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Menopausal Women's Embodied Experiences of Physical Activity.



Durham
University

Department of Sport and
Exercise Sciences

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Thesis submitted to Durham University for the degree of Doctor of Philosophy (PhD)
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ABSTRACT

This qualitative study investigates how menopausal women experience physical activity through their embodied narratives. Thirty-six self-identifying perimenopausal and menopausal women participated in biographical interviews, go-along interviews, or creative mapping workshops. Drawing on feminist perspectives, the study explores how women perceive and engage in physical activity amidst societal and cultural pressures as well as their bodily changes. The findings reveal diverse experiences: while some women reported physical activity as empowering despite challenges like fatigue, joint aches, and irregular bleeding, others faced disruptions due to the unpredictable nature of menopausal symptoms. Additionally, the study highlights how wearing sanitary products or layers of clothing influences movement and heightens awareness of bodily changes in different environments. Women-only recreational sport groups emerge as crucial spaces providing support, empowerment, and solidarity, normalising menopausal experiences. These findings highlight the intricate interplay between menopause, physical activity, and environmental contexts, offering insights into the complex variations in women's menopausal experiences and their engagement in physical activity.

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PART 1:

1.0 CHAPTER 1- THE INTRODUCTION

This research is about women, movement, and menopause, a subject area that I have been drawn to through several different life experiences. A first prompt came from a close family member experiencing medically induced menopause because of a hysterectomy. At the time, I was struck by the limited medical advice and support they received, as they grappled with several challenges; initially struggling with post-surgical fatigue, pain and rehabilitation guidance from medical professionals for the surgical site. There was also a lack of information about what she could or couldn't do physically post-surgery, and given the immediacy of menopause that she would experience, a surprising absence of general information regarding what the menopause was, what symptoms she may experience, and how she might maintain a healthy lifestyle. In addition, the abrupt onset of menopausal symptoms such as hot flashes, night sweats and mood changes caught her off guard, exacerbating her confusion and sense of being in uncharted territory while recuperating from major surgery. This left her navigating a complex landscape of hormonal changes with minimal guidance and support.

A second source of interest in this topic has stemmed from my professional sphere as a practicing physiotherapist, a subject that I trained in and have subsequently practiced since 2012. I own and work out of a private musculoskeletal physiotherapy practice consisting of four clinics in North East England. I treat people of all ages and sporting abilities, who have experienced a musculoskeletal injury. Typically, skills as a physiotherapist consist of problem-solving and providing a treatment which

considers the person as having a problem to “fix”. Over time my therapeutic approaches have evolved, however, and even prior to starting this PhD I was beginning to recognise the value in learning about the wider implications of a person's social, physiological, cultural, and psychological context, and the impact it had on their injuries. Although I didn't have the academic vocabulary at the time, looking back I can see that I was developing a more embodied approach to my interaction with patients. My professional approach has undoubtedly impacted how I have gone about doing this project. For example, rather than viewing menopause as something to be fixed, per se, I have sought to consider women's lived experiences and consider the implications of these experiences on how they engage in physical activity. I consider this to be far more valuable when aspiring to understand what it is like for these women to experience peri/menopause whilst maintaining a physically active lifestyle.

Physiotherapy has historically been reductionist in nature, reflecting the biomedical paradigm embraced by medicine and the medical professions. Physiotherapy (and the wider medical professions) have also held and reflected a Cartesian dualism (Nicholls, 2023), which adopts a fixed and disintegrated perception of 'reality' (Bohm, 2000). Much like menopause, however, physiotherapy has undergone a noticeable shift away from segmented biomedical approaches to a more socio-cultural, person-centred care practice (Eklund, 2019; Nicholls, 2023).

Physiotherapy has been considered as a space which can foster an environment for shared experiences, as a key component of physiotherapy is promoting patient-

centred care through building a therapeutic relationship between physiotherapist and patient (Miciak, 2018) as well as being responsive, supporting, open and listening to patients (Kleiner, 2023). Through this relationship trust is built, which enables a sense of emotional engagement with decision making and promotes feelings of satisfaction, which in turn strengthens the relationship between the therapist and patient (Hartholt, 2024). Physiotherapists are said to be emotionally attuned with patients which in some cases can provoke empathetic distress and can cause emotional exhaustion (McGrath, 2024).

