, p. 324), resulting in even greater workplace consequences (Riach and Rees, 2022, p. 3).

Similarly to feelings on menstrual bleeding (Brantelid et al., 2014, p. 607), participants shared feeling gross or not fresh when experiencing heavy periods due to menopause. One participant, Sofia, shared that she felt horrible after having to clean up menstrual blood in a public bathroom:

I feel so unclean when I have these heavy flows. It is so challenging to sit in a public bathroom at work with those super blood-soaked pads. I just feel so gross. I would want to shower and change my clothes completely. But you just feel so gross and the only thing you can do is pull yourself together and keep working.

Here, Sofia shows how this feeling extends beyond the bathroom stall and proliferates through her entire workday. Rita shared the same feeling: "You have to sit on the toilet and take care of

[2] A description of the symptom of chills is now on the website, but was not when she first experienced the symptom two years ago (1177, 2023).

everything, then just have to go back to work." These quotes reflect the shame surrounding menstrual bleeding and the idea that menstruation makes women "unclean" (Wood, 2020, p. 319; Brantelid et al., 2014, p. 607). Additionally, this points to a sense of distractedness at work due to heavy periods, another manifestation of presenteeism. Sofia also reflected on the strange feeling of dealing with these unexpected instances after years of having her period, feeling like she should know how to manage these things by now. This indicates the stigma that comes along with menopause, as it is something women are expected to be able to deal with, without extra support, however in reality many women are not properly prepared for menopause and its impacts.

Menstruation related effects are something the women often wanted to stay hidden and not discussed with more diverse groups. This reflects feelings towards concealing periods as they are deemed private and intimate matters (Brantelid et al., 2014, p. 607). Hiding the effects of periods is so ingrained in these women's behaviors already, as there are social norms which dictate that "menstruation is something that all women should have, but the social context prohibits them from letting anyone else become aware of it" (Brantelid et al., 2014, p. 607). The negative effects of the emotional burdens which the participants describe mirror that of previous research which has found that menopausal symptoms, such as a lack of confidence, tiredness, trouble concentrating, memory challenges, and depression, decrease menopausal women's work productivity (Geukes et al., 2016, p. 6).

5.5 More Theoretical than Practical: The University Workplace Setting

The university setting is important to examine as it provides the context wherein these women work. Universities are social institutions which have been around for centuries and are steeped in old-fashioned traditions, power structures, and rely heavily on hierarchical functions (Husu, 2019; Gonäs and Bergman, 2009). Although these administrative staff found themselves in a unique position of having some responsibility and control, however they often felt disregarded by others. Workplace culture is an influential element in the way that the participants experienced their menopause, therefore it is important to examine the interviewees' insight to the structure of their organizations.

The participants found that they enjoyed the flexibility available in their work, of having some control of when and where they worked. However, the interviewees made it clear that this was a new found flexibility, as prior to the coronavirus pandemic administrative staff had not been allowed to work remotely. Flexibility is important as it has been shown to be an important tool in reducing gender inequality in the workplace (Rees et al., 2021, p. 59). Vera explained how the pandemic was an opportunity for change within the university:

> *The thing about the pandemic is that it allowed the whole university to change the work structure. Because the PhD students and researchers have always been allowed to work from wherever they want. But the administrative staff have been required to be in the office but now that has changed.*

As many of the participants had been undergoing menopause during the peak of the pandemic, they found that it was helpful to be at home, to control their environment and not have the pressures associated with coming into the office. Gunilla shared this relief while working from home, and the reduction in pressure:

> *Before the coronavirus we did not work from home… Now I have that option, and the one day a week I work from home is so nice… Then I can sleep longer, wake up just before starting work. I usually start at 8:30, I sit at my computer with my hair up drying, in my pajamas, make myself a cup of coffee and start my day. And it is so nice, because when I log into a video meeting with my hair up and without make-up, that's fine. That's totally okay, I am sitting at home anyway. That's the thing, there is no dress code. I can come to work in jeans and a sweater, or I can wear a dress and heels if I want.*

Gunilla's quote shows the importance of flexibility and comfortability in the workplace. This mirrors previous research, that more positive attitudes and support from managers and supervisors can affect women's employment outcomes (Riach and Rees, 2022, p. 3).

While the pandemic provided an opportunity for a shift in the academic setting, many elements of the workplace continue to remain behind. Participants shared frustrations with their employers, as they often felt the importance of administrative staff and their needs were dismissed. The bureaucratic nature of universities often leads to very slow-moving shifts in the workplace environment (Husu, 2019, p. 13). Kerstin shared this:

> *There is a very hierarchical order, very old-fashioned and conservative. It is very unmodern in many ways and that affects how we integrate, what we expect… and it is not equal. We become not seen as a 'whole person' because of it. There is a silencing culture in some places [within the university], we know that. There is harassment, we know that. We know that there are internal power structures. But can we shift it to a different way? We probably know in theory, but we don't know how to change in practice.*

She continued explaining the constraints enforced by rigid power structures within academic institutions and how frustrating it was as an employee to feel hopeless. Kerstin shows the challenges for an institution to change, and how, when employees do not feel supported by their employers, this restricts their ability to ask for possible supports and feel comfortable within the workplace (Geukes et al., 2023, p. 56; Riach and Rees, 2022, p. 3).

Vera shared that her boss has made a very positive impact on the workplace culture to make the administrative staff feel respected and valued: "I think that the administration has it fairly good. We now have a boss that has been very particular that everyone goes on retreats together and that we do things outside of work together, and I think that it is very important for cohesion." Vera was clear that this feeling of being appreciated rested with her current boss, and that she had not felt appreciated from the previous department head. Seemingly much of this inclusion depends on specific managers personality and work culture specific to certain departments, as the universities did not have specific training requirements for management positions. Meaning the way they treat staff, falls to their own discretion. Olivia expressed a similar sentiment:

> *I think that it has to do with the personality of the boss. What kind of understanding they have for different people and what opportunities they decide to offer. Mainly, it has to do with the fact that management trainings should be obligatory for all bosses at all different levels at the entire university.*

Vera and Olivia stories illustrate how feeling valued at work and feeling comfortable to talk to their bosses, worked to support an overall better work environment (Riach and Rees, 2022, p. 3). When Olivia went to speak to her boss about the lack of training and knowledge of the university's policies, she was told that at that department, a natural science department, they were not so bothered by those kinds of formalities. She now works at a social science department and finds that there is far more understanding in the workplace for the effects of one's personal lives, such as menopause. Olivia went on to explain the variation in her experiences working in three different academic faculties at the same university:

> *It is frustrating that there are such large differences in workplace conditions within the same employer [the university]. It is not the intention. Because of these new rules for administrative personnel, we should be able to have more flexibility, but there are still some departments that have decided that they do not follow the rules.*

When I asked other participants if they thought workplace culture was different across university faculties they primarily assumed yes. This indicates that depending on faculty and department the

workplace culture and access to proper resources varies vastly. This may be connected to variation of gender composition in departments, however in order to understand these differences further research must be conducted with a larger and more diverse sample.