Alongside building a relationship through listening and collaborative skills, physiotherapists use their hands (touch) to heal and have the ability to feel differences in muscle length, strength, tone, inflammation, contractions and deformities (Bystrzycka, 2023). Touch has been found to create a feeling of support, protection, acceptance, respect and care (Pratt, 1981). Touch allows physiotherapists to provide non-verbal support whilst encouraging patients to reveal their thoughts and feelings (Bystrzycka, 2023).

In my professional work, I have found that many women have opened up to me during physiotherapy sessions to express their varied experiences of menopause. I believe this is because they have felt supported and listened to for the reasons outlined above. This openness from women in my practice further drove my interest towards menopause. I have often heard women make joking comments such as *“gosh you don’t need to put the heating on, I’m already warm enough with my hormones”* or *“well*

it's just part of being a menopausal woman isn't it". When I started to ask women if their hormones have had any effect on their bodies and/or injuries, many women shared responses such as:

"I feel like I am just putting so much weight on and I can't control it, since the menopause my weight keeps going up and doesn't seem to change no matter what I do and I just keep getting injured."

"My legs and my whole body feel heavy and lethargic, I'm not sure if it's to do with the menopause or if it's just me, maybe I am just getting slower in my old age."

"I used to feel groggy until the afternoon but I kept doing exercise as that's what I liked doing which helped."

"I feel like I'm not recovering as well I used to."

"My body is out of control, especially my boobs they are so much bigger, even more than when I was pregnant."

I began to notice the disparity in menopause experiences that women mentioned while visiting me for other injuries, with many women feeling uncertainty around what was actually happening to their bodies. These observations drove me to seek answers from existing research into women's experiences of the menopause during movement, as most women who come to my physiotherapy clinics are active women. I was appalled to find such a void in the research base. While there was a vast amount of research looking into whether different exercises helped or hindered menopausal symptoms (Jeng *et al.*, 2004; Provan and Mander, 2018; Nguyen, 2020; Liu, 2022; Carter, 2024) including mental health (Shorey and Ng, 2019; Leonhardt, 2019; Fausto *et al.*, 2023; Zhang and Zhao, 2023), there was far less that featured the voices of women themselves.

Finally, a further life experience that has continued to fuel my interest in this area – and reproductive / women's health more broadly – has been through my own embodied experience of conception, pregnancy, and ultimately childbirth. During the 2nd year of my PhD studies I became pregnant with my first child, gaining new lived experiences of the profound influence of hormones and their capacity to induce sudden shifts in body-self relationships. Hormonal fluctuations associated with my pregnancy affected my mood, energy levels, and general well-being throughout this journey. Though distinct from the menopausal experience, these first-hand encounters have provided me with a deeper understanding of the significant impact hormones can have on women's lives. This personal connection has not only motivated me but also informed my academic pursuits in this field, driving me to explore and advocate for a

more nuanced understanding of hormonal influences and their implications for women's health.

1.1 Introducing Menopause: A Note on Use of Key Terms

The International Menopause Society (2023) defines natural menopause as the permanent cessation of menstruation resulting from the loss of ovarian follicular activity and oestrogen deficiency, causing 12 consecutive months of amenorrhea (i.e. the absence of menstruation), for which there is no other obvious pathological or physiological cause. Menopause occurs with the final menstrual period which is identified retrospectively a year or more after the event. Menopause may include troublesome bodily sensations and is often described in terms of physiological symptoms such as hot flushes and night sweats (Morris and Symonds, 2004). Symptoms can include poor sleep, depressed mood, heightened anxiety, vasomotor symptoms, joint pain, vaginal dryness and dyspareunia (Marlatt, Beyl and Redman, 2018; Hunter, 2020). While symptoms can be common, they are also typically under-recognised and under-treated (NICE, 2022) which can have a substantial effect on women's quality of life.

In the UK 1 in 100 women go through menopause before the age of 40, although the average age of menopause is 51 years old (England, 2021). Menopause does not commonly involve a sudden stop of menstruation, usually women experience a gradual irregularity of menstrual cycle which is known as perimenopause (Prior,

2022). Kovacs (2020) describes perimenopause as the period of hormonal changes causing an imbalance of oestrogen and progesterone, which occurs in the years leading up to the menopause (when the endocrinological, biological, and clinical features of approaching menopause commence). Perimenopause can start asymptotically and as early as 35 years old up until menopause (Prior, 2022).

As noted by Mishra et al. (2024), 12% of women in the world have been said to experience early menopause between the ages of 40 years and 44 years (Mishra et al., 2024). Early menopause can happen naturally or be caused by medical treatments such as chemotherapy, radiotherapy or from surgeries such as hysterectomies (where a woman's uterus and cervix are removed) (NHS, 2021). Menopause may also be "induced", which refers to instances where menopause occurs as a result of the surgical removal of the ovaries due to cervical or ovarian cancer or from having fibroids; this surgery will often lead to women going through menopause earlier than might have otherwise been the case (Secoşan et al., 2019). Menopause experienced before the age of 40 years old is known as premature ovarian insufficiency and this affects an additional 2–4% of women in the world. Both premature ovarian insufficiency and early menopause can expose women to an increased risk of chronic disease, including osteoporosis and cardiovascular disease (Mishra et al., 2024).

Medical perspectives remain a key influence over women's decisions and feelings towards menopause (Morris and Symonds, 2004). This is reflected in the common

use of the term 'symptom', which has been linked to a biomedical framing which is related to illness or as something which needs medical intervention (Hvas and Gannik, 2008). Despite such limitations, the term 'symptoms' remains dominant within popular culture when referring to the varied physical and psychological impacts of the menopause. While I do not regard menopause as a disease or illness, because this term is widely used and recognised within Western contemporary society, I continue to use it throughout this thesis.

2.0 CHAPTER 2- LITERATURE REVIEW PART 1: Towards a Menopause

Moment

This chapter highlights the chronological developments in the narratives surrounding menopause. It provides an understanding of the historic and cultural views on menopause, showing how these stories shape current perceptions. By examining the debates on the nature of menopause and its treatments (Ballard, Kuh and Wadsworth, 2001; Niland and Lyons, 2011; Woyka, 2017), this chapter presents the narratives derived from biomedical, sociocultural, and popular cultural framings of menopause and illustrates their evolution over time.

2.1 Historical Perspectives

Prevailing narratives surrounding menopause have often centred around its medicalisation, portraying it as a pathological condition rather than a natural life transition (Ussher *et al.*, 2009). Terms such as a “disorder”, “symptoms” and “syndrome” imply menopause is an illness and this is often further exacerbated by emphasising the inability of the body to regulate or maintain optimal hormonal levels during this period (Ussher, Hawkey and Perz, 2019a; Ussher *et al.*, 2009; Christoforou, 2018; Krajewski, 2019). This medicalised perspective has deep roots in historical understandings of women's bodies and reproductive health, reflecting broader societal attitudes towards ageing and femininity.

Initially, menopause was initially referred to as a syndrome by Gardanne in 1816, when he defined it as a “cumbersome cessation of menstruation” and called it “la menespausie” (Stolberg, 1999). In 1821, a French physician devised the term menopause (Singh, Kaur and Walia, 2002). Around this time there was an increase in the number of affluent women seeking medical attention for symptoms, creating an increase in attention to menopause (Moore, 2022). The expansion of medical knowledge and shift in social attitudes and gender roles and expectations at this time. Specifically, women gained access to education and information and became more vocal about their health concerns including menopausal symptoms (Read, 2013). Affluent women had access to private doctors and resources and gained medical intervention in the form of more regular consultations with private physicians, access to the latest medical treatment and procedures such as Hormone Replacement Therapy (HRT), specialist care such as gynaecologists, access to safe and hygienic environments and if needed hospital care (Orgad, 2023).