5.6 Fading into the Background: The Role Age Plays

Menopause and its visible symptoms are seen as markers of middle-age, shifting the way women are perceived by others. As Olivia points out, older women are seen as different to younger individuals: "There is still a lot more tolerance for young people over a person who is starting to get older. It is obvious, that is how it is." Linda shared a similar feeling: "In some ways, I feel like you get less space when you become older, but on the other hand you have a more stable place." These feelings of fading into the background, in comparison to younger individuals, are connected to cultural expectations of women, specifically beauty standards and the notion of hiding older bodies (Laing and Willson, 2022; Jermyn, 2016).

5.6.1 Body Changes

A common occurrence associated with middle-age, and experienced alongside menopause, is metabolic changes and weight shifts (Monteleone et al., 2018, p. 209; Elmström, 2021, p. 140). During this time, skin loses thickness, elasticity, and hydration, leading to an increase in wrinkles (Monteleone et al., 2018, p. 204). This is closely linked to the way society categorizes older women, their bodies and invisibility. There remains pressure to stay young, to exercise, and eat healthy. Linda shared her take on this link between aging and the body:

> *Our society is built on appearances and youth, and it really depends on how you see yourself… I personally have never put much weight on appearances, so I am not so bothered by wrinkles, but of course I can feel affected by it. I especially notice it when I am putting on lotion, I look at my hands and think they look so much like my mothers. It doesn't really matter, but of course the thought is there, it is like a step towards the end.*

Linda admits that despite not categorizing herself as someone who focuses on appearances she is still affected by youth-centric body images, which have also shifted her sense of identity. Many participants brought up body changes and shared suggestions they had received from their social networks about ideas on exercise and eating. This showcases how many middle-aged women internalize beauty standards that value youth (Jermyn, 2016, p. 575). Middle-aged women continue to receive volumes of information about exercise and nutrition, as there is growing evidence of

eating disorders in women ages 40 to 60 years old, showing that body image ideals and pressure do not simply go away with age (Elmström, 2021, p. 142).

The participants mentioned weight gain and shifts in weight distribution as factors of the aging process. These elements also came up in connection to their own relationship to their identity during this transitional time. Vera, for example, shared: "I notice it within myself, when I see that I am getting older. I find my weight shifts challenging, and also that I look older. It doesn't have to do with menopause directly, but the weight aspect has been extremely challenging for me." While these shifts do not have anything directly to do with menopause, they are an important element of this climacteric transition and how these women experienced middle-age and their identities. This time can be one full of reflections of the past and future, leading to contemplations on social conditions and existential thoughts (Elmström, 2021, p. 19) Vera's quote also showcases how women's bodies are connected with their identities and value, and how weight gain is perceived as a problem.

Lovisa told a story of an important instance where middle-aged women were not considered in society and how that affected her. Lovisa explained that she struggled to find clothes that fit the figure of middle-aged women:

> *I was trying to buy a new windbreaker a couple years ago and all the jackets had this type of figure [gestures a very stereotypically "feminine" figure with a very notable waist]. So, all I could do was buy an XL so it was oversized, very large around the shoulders and the hips, but then tight around the stomach.*

While not being able to find the perfect jacket may not seem like an important issue, it showcases that, structurally, middle-aged women are not considered and with this lack of consideration comes invisibility and unawareness.

Some of the women felt a sense of relief of not being in a spotlight which controlled their bodies and actions. They shared that this led to a sense of confidence and stability in their identities. Vera, for example, said: "A part of getting older that I think is quite nice actually, is that you are less bothered by things. Don't get so annoyed by things, really the annoying part is that my body can no longer do what my head wants, because I still feel 28. But otherwise, you become calmer, more secure." Lovisa relayed a similar thought:

> *I haven't felt so down about menopause, in fact more the opposite. I think everything has calmed down more, less of the insecurities and worries of when you are young, and have so much going on with kids and everything else. In some ways, life experience gives you a sense of calm, and you aren't as stressed about things.*

The participants' reflections show a relief from the social pressures, almost a freedom of stepping away from the gendered expectations and control placed on younger women. However, not all participants agree that menopause offered this same sense of stability, as many did express being worried to overshare or talk about the subject of menopause much due to the stereotype of being whiny old ladies or *klimakterier käring,* and stereotype threat (Grandey et al., 2019, p. 18; Conner and Fiske, 2018, p. 325). While participants thought this negative term, *klimakterier käring*, was outdated and fading away. That said they had heard it used as their mothers had entered this life phase, many still mentioned it to explain the stereotype of menopausal women and heard it occasionally still used today. Interestingly, Beauvoir (1997) examines this idea of serenity and independence often coupled with age, showcasing the duality of having experienced and uncovered many aspects of misogyny, but still living within an oppressive system and with internalized sexism (p. 607).

5.6.2 Workplace Implications

The visible impact of aging did not only affect the participants' body images, but also their identities as employees. In general, participants did not express that they found stigma around age, as being middle-aged within the university workplace was in fact a good thing. Although, some participants did feel pressure that they were becoming less attractive on the job market due to their age and looming retirement, restricting their future job and career options. Gunilla expressed this concern:

> *I think that people are fairly aware that with every year that passes for me, I become less attractive on the job market. That means I am forced to be more loyal to my employer because if I don't do a good job and quit or am fired, then I am not a hot commodity on the job market.*

Linda further explains this disconnect between the rising retirement ages and employability:

> *I received my orange envelope today [letter from the government regarding retirement] and it all of a sudden said that I'm going to be working until the age of 68. In my mind, I always thought that I would work until I was 65. Now I have to work until I am 68, to receive my full pension. But then the job market needs, to want workers until they turn 68. Right now, I am 56, and I can't switch jobs because I am considered too [old]. Like for now, I think I could change jobs, but [in general] it becomes a huge mismatch with the job*

> *market, if you are not sought after. There is not much I can do, but it is a very strange situation to be in.*

These quotes from Gunilla and Linda showcase an outcome of ageism in the workplace. As they age, older workers' employment options become restricted, leaving them more exposed to possible disadvantages and discrimination (Furunes and Mykletun, 2010, p. 24), shifting their relationship to work and their employers. Retirement ages continue to increase, however cultural shifts in attitudes to older employees have not, leaving older workers exposed to the effects of this structural inequality (Arman et al., 2022).