During the mid-1800s, menopausal women were often portrayed as troubled with a sinful mind and a decaying body, susceptible to the onset of insanity (Gannon and Ekstrom, 1993). Such representations frequently likened menopausal women to witches, weaving a narrative of unpredictability, madness, and mental deterioration (Greer, 1991; Greer, 2019) . Such portrayals further cemented the association of menopause with ill health, advocating for medical interventions as necessity (Lyons and Griffin, 2003). In the 1920s, doctors prescribed injections of synthetic oestrogen for women struggling with uncomfortable menopausal issues, despite there being no scientific evidence of oestrogen's effectiveness in mitigating menopausal symptoms

(Palmlund, 2006). These symptoms included “nervousness and mental disturbances to rapid heartbeats, headaches and excessive sweating” (Palmlund, 2006, p. 542). In 1938 oral preparations of oestrogen were provided to women and marketed as safe and cheap (Palmlund, 2006; Newhart, 2013), coinciding with the advent of menopause being described as a “hormone deficiency disease” (Newhart, 2013, p. 366), thereby reinforcing a medical view that has remained largely unchanged.

According to Ussher (2008), the female body has historically been observed as “dangerous and defiled” due to the womb being perceived as a site of pollution and dread, characterised by seeping, leaking, and bleeding (p.1). Despite this seemingly negative historical context, however, menstruation has also been regarded as a purifying experience, where sinned blood is thought to be expelled (Lyons and Griffin, 2003).

The cessation of reproductive capabilities resulting from menopause was often interpreted as a mark of failure or brokenness (Martin, 1987, p. 42), reinforcing perceptions of menopausal women as inherently unhealthy. This contributed to the belief that women's bodies were in a state of decline and primarily valued for their reproductive functions (Throsby and Roberts, 2024). Consequently, this contributed to menopause becoming instilled with notions of decline, deterioration, and weakness (Martin, 1987), and positioning women in this stage of life as obsolete in society's eyes, their roles replaced by younger fertile counterparts (Matina, Mendenhall and Cohen, 2024).

In America, Palmlund (2006) asserted that the pharmaceutical industry in particular capitalised on the medicalisation of menopause through substantial marketing campaigns to encourage the prescription of HRT. In the 1960s, Dr. Robert Wilson's book "Feminine Forever" described menopause as the "horror of this living decay" (Padamsee, 2011). Dr Wilson's associated campaign significantly highlighted the perceived risks and negative aspects of menopause, portraying it as a deficiency disease that required medical intervention. However, this marketing campaign also raised awareness of the cancer risks associated with its use (Palmlund, 2006).

Concerns about the safety of HRT emerged following the Women's Health Initiative. This initiative regarding HRT and menopause recruited 16,608 postmenopausal women, and revealed adverse outcomes associated with HRT, including increased risks of heart disease, strokes, pulmonary emboli, dementia, and breast cancer (Writing Group for the Women's Health Initiative Investigators, 2002; Shumaker *et al.*, 2003). Subsequent trials confirming these risks triggered a 'media frenzy' and widespread distrust in pharmaceutical interventions for menopause (Schonberg, Davis and Wee, 2005, p. 188). The backlash against HRT led to a reevaluation of its use, with some experts attributing the negative outcomes to flaws in study design and inappropriate prescribing practices (Vinogradova, Coupland and Hippisley-Cox, 2020; Pinkerton, 2020). Despite criticisms and conflicting opinions, the controversy surrounding HRT highlights the complex interplay between medicalisation, pharmaceutical marketing, and public health concerns in the management of menopause.

In November 2015, the UK-based National Institute for Health and Care Excellence (NICE) distributed guidelines for diagnosing and managing menopause. These aimed to improve support and information consistency for menopausal women (NICE, 2022). Recommendations included that women should first be offered alternatives to medication, such as lifestyle changes (RANZCOG, 2020). However, HRT remains the most effective treatment for distressing vasomotor symptoms, with suggestions to initiate treatment with the lowest doses for the shortest necessary duration (NAMS, 2022). Although there has been a change in recommendations for managing menopausal symptoms in association with HRT, there remains some speculation and worry amongst women about the associated risks of breast cancer (Vinogradova, 2020).

A prevailing narrative emerged around menopause, depicting it as a phase fraught with negativity, influenced by the context of its time. Menopausal experiences were steeped in medicalisation, fostering scepticism towards HRT. This scepticism, coupled with confusion and fear, perpetuated a culture of silence surrounding this natural life transition (Hickey *et al.*, 2017). The enduring dominance of this biomedical narrative further entrenched societal norms, portraying ageing women's bodies as deteriorating and undesirable (Mattern, 2019; Gunter, 2021).

The meanings and framing of menopause differ significantly across cultures, reflecting diverse societal attitudes, medical practices, and historical contexts (Lock, 2002). According to Lock (1998) culturally facilitated lifestyles affect menopausal experience and the health of ageing women. For example, within Chinese and Japanese cultures, women perceive menopause as a natural part of the ageing process. They have reported fewer physical symptoms and are given “wise woman status” within their cultural context (Lock, 1995; Astbury-Ward, 2003; Liu and Eden, 2007). In these cultures, menopause is seen as a time of regeneration and renewal, and older women are held in high regard as valued members of the community (Peng, 2016).

In contrast, the nature and severity of menopausal symptoms can vary across cultures. For instance, Japanese women tend to report symptoms like headaches, shoulder stiffness, and chilliness rather than the hot flushes commonly experienced by Western women (Lock, 1993). As an example, the phrase “hot flush” does not exist in the Japanese language (Lock, 2002), which can lead to underreporting and a different cultural interpretation of symptoms. The prevalence of hot flushes in Japan is rising, however, possibly due to increasing Westernisation, including changes in lifestyle, diet, and cultural norms (Anderson and Posner, 2002; Barnard *et al.*, 2021).

Asian women generally report fewer menopausal symptoms compared to their European counterparts (Dennerstein *et al.*, 2002; Lee and Kim, 2010). Extensive research comparing Japanese and Western experiences of menopause highlights

lower occurrences of osteoporosis, breast cancers, heart disease, and reproductive cancers among Japanese women (Melby, Lock and Kaufert, 2005; Anderson and Posner, 2002). Interestingly, these health differences diminish when Japanese women adopt Western lifestyles in the United States (Melby, Lock and Kaufert, 2005).

In India, menopause is viewed positively and neutrally, with health aligned with a balance across body, mind, and spirit (Santwani, 2010). Indian women combine biomedical views of menopause with their spiritual beliefs, focusing on their roles within their communities (Lyon and Chamberlain, 2006). This holistic approach contributes to a more positive menopausal experience.

Research indicates that Asian women experience less severe menopausal symptoms partly because they play significant societal roles with advancing age, viewing themselves as part of a community rather than focusing on individual experiences. Menopausal women in these cultures often participate actively in religious ceremonies, experiencing a sense of freedom and increased societal value (Im *et al.*, 2008; Perianes and Kissling, 2020). Acceptance of the ageing process and viewing menopause as a reward can lead to a more positive experience (Astbury-Ward, 2003). Conversely, women with negative attitudes towards menopause and ageing are more likely to report more frequent and severe symptoms (Deeks, 2003; Adegoke, 2008).

Despite the significant cultural differences in menopausal experiences, there has been a disproportionate focus on menopause research in the global north compared to the global south, where other health concerns such as infectious diseases, maternal and child health, and access to basic healthcare services often take precedence (Raymond, 2005). Cultural differences in symptom reporting and the perception of menopause as a natural part of ageing that requires no medical intervention may also contribute to this research disparity (Lock, 1993). Additionally, research funding is typically more abundant in wealthier countries, leading to a lack of studies in more deprived regions (Cheer, 2022).

It is critical to consider the impact that women's geographical locations, and the dominant meta-narratives in the societies they inhabit, may have on women's experience of the menopause, whilst also considering the more localised experiences of friends and family members (Ilankoon, Samarasinghe and Elgan, 2020). Women have diverse experiences of menopause based on various biological, psychological, social, and cultural factors which in turn form their perceptions, values and attitudes to menopause (McArthur, 2014).

2.2 Contemporary Framings

Over the past few decades, narratives surrounding menopause have undergone significant transformations, reflecting shifts in social attitudes, advancements in medical knowledge, and increased visibility of menopausal experiences (Greer, 2019). These shifts highlight the socially and culturally constructed meanings

associated with menopause, shaped by perceptions of 'what it means to be a woman' and 'what it means to have a woman's body' within specific contexts and timeframes (Butler, 2019).