An indirect effect of this fear of ageism is greater dependance on a specific employer. Although the participants also shared their perspectives on how this could be a potential benefit. They cited that they are more loyal, less likely to leave for another job, more stable, and have less family responsibilities compared to employees with young children. So why do these women continue to feel underappreciated in their workplaces? Vera, for example, said: "I am not going to change jobs now. Now it is just about retirement. But I still have many years [left working in this position]." Gunilla further expanded on this feeling:

> *My young colleagues will be gone in the next five years, but I will still be here. I think this is something that bosses should be thinking about. In a thoughtful way, not just an employer's perspective, like 'good, now she is stuck here.' But her choices are being reduced with every year, but she has an enormous amount of life experience and workplace experience… I really wish this was something that employers considered that they would benefit from having me here… And I think men at my age are seen as more attractive than women, which I think is just bullshit!*

Gunilla continued to reflect on these double standards, that men's careers are not age restricted in the way that women's are: "Men's careers continue, they are not restricted by their age, actually the opposite their careers grow with age. A woman's career on the other hand, kind of flattens out. But I am in my prime time, I still have at least 15 years of work left." This reflects the longstanding notion that men are considered more mature as they age, while women lose their attractiveness and thereby their value (Beauvoir, 1997, p. 588). In the workplace these narratives contribute to gender segregation within organizations as men are continually groomed for promotions and managerial jobs (Acker, 2006, p. 447). Although, due to these women's occupation some of this concern seems to be mitigated.

5.7 Access to Information and Resources

Participants discussed resources and information seeking online, mostly through googling, checking the health agencies webpage on menopause, finding Facebook groups, listening to podcasts, and reading books. The participants shared that they were still unsure about many aspects of menopause, as they found education and resources around menopause lacking. None of the participants had a healthcare professional discuss possible symptoms or the effects of menopause prior to them booking specific appointments to discuss the subject matter. Even when interviewees did contact healthcare professionals, they expressed disappointment in their experiences. Linda spoke on this: "The one time that I had an appointment with the gynecologist, I didn't find it particularly helpful. I didn't gain anything. I feel like I get more helpful advice by talking with friends." Here, Linda shows the importance of social support networks for menopausal women and the disregard of their experiences within healthcare spaces. As a result of this, many participants did not seek healthcare advice for their symptoms, instead mostly self-mitigating, accessing information from the internet, and conferring with friends and family about their experiences.

Many participants found it tricky to gain information online as there is no universal menopause experience. Olivia expressed a common feeling amongst the participants: "Today there is so much information, especially online, and as long as you are used to searching for information online there is no problem to find it. But, of course, nothing describes the exact symptoms that I have." As menopause is not a homogenous experience, those who do not experience stereotypical symptoms are made to feel atypical and strange. The majority of the interviewees shared this same feeling of being the odd one out. The inability to find answers can lead to a sense of isolation and can vastly alter individuals' experiences of menopause (Lindh-Åstrand et al., 2007; Anderson and Posner, 2002).

Another aspect of the challenge to find proper resources is that menopause related symptoms can often be connected to other factors, such as stress. Therefore, making it difficult to pinpoint whether a particular symptom is menopause related or not. Olivia expressed the confusion around possible menopause symptoms and other underlying factors, such as stress:

> *It can be very sensitive, because brain fog, which I have experienced in the past due to burn-out I had 20 years ago. Having experienced burn-out, brain fog can become chronic,*

> *and if you have been so sick with burn-out the side effects stay with you for life. So, in some way, I find myself in a constant state of brain fog, where every stressful situation basically puts a lid over top of my brain function. This means that I can't figure out if the brain fog I experience is due to stress or maybe has to do with menopause, or if the symptoms are intensified by menopause.*

Prior experiences of anxiety and depression have been shown to be associated with increased depressive symptoms throughout menopause (Carter et al, 2021a, p. 986). Additionally, uncertainty is an important factor here, as it has been shown to increase depression and anxiety and limit the ability to apply effective coping strategies (Davis et al., 2010, p. 2322).

The informal passing of information through social support networks helped the participants feel validated. This shows that these spaces facilitated support for menopausal women and strengthened relationships (Brantelid et al., 2014, p. 605). Ulrika shared how she felt comforted from connecting with others going through the same transition: "It feels like it is always very nice to be able to identify with others and have validation that other people feel the same way." This sharing offers bolstering of social and cultural capital for menopausal women. The type of conversations which participants described with friends and colleagues included primarily surface level discussions of the more common menopause symptoms, such as hot flashes and tiredness. These conversations allowed for bonds to form between colleagues, weaving them further into the social fabric of the workplace. The participants showcased that they were able to create and bolster their social support network through conversations around menopause, as research has shown the case for menstruation discourse (Brantelid, et al., 2014, p. 605). Interestingly, they said these conversations often happened with colleagues they had already created these intimate relationships with through discussing menstruation.

5.8 Limits of Social Support Networks

While participants appreciated the ability to share their menopause experiences with others, there was seemingly a limit. The interviewees showed different levels of intimacy when sharing details of their menopause experiences. Varying levels of vulnerability in sharing were designated to particular social circumstances and between certain relationships. The women expressed that they generally did not share information about menopause with men and generally not to younger people, as they just "would not understand." This limit also pertained to the types of topics and symptoms being discussed. Participants confirmed that they would not feel comfortable sharing

details about their sex lives or vaginal related symptoms with colleagues. One of the participants said she would not feel comfortable sharing this with anyone save for her spouse, while others would talk to their close friends about these intimate issues. Gunilla said: “I would probably not talk to my colleagues about my vaginal dryness, like ask them; ‘have you also experienced vaginal dryness?’ No, because they are colleagues. I could talk to my girlfriends about that, and my husband, and my mom.”

When individuals did choose to share information about menopause with a larger group of colleagues, it often came at the possible expense of being labeled as a menopausal woman, subject to mood swings and hot flashes. Olivia explained:

> *You wouldn’t want that either, to share ‘hey, I’m in menopause now’ and be labeled with menopause, hot flashes, and everything else that comes along with menopause. Everything that people expect it to mean, mood swings and all the stereotypes. You don’t want to be stuck, you don’t want to shout to everyone that this is now happening to you. You can talk to those who are in the same situation, because you know the information will stay there… it is nice to have [people to talk about menopause with].*

Olivia clarifies that sharing is helpful, however that it is also implied that this information will remain private, mirroring other research which shows that the implicit rule in these conversations is that the information will not be shared (Brantelid, et al., 2014, p. 608). When the topic of menopause did appear in more public spaces, the participants confessed to using humor to mitigate negative implications around colleagues and those not in their same age bracket or gender. Linda, for example, said that she uses humor to remove the stigma associated with menopause: “My approach is to joke about it [menopause] if I am going to talk about it.” Humor can be a powerful tool of navigating the negative stereotypes associated with menopause. However, it could also be connected to gender-stereotype-congruent behavior and become derogatory when used against women by others in the workplace (Conner and Fiske, 2018, p. 324).

Sharing and opening up creates trust and closeness with colleagues (Brantelid, et al., 2014, p. 606). Olivia shared this: “I think you win quite a lot when you are open. Because it makes other people in their own time also open up. It is individual, but at the same time you shouldn’t be whiny.” It is so apparent this double standard, how quickly Olivia moves from the positives of being open, however being sure to state that there are clear boundaries that should not be crossed. This fear that Olivia articulates, of being considered whiny and associated with negative menopause

stereotypes, is an example of stereotype threat (Conner and Fiske, 2018; Heilman, 2001). This social script is not just enforced by other non-menopausal women, but is internalized meaning that the women are also confining themselves and others (Wood, 2020). Given the university workplace setting and the reduced age taboos, I would assume that this fear of stereotype threat is indeed larger in other workplace settings where demographics differ.

5.9 Treating the Person, not just the Symptoms

A theme I was not expecting to emerge so strongly in my interviews was the lack of support within the healthcare system. The Swedish healthcare system is often praised for its accessibility; however, the participants shared that a result of this system is that individuals lack connection with doctors and are unable to access knowledgeable specialists who take them seriously. The medical field, in general, was designed with the man as the foundation (Perez, 2019). Symptoms that are based on men's experiences are labeled as "normal," while women's experiences are labeled as abnormal or atypical, and leave women being treated as such (Perez, 2019; Onyx et al., 1999). This leaves a system "which, from root to tip, is systematically discriminating against women, leaving them chronically misunderstood, mistreated and misdiagnosed" (Perez, 2019, p. 196). Women are often left not being taken seriously by medical professionals. Rita told a story of visiting a young doctor, who had dismissed her pain: "Sometimes you do know your body better. I could tell that this [pain in my stomach] always came the week before my period started. That's when these symptoms would start, and I said that they [the symptoms] were connected [to my period]. But the doctor didn't agree, because they knew better than I did [said sarcastically]." As Rita describes, the way the healthcare system treats individuals experiencing menopause, reflects the triviality often given to pain connected to menstruation.

Although menopause is natural, it does not mean that the pain related to it is not real. The impact of menopause must be taken seriously, and better ways developed to support those experiencing menopause. The idea that aging, periods, and menopause are natural and happen "to everyone" seems to be the running argument for why people's issues should not be taken seriously. As one participant, Linda, confessed to me: "[menopause] is not a sickness, but at the same time, it does affect you." Kerstin, Rita, Eleonora, Gunilla, Lovisa, Linda, and Ulrika, all expressed a wish for better menopause resources and communication with healthcare professionals. The opportunity

for such an appointment was commonly compared to how men go in for prostate cancer screenings once they reach a certain age. Kerstin said, “Maybe there should be some sort of check-up, just like how men have prostate cancer screenings. Maybe not just check-in on women during their cervical screenings, because they do not occur as often the older you get.” Gunilla expressed this same wish:

> *Just like we are called in for mammography, or by the dentist to check on our teeth… Men are reminded of the importance to get prostate exams. The thing with menopause is that for some people it just passes by, but for others it has a significant impact on their daily life.*

This is particularly interesting as it contrasts the manageable discomforts discourse established within the interviews. Instead, showing that there are in fact menopausal concerns discomfortable enough that the participants wish to discuss them with healthcare professionals. A sign that even though menopause might not affect their bodies, it has an emotional and mental toll, as they would like access to these spaces to remove possible uncertainty. It is vital that these channels of communication are open between individuals undergoing menopause and health care professionals, in order to have access to reliable information and in case more severe consequences arise. I therefore underscore Olivia’s story about the lack of information on the Swedish healthcare website, and how that afforded her access to proper workplace resources.

6. Discussion

Generally, the women did not have major symptoms of menopause or disruptions to their lives while entering climacteric. However, the shifts that did occur during this period are still important to understand as they are not just one-off individual experiences, but connect to one another, to the stigma and shame given to women's bodies, and gender inequality. The participants thought that taboos around menopause were fading away, however, remained fearful of being associated with the negative stereotypes of menopausal women (Grandey et al., 2019, p. 18).

The participants minimized their menopause-related inconveniences by comparing them to severe symptoms. They made sure to frame their own menopause journeys within that of others and potential worse case scenarios. This is a clear social script seen across all the interviews. The patterns showcase internalized shame created by gendered scripts about women's bodies and the need to conceal their symptoms (Wood, 2020). The participants felt guilty for having inconveniences due to menopause, showcasing an internalized self-surveillance of their bodies according to gendered discourse. This works to further remove menopause from a collective issue, instead shifting it into a private problem. The manageable discomfort discourse used by the participants, reflects possible fear of stereotype threat, wanting to keep menopausal symptoms private and not wanting to be perceived negatively. The discourse of menopause connected to adherence to social scripts which naturalize and normalize women's pain and the concealment of menstruation (Wood, 2020; Brantelid et al., 2014). This also relates to the general lack of knowledge of menopause, which functions as another method to further oppress women and hide their bodies (Grandey et al., 2019, p. 9). I theorize that this is another function of institutionalized gender oppression to naturalize women's bodies and discount their discomforts.

The concealment of symptoms takes constant mental and practical management (Brantelid et al., 2014, p. 608), placing invisible burdens on the individuals. While some participants' symptoms did not appear to have implications on them as employees, they did in fact add additional emotional burdens, such as stress, and anxiety affecting individuals' relationships to the work environment. These constraints also appear to have effects on the interviewees' productivity, specifically presenteeism. However, I did not find absenteeism to be a problem for the participants, as I had assumed. Additionally, the lack of proper information removes the ability to access resources,

further ingraining these burdens of menopause on the individual. This begs the question of if menopause related presenteeism could be increasing the likelihood of broader negative workplace trends, such as an increase in the dismissal of menopausal women?

The participants shared stories in which they faded into the background due to their age. There was a duality in the perceptions of the body. On one end a hyper-awareness of the body, specifically related to weight gain and wrinkles. However, this came coupled with a contrasting happiness of the ability to relinquish the spotlight and the associated pressure often put on women and their bodies. They revealed struggling with their identities as employees, due to the pressure of ageism in the workplace (Arman et al., 2022; Furunes and Mykletun, 2010). The participants' consensus on the fear of losing the ability to change jobs, coupled with minimizing menopause symptoms, showcases the interplay between age, menopause, and workplace dynamics. This could have potential implications that older workers are being taken advantage of, if employers are relying on the idea that they do not have many options to work elsewhere. It could also mean that if those with harsh menopause symptoms stop working, are fired, or quit, it could be challenging to re-enter the paid workforce.