Specifically, critics of the biomedical view of menopause argue that it neglects the complexity of menopause, which is shaped by cultural, physical, psychological and social elements, influencing how women view and experience it (Lock and Kaufert, 2001; Parry, 1999). The association of menopause with loss, decline, and deficiency has been influential in constructing stereotypes and shaping perceptions of menopause (Padamsee, 2011). This has led to women concealing these bodily changes across generations, both physically and through a deep-seated culture of silence and taboo. Cultural framings of the body, as noted by Sparkes (1997), have implications for individuals' experiences of their bodies. For instance, framing menopause as a deficit or loss of reproduction can result in differences in women's lived experiences and in the cultural meanings attached to their menopausal journey (Griffiths, 2003; Khademi and Cooke, 2003). Viewing menopause negatively and fearing it can lead women to perceive their bodies as breaking down, potentially exacerbating negative symptoms and discouraging them from openly expressing these experiences.

In addition to women's physical abilities, the ageing body is constructed as something 'less attractive' because society values youth over older age and body ideals have aligned with youthful bodies; ageing is therefore viewed negatively in

Western societies (Dillaway, 2005). Women are expected to take responsibility for ensuring their own health (Jong and Drummond, 2016), and health and appearance are closely associated, especially in accordance with Western ideals of attractiveness (Wright, 2006). As a result of these societal factors, the menopause can become positioned as a life stage where women feel loss in terms of reproductive capacity and perceived physical attractiveness (as defined by social norms), which might contribute to deteriorations in their wider health and wellbeing.

2.3 Significant Developments in Popular Culture

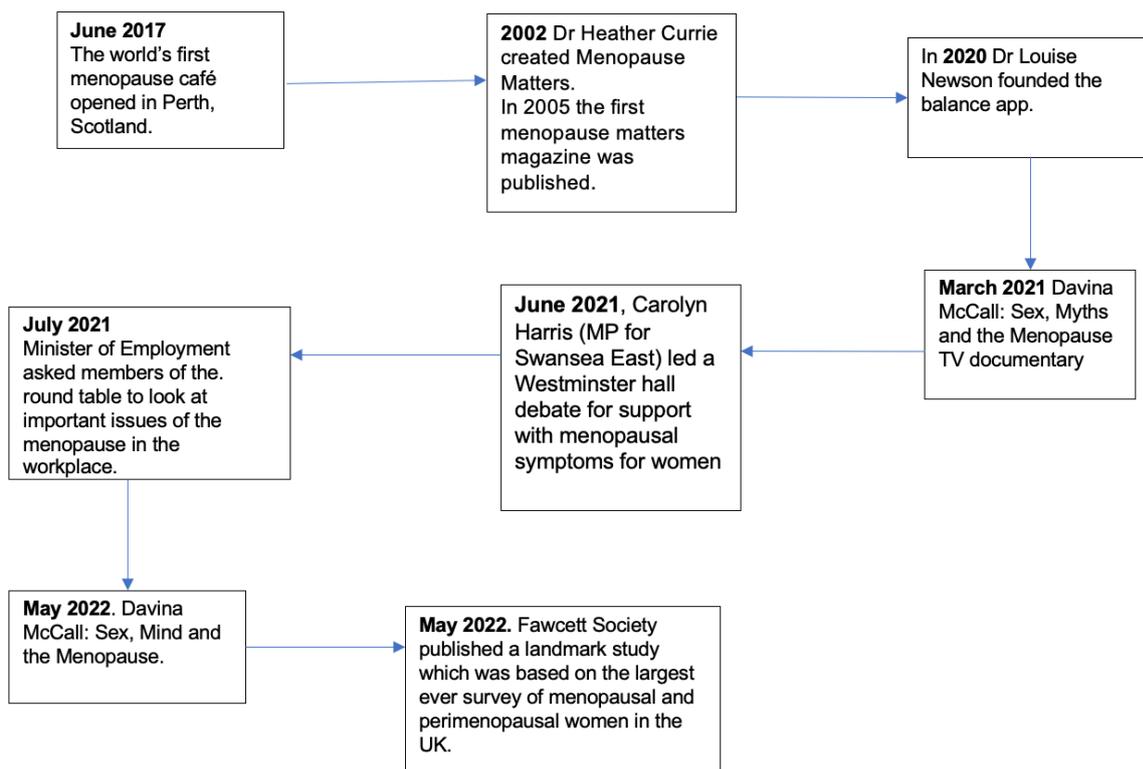


FIGURE 1. Timeline of events on menopause in the UK in the 21st century.