The participants were disappointed in the availability of institutional resources on menopause. This was the primary method used to acquire knowledge about menopause experiences, save for the internet, an even more private method of gaining information. The women were able to use their social support networks to mitigate this lack of knowledge as well as bolster bonding with other individuals also experiencing menopause. These networks provided support, access to further information, as well as an increased sense of community with others undergoing the same experience. In order to find resources for more intimate topics, the women turned to close friends, family, and medical professionals. The social support networks that the participants described were closely connected to those found in relation to menstruation (Brantelid et al., 2014, p. 605).

However, there was a limit to these networks, as there was a clear division in what was considered appropriate to share in more public spaces. The interviewees shared that they would not talk about the same aspects of menopause with different individuals and groups of people, specifically men or others younger than them. This points to what is deemed private and inappropriate to discuss in

public settings, further hiding women’s bodies and their experiences (Wood, 2020; Ussher, 2011). In hiding menopause conversations from the public sphere, the participants highlighted intimate support networks wherein they discussed menopause.

7. Limitations

The sample investigated within this paper, administrative staff at universities, are a “less likely” case (Flyvbjerg, 2006). This group is relatively privileged, as they have some stability and flexibility within their work. In order to better understand how menopause experiences affects the workplace, future research must expand to other occupations and include greater diversity in the social locations of participants. The implications of socioeconomic class, race, and ethnicity on the social experience of menopause in Sweden need of more in-depth study. Unfortunately, such examinations of social location were not able to be included in this paper due to a lack of diversity in the sample. The sample was especially lacking in ethnic diversity as all the women presented as white. The women were also cisgender and those in relationships, were in heterosexual relationships.

In a future study I would propose a mixed-method study design, beginning with a survey that prompts participants to describe their symptoms and experiences. Then I would go on to conduct interviews. This would allow the researcher to dive deeper with participants, who agree to interviews. As I mentioned earlier, some of the participants had not really thought about how certain experiences may be related to menopause and the general middle-age life phase. A survey would have been appropriate as it would allow for participants to go through a long list of symptoms and check-off what they had experienced. This information could then have been used during the interviews, to help both the researcher and interviewees to prepare, as many of the women shared that the effects of menopause on their daily lives were not at the forefront of their minds. Olivia, for example, said: “I think your questions have provoked new thoughts for me.” This reflects the implications of doing research on a sensitive subject that is rarely openly discussed. The proposed research design may also allow for more trust to develop between the participants and researcher, and would likely increase the quality of the data.

8. Conclusion

Climacteric is a bodily, psychological, and social transition which can lead to potential symptoms with no clear cause and effect. Within this group of women working as administrative staff members at Swedish universities, I found the key take-away to be the discourse used to talk about menopause. The notion of manageable discomforts reflects social norms of gendered discourse around women's bodies and menstruation (Wood, 2020). Regardless of if menopause is an inhibiting problem or not for the majority of women in the workplace, this discourse still needs to be further examined as it relates to notions of internalized shame towards women's bodies. It is important to understand what is being represented as manageable, therein labeling certain menopause concerns to be normal and not symptomatic. This appears to be another device of patriarchal systems to cover up gender inequality and place the blame of those experiencing challenges, as a result of menopause, as extreme cases. The discourse is used as a tool to cover the inconveniences of menopause and possible impacts of gender inequality related to menopause in the workplace. This shows an individualizing of menopausal women's problems and removes agency for individuals to ask for support when needed. Instead, creating space for institutions such as workplaces, governments, and the health care system to not provide proper resources for those undergoing menopause. In order to make a broader assertion on this matter, further research must be conducted to understand how menopausal women are structurally treated within the workplace.

Often, the driving argument that diminishes potential menstruation symptoms is that it is a natural process which "all" women undergo. However, those experiencing harmful consequences of menopause still need access to proper information and care. Just because menopause is a natural process, does not mean that the possible negative consequences need to be normalized. Within the process of normalizing the sometimes-painful burden of menopause the responsibility thereof is placed on the individual. This study confirms previous research, that menopause has negative effects on employee productivity in the workplace (Geukes et al., 2023; Converso et al., 2019; Whiteley et al., 2013). The societal impact and responsibility of understanding menstruation and menopause are often veiled by the notion that they are elements "inherently" female, instead placing the burden on individuals (Golding and Hvala, 2021, p. 351; Ussher, 2011), and adding to the shame menopausal individuals feel when they do not know how to navigate their symptoms. By individualizing these experiences, I theorize that agency and bonding possibilities are reduced,

making it challenging to create collective experiences. Although the participants did showcase that gathering around menopause experiences did somewhat disrupt the individualization of menopause, benefiting from social support networks.

It remains important to study menopause, aging, and transitional life phases from a sociological perspective as it further supports understanding gender disparities. This is simply a baseline study to understand one particular instance of menopause experiences in the workplace in Sweden. However, it remains vital to continue this research to understand other disparities in menopause experiences and gender differences in the older working population in Sweden.

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10. Appendices

10.1 Appendix A: Interview Guide

Menopause and symptoms:

- I understand it can be very unclear when menopause begins, but when do you think you first experienced symptoms of menopause?
- For how long have you experienced symptoms of menopause / how long have you experienced menopause and the associated impacts?
- What changes / symptoms / issues have you experienced? (e.g., hot flashes, sweats, mood swings, sleep problems, tiredness, brain fog, depression, anxiety, irregular periods, chills, vaginal pain, urinary tract infections, frequent urination, etc.)
- Have there been changes to your everyday life? How has your everyday life changed?
- Have your menopause symptoms been challenging to manage?
    - How do they affect your everyday life?
    - How do they affect your work?
    - How do they affect your relationships?
        - With family members? Colleagues? Your boss?
    - Any changes to your work / life balance?

Resources and conversations about menopause:

- Have you had easy access to good information about menopause, symptoms, and resources to help you during this transitional period?
    - Have you read any books or other literature about menopause / this transitional phase?
    - Where have you searched for information?
- Have you talked to anyone about menopause?
    - Who have you discussed your menopause experiences with?
        - Your partner? Friends? A doctor? Family members?
    - What aspects have you talked about?
- What is it like talking to these people about menopause?
- Does it feel taboo or uncomfortable to talk about menopause?
- Have you reached out to any healthcare professionals about any of your menopause concerns?
    - When discussing menopause with your doctor or other healthcare professional was this a topic of conversation you brought up or did they start the conversation about menopause?
    - How was it / how did it feel talking to your doctor or other healthcare professionals about menopause?
- What were your expectations about menopause and possible symptoms?

- Have you taken any medications to reduce menopause symptoms / concerns?

Work:

- How long have you work for you employer?
- What is your position? How long have you been in your current position?
- Can you explain a little bit more about your role within the organization?
- What the gender demographics in your workplace? What is the percentage of women compared to men?
- What is the approximate average age?
- Can you explain a little bit about your work environment / culture? What is your relationship like with your boss and your colleagues?
- How does a typical workday look for you?
- Do you mostly work from home or in the office?
- Do you have your own office?
- Do you ever feel isolated (socially isolated) at work?
- How often do you collaborate with your colleagues?
- Do you feel like you have control over you own schedule, work, and tasks?
- Do you think your relationship to work has changed during the pandemic?
- Do you feel like you have access to information in your workplace?
- What resources or supports do you wish you had at your workplace?

Workplace and menopause / relationship to work:

- Do you feel like you can talk to your colleagues or your boss about aspects of menopause that effect you at work?
- Has menopause shifted your relationship to work?
- Have you changed your work schedule to help with any symptoms, such as sleep issues, mood swings, or brain fog?
- Do you think that menopause has affected your ability to do your job?
- Do you ever discuss gender issues / women's issues with you colleagues?
- Do you spend time with your colleagues outside of work?
- How many people do you have contact with, in your typical workday?
    - o What do those interactions look like?
- Do you mostly discuss work and work task with colleagues, or do you also discuss your personal lives?
- Do you have any colleagues or a network of people that your turn to about menopause concerns, women's issues, or other questions of gender equality?
    - o If yes: What topics do you discuss with these colleagues?
    - o What is the gender / age of the people in this group?

- Do you think that you generally limit yourself in discussing your experiences connected to menopause, gender, or age?
- Do you ever feel a pressure to dress a certain way? OR do you ever feel pressure to keep up with the image of getting "still being young"?

Personal life:

- What does a typical day outside of work look like for you?
- What social activities do you participant in, in a typical week?
- What social connection do you have outside of work?
    - Friends / friend group? Family? Partner?
- If they have children / been pregnant: Could compare your experiences of pregnancy and the associated body changes with your menopause experience?

General demographic questions:

- Do you have a partner?
- Do you have kids?
- How old are you?
- Where did you grow up?

10.2 Appendix B: Code Book

Table 3: Code Book

Topics	Codes	Subcodes	Description	Total Interviews	Total References
Age and Aging			This overarching theme captures the effects of aging, ageism, and the concept of age. Participants often discussed their relationship to changes in identity with age and shifts in the way the world show them because of age.	10	138
	Becoming invisible		The feeling of being disregarded or tossed aside because of age and presumable ability.	3	4
	Body changes		Descriptions and discussions of bodily changes, predominately related to aging of the body.	9	28
	Middle-age		Narratives specifically about the middle-age life phase.	7	10
	Participant's age		Participants' explicit mention of their own age or birth year.	8	8
	Positives of aging and menopause		Discussions of the positives of aging as well as the positives connected to menopause.	5	8
Coronavirus effects			Impacts of the participants' lives because of the coronavirus pandemic. This remains its own topic as the coronavirus impacted many varying aspects of the participants' lives.	5	10
Gender norms			Discussion of experiences, perceptions, and expectations that connect to broader social and cultural gender norms.	10	211
	Comfort sharing more with women		Implications that it is easier to share within homosocial spaces and settings, provide more comfort and "appropriateness" of gender-specific conversations.	8	29
	Cultural norms and expectations of women and their bodies		Conversations about the expectations of women's actions and their bodies.	9	90
		Exercise	Expectations and norms related to the body, staying fit, and exercising.	5	8

		Expectations about behavior	Expectations of appropriate behavior for women in various settings.	7	23
		Expectations about bodies	Expectations of on appearances and visual presentation of the body.	8	24
		Expectations about dress or clothes	Expectations on the social and cultural norms around ways to dress and present oneself.	3	5
		Sexualization of women's bodies	Conversations around the sexualization of women's bodies by others and society in general.	2	2
	Discourse about women's bodies and experiences		Conversations that showcase the norms and expectations of women's bodies, as well as the experiences of women based on their bodies.	7	22
	Open personality, ease of sharing		Participants discussing perceptions of themselves being open and about their personalities.	3	5
	Period experiences (prior to menopause)		Descriptions of menstruation experiences prior to those associated with menopause.	7	12
	Pregnancy and fertility		Topics that center around pregnancy, fertility, and individuals' ability to have children.	7	17
	Private sphere		Discussions about topics which are meant to be private, as well as implicit notions of the private sphere.	8	22
	Sexuality and reproductive health		Information shared about the topics of sexuality and reproductive health, either about the participant specifically or social norms to do with these topics.	5	14
Healthcare system			Discussions on the healthcare systems, interactions with medical professionals, and experiences as someone seeking support.	10	101
	Experiences with and contact to healthcare		Descriptions of interactions with healthcare professionals and the healthcare system at large.	10	47
	Medicalization of menopause		Examination of the relationship between menopause and the medical field.	2	3
	Medications related to menopause symptoms		Conversations around the topic of medications possible to take to reduce menopause symptoms. Some medications personally taken by the participants or their friends. Also, includes larger conversations around the implications and stigma around taking possible medications.	8	22

	Sexism within the medical field	Explicit examples of sexism experienced within the healthcare system.	4	12
	Wishes for interactions with healthcare	Participants' disclosing wishes for changes in the healthcare system and their interactions with healthcare professionals.	7	17
Menopause norms and discourse		Depictions of menopause, the participants experiences with menopause, and discourse and expectations around the subject matter.	10	459
	Comparing symptoms	Conversations around the participants' symptoms in comparison to other people, could be friends, family, acquaintances, or common narratives of menopause symptoms.	6	13
	Conversations about menopause	Discussions on menopause with other individuals. Include who participants discuss menopause with and in how much detail, how they feel sharing their menopause journeys with others, and more.	10	125
	Cultural norms and stereotypes about menopause	Discussions which reflect the cultural norms and stereotypes of menopause and menopausal experiences.	9	37
	Everyday life and impacts	Mentioning of everyday impacts of menopause on participants' lives.	7	11
	Existential thoughts and Identity questioning	Descriptions of instances where participants experienced existential thoughts or questioned their identities.	8	27
	External factors that could be connected	Mentions of other external factors which could be affecting participants and their menopause journeys.	8	23
	Jokes, humor, and "*klimakterier käring"* stereotype	Stories about the use of humor in conversations about menopause. Also, jokes about menopause and the stereotype of "klimakterier käring." These include positive, neutral, or negative reflections on these topics.	7	16
	Manageable discomforts	Instances of interviewees minimizing or dismissing their experiences of menopausal symptoms. Typically, a "I haven't really experienced much…"	9	28
	Knowledge and lack thereof of women's	Conversations about the knowledge or lack thereof	7	20

	bodies and menopause	of menopause or reproductive health. Either discussions of an awareness of a lack of knowledge or moments in which participants showed a lack of knowledge on the topic.		
	Pain	Participants' stories of experiencing pain due to menopause and menopause symptoms.	4	8
	Possible misinformation	Narratives of ways to solve problems to do with menopause which could possibly be misinformation. Typically, when participants mention something, they heard from a friend of a friend of how to reduce a menopause symptom.	2	3
	Prior Information, knowledge, or expectations about menopause	Participants' descriptions of their prior knowledge, information about, and expectations of menopause. Thought they had before they personally experienced menopause.	9	26
	Questioning whether symptoms are menopause	Feelings of uncertainty to do with what the participant was experiencing had to do with menopause or not.	8	32
	Range of symptoms and approaches	Reflections on the fact that menopause includes a vast range of symptoms and approaches to coping with those symptoms.	2	4
	Representation of menopause in media	Descriptions of representation of menopause seen in the media.	2	6
	Stigma	Stigma associated with menopause and menopausal symptoms.	10	49
	Stories of others' menopause	Discussions of other people's menopause journeys. Typically, friends, colleagues, or family members.	6	16
	Who can be talked with about menopause	Descriptions of who it is appropriate to discuss menopause with.	7	15
Menopause symptoms		Specific menopause symptoms experienced by the participants.	10	362
	Dryness (skin, eyes, body)		4	6
	Hormonal related		4	10
	Memory challenges, brain fog, cognitive issues		5	10
	Menstruation related		9	35

	Metabolism, digestive, and body shifts		3	10
	Mood changes and irritation		6	27
	Other physical symptoms		4	8
	Psychological effects		8	40
	Sex and vaginal related (reduced interest and vaginal dryness)		6	17
	Sleep disturbances and tiredness		6	14
	Vasomotor		9	38
Mental Health		Discussions of mental health and experiences of mental health symptoms.	10	124
	Confidence or stability in identity	Feelings of confidence of stability within one's own self.	5	11
	Isolation	Feelings of isolation.	3	4
	Mental health effects and symptoms	General experiences of mental health effects.	10	37
	Mental load and having to be prepared	The feeling of always needing to be prepared and descriptions of other emotional burdens.	7	24
	Stress	Stories of experiences and moments of stress.	9	48
Resources			10	68
	Accessing resources and accessibility to resources	The participants explanations of their ability to access resources and their perceived attitudes to the accessibility of resources.	10	61
	Poor information and resources	Stories of having received poor information and/or resources.	3	7
Social support networks		Interactions with friends, peers, family, that support comfortability, and learning.	10	177
	Family		10	82
	Family life & Kids	Conversations about children and family life.	8	46
	Relationship to partner or spouse	Discussion of participants' relationships to their partners or spouses.	8	18
	Relationship with mother and Mother's menopause	Descriptions of the participants' relationships with their mothers. This category also includes stories of participants' mother's menopause.	6	18
	Friends and Peer relationships	Descriptions of relationships to friends and peers.	9	32
	Information sharing	Information gained through social support networks.	10	28
Workplace			10	506

Attractability on the job market		Discussions of feeling unable to find new jobs, or the reduced ability to find future jobs.	4	7
Career details		Details shared about the participants' career backgrounds.	8	15
Direct menopause effects on work		Descriptions of direction workplace effects due to menopause symptoms.	9	28
Gender dynamics in the workplace		Discussions of gender dynamics and norms within the workplace.	4	12
Impact on work productivity		Descriptions of effects on interviewees' workplace productivity.	6	13
University Setting		Conversations about the university workplace setting and universities as organizations and employers.	9	28
Workplace culture			10	403
	Access to workplace supports	Discussion of access to resources and supports within the workplace.	10	49
	Employer responsibility	Attitudes towards the responsibilities of employers to their employees.	9	35
	Flexibility	Conversations about flexibility and flexible options available to participants within the workplace.	10	23
	Meetings	Stories that take place within meetings.	7	12
	Personal office, workspace, and office environment	Discussions of having access to personal and individual spaces within the workplace. Often about interviewees' own offices.	9	23
	Relationship or interactions with supervisor	Descriptions of participants' relationship and interactions with their supervisors and bosses.	10	36
	Relationship to colleagues	Descriptions of participants' relationship and interactions with their colleagues.	10	57
	Workplace resources	Examples of workplace resources which were offered to participants in their jobs.	9	35

10.3 Appendix C: Interview Index

Table 4: Key Terms Index

	Eleonora	Gunilla	Kerstin	Linda	Lovisa	Olivia	Rita	Sofia	Ulrika	Vera
Term(s) and Concept(s)[a]	Row Number(s)									
Age, Aging, Age groups, Age range	120, 187	12, 123, 151, 255, 316, 371, 373, 377, 378, 513	14, 15, 32, 95	33, 42, 47, 49, 205, 277, 309, 312, 314, 316, 318, 348, 357, 365, 366, 368, 379	50, 51, 55, 56, 65, 153, 204, 209, 294	45, 57, 100, 160, 168, 225, 228, 248, 253, 256, 264, 265, 268, 272, 273, 275, 377	55, 60, 70, 86, 158, 160, 162, 191,	105, 134, 370	9, 62, 69, 81, 143, 266, 269	27, 213, 221, 254, 265, 279, 290, 291, 331, 347, 352, 359, 377, 401, 437, 464, 486, 530
Annoying, Frustrating	38, 47, 94, 113, 230, 331	26, 170, 191, 345	33, 35, 366	118	160, 161, 162, 166, 185, 257	102	36, 347, 353	99, 112, 127, 162, 165, 223, 228, 336	46, 104, 178	205, 228, 239, 240, 269, 270, 273, 274, 293, 330, 333, 336, 337, 384, 436, 442, 446, 448, 512, 520, 543, 554
Anxiety	14	161		110, 396	162		35, 36, 140, 143, 165, 166, 423			
Boss(es)	67, 88, 244, 249,	79, 80, 220, 222,	177	48, 49, 52, 207,	191, 201, 203, 235,	173, 176, 194, 202,	91, 325, 330, 341,	107, 110, 122, 123,	174, 176, 177, 178,	128, 155, 174, 177,

	254, 255, 258, 375, 376	243, 245, 247, 299, 304, 305, 312, 317, 328, 366, 370, 371, 395		237, 256, 257, 276, 280	269, 282, 286	203, 205, 279, 280, 282, 284, 285, 286, 288, 290, 322, 323, 324, 325, 326, 331, 332, 335, 337, 340, 342, 344	363, 370, 372	140, 142, 290	181, 182, 188, 191, 239, 240	178, 186, 255, 258, 429
Brain fog, Trouble concentrating, Poor memory	52, 54, 57, 59, 85, 86, 87, 90, 338	444, 446, 447, 468				137, 383, 386, 389, 390, 393				250
Burnout, Burnt-out, Exhausted	10, 172, 179, 340, 357	443		96, 97, 101, 102, 115		124, 387	362			
Calm		293			179, 181		416	204, 234, 270		43, 150, 338, 441, 442, 443, 450, 452, 465, 478, 489, 498, 501
Challenging, Challenge(s), Hard, Difficult(ies)	55, 73, 83, 161, 166, 182, 185, 195, 196, 205, 209, 235, 263, 284, 292, 324,	21, 100, 102, 124, 129, 162, 181, 269, 346, 375, 446, 468, 472	1, 14, 24, 98, 154, 164, 169, 195, 243, 244, 253, 352,	72, 162, 229, 245, 254, 260, 278, 280, 284, 297, 339, 403	89, 122, 123, 188, 218, 225, 259, 279, 281	19, 39, 122, 165, 239, 384	5, 53, 161, 173, 207, 256, 345, 346, 367	1, 4, 27, 53, 157, 321, 337, 340, 356, 360, 363, 369, 370	54, 101, 118, 134, 192, 214, 265, 282	10, 20, 66, 135, 240, 265, 279, 463, 541, 544, 552

	326, 351, 379									
Change(s)	49, 210, 213, 214, 223, 226, 309, 325, 329, 375	21, 337, 418	75, 78, 86, 89, 100, 120, 181, 207, 216, 231, 240, 255, 314, 356, 370, 371, 375, 396	86, 108, 132, 207, 246, 247, 277, 321, 379	15, 83, 89, 96, 109, 156, 157, 159, 161	348	22, 27, 108, 125, 139, 148, 153, 190, 197, 251, 277, 278, 280, 306, 312, 313, 360, 376, 379, 397, 398	86, 127, 195, 251, 260, 264, 301, 302	112, 153, 157, 169, 231, 238, 248,	23, 27, 87, 120, 131, 166, 179, 180, 182, 234, 263, 353, 357, 414, 417, 455
Children, Kid(s)	164, 292, 294, 299, 304, 305, 312	27, 58, 107, 167, 181, 307, 310, 311, 323, 347, 351, 359	7, 57, 59, 63, 68, 74, 82, 83, 117, 119, 125, 361, 362, 368, 397	45, 46, 47, 122, 246, 285, 357, 382	179, 206	71, 87, 88, 91, 93, 94, 97, 98, 347	322	307	96, 101	38, 45, 206, 221, 222, 430, 431, 432, 435, 436, 445, 449, 450, 460, 517, 519, 521, 522, 526, 529, 531, 532, 534
Chills, Cold, Cold flashes, Freezing					15, 79, 88	34, 63, 134, 135, 140, 142, 144, 145, 151, 155, 166, 175, 177, 178, 181, 182, 240		18	35	

Colleague(s)	97, 244, 253, 370	67, 69, 78, 95, 97, 176, 247, 284, 319, 366, 406, 427	146, 150, 152, 153, 221, 222, 227	40, 57, 187, 247, 337	46, 48, 54, 143, 167, 191, 264, 268, 306, 307,	47, 61, 118, 217, 225, 228, 268, 270, 416, 436	228, 229, 233, 239, 364	43, 51, 56, 60, 69, 86, 91, 93, 97, 98, 99, 110, 137, 147, 167, 189, 205, 240	12, 14, 51, 61, 72, 79, 174, 228, 230, 235, 239, 243, 285	98, 152, 159, 167, 194, 231, 265, 309, 419, 449
Comfortable	50, 101, 138	72, 300, 347, 381, 471	29, 169		49, 93, 96	217, 266	90, 93, 235, 238, 378		79, 256, 262	9, 90, 110, 236, 307, 338, 465, 501
Conversation, Discussion	55	80, 148, 509	30, 161, 354	94, 256, 274	97, 125		352	107, 138, 185, 209		
Depression	10	116		116						454, 457, 458
Doctor	121, 123, 150, 156, 158, 196	89, 104, 116, 142, 147, 220	233, 398	224, 227, 387	112, 114, 127, 217, 231	38, 40	42, 46, 50, 177, 251, 261, 262, 263, 264, 266	178, 185, 197, 200		116, 289, 314, 317
Effect(s) / Impact(s)	51, 140, 154, 171, 257, 320, 377	124, 129, 153, 230, 388	39, 40, 63, 69, 73, 76, 100, 109, 111, 201, 262, 331, 383	25, 28, 29, 30, 35, 39, 53, 103, 121, 140, 222, 242, 301, 302, 303, 322, 328	64, 65, 69, 71, 74, 81, 88, 122, 154	5, 6, 8, 36, 50, 64, 78, 83, 91, 103, 115, 120, 126, 138, 171, 218, 276, 292, 376, 396, 438	33, 34, 39, 48, 149, 201, 202, 205, 219, 323, 355	106	34, 47, 102, 127, 152, 154, 173, 277	29, 248, 267, 455

Expectation(s)	140, 354		201, 317, 330	17, 22, 83, 297, 308, 384	35, 248		193	42, 43, 47, 49, 56	135, 136, 138, 140, 145, 229	
Family	65	58	58	191		65, 67	67, 163	305	89, 99	149, 216, 223, 363, 368, 488
Friend	117, 176	46, 204	15, 23, 24, 28, 30, 31, 36, 57, 83, 99, 231, 281, 282, 283, 286, 338, 355	38, 57, 59, 71, 90, 95, 109, 113, 139, 184, 187, 195, 226, 254, 348, 351	46, 48, 141, 143, 167, 249	43, 61, 64, 348	40, 56, 57, 58, 67, 68, 71, 74	60, 61, 66, 91, 97, 100, 137, 215, 274	88, 95, 97, 99	149, 154, 213, 265, 308, 309, 316
Gender			258, 260, 265, 284, 289, 344	64					7, 283	352, 354
Gynecologist	16, 125, 159, 206, 208		250, 251, 256	72, 83, 85, 88, 91, 93, 166, 175		41, 42, 406, 407, 417	48	186, 200, 229		
Healthcare (healthcare system)	123, 383, 384, 387	458, 491	252, 261, 274, 277, 369	85, 96, 105, 114	39, 60, 110, 111, 195, 197		268, 270, 309		125, 127, 130	
Healthcare professional	121	101, 147	233	93	124		177, 251	178, 209	119	325
Hot flash	12, 37, 79, 113, 316	20, 29, 30, 56, 59, 69, 71, 90,	23	11, 16, 82, 188, 197, 326, 396	12, 14, 31, 54, 58, 76, 77, 78, 79, 263,	30, 49, 63, 138, 142, 145, 160, 166, 232	72, 74, 112, 281	5, 18, 44, 147, 149	34, 37, 65, 66, 139, 215	17, 90, 101, 219, 423

		206, 209, 473, 476			273, 275, 284					
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Middle-age, Middle-aged		127, 128, 200, 511		107, 131, 344, 381	149, 155, 168, 173, 175, 205, 238		61, 428, 434	211, 231, 275, 279	73, 111, 153, 165, 265	
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[a] All terms have been translated by the author from Swedish to English. Translations are done in hopes to best convey the context and colloquial uses of the terms.