Over the past several years, significant milestones have marked the growing awareness surrounding menopause, a journey illustrated in Figure 1 during the formulation of this thesis. The narrative surrounding menopause has evolved dramatically, with influential figures stepping forward to challenge the silence enveloping previous generations. In the United Kingdom, menopause has emerged as a prominent topic, infusing cultural and political spaces after years relegated to silence and taboo (Orgad, 2023).

This surge in visibility owes much to the work of Dr. Heather Currie, a gynaecologist and associate medical director who, in 2002, launched the Menopause Matters website. The website offers women comprehensive insights into menopause symptoms, treatment options, and guidance for healthcare professionals. The associated subscription magazine, Menopause Matters, debuted in 2005, providing accessible resources that empowered women to navigate menopause without suffering in silence. Dr. Currie advocated the demand for clearer information sources and empathetic support.

In June 2017, Rachel Weiss launched the first menopause café in Perth, which was modelled after the death café concept. The menopause café initiated a nationwide movement in expanding menopause cafés across the UK and overseas. By November 2017, five menopause cafés were established and in March 2018, Toronto, Ontario, hosted the first menopause café outside the UK. These cafés

created an inclusive space to discuss menopause openly, catalysing a shift in societal attitudes towards this historically taboo subject.

In 2020, Dr. Louise Newson introduced the Balance app, a platform providing women with real-time advice, symptom tracking capabilities, and personalised health reports (Newson Health, 2022). Dr. Newson's multifaceted approach to menopause advocacy extends to her founding of The Menopause Charity and publishing two books ("Menopause: All You Need to Know in One Concise Manual" (2019) and "Preparing for Perimenopause and Menopause" (2022), further raising menopause awareness (Newson Health, 2022).

While web and app-based resources play a crucial role in bolstering menopause awareness, their limitations must be acknowledged. O'Riordan (2022) has challenged Dr. Newson's advice on HRT during her appearance on the Medical Minefield podcast highlights the complexity and individuality of menopausal health management. Dr O'Riordan challenged Dr Newson's advice that HRT is mostly safe for women who have had breast cancer". Dr O'Riordan explained that because her tumour was oestrogen-driven and since HRT works by topping up levels of oestrogen, it should be strongly advised that women with similar tumours should avoid HRT because of the heightened risk of their cancer recurring. Dr. O'Riordan's cautionary tale highlights the need for personalised care and the potential risks associated with generalised recommendations. This debate emphasises the necessity of tailored approaches to menopause management, as what works for one

woman may not be suitable for another, stressing the importance of discussions and hearing women's personalised stories of their own experiences, backgrounds and additional health considerations.

In 2021 and 2022 Davina McCall led two documentaries on the BBC called "Davina McCall, Sex, Myths and the Menopause" which were watched by more than 2 million people and these served as catalysts for change (Abdul, 2023). These programmes were not only aimed at increasing general awareness, but also promote a deeper understanding among men and women about the impact of menopause on women. By providing a platform for women to openly share their experiences, Davina's documentaries effectively challenged long-standing taboos surrounding menopause, ushering in what has been termed the "Davina effect" (Jermyn, 2023).

Davina's commitment to destigmatising menopause was evident as she shed light on the personal stories of women who had grappled with debilitating symptoms and felt dismissed by medical professionals (Orgad, 2023). This sentiment was echoed by Kate Duffy, whose online video diary emotionally captured her frustration regarding not receiving the appropriate care for her symptoms and regarding her misdiagnosis of depression. Kate's story highlighted the urgent need for personalised menopausal care and highlighted areas for improvement within healthcare systems (Banet-Weiser, 2018). This shows the importance of women sharing and telling their stories, not only to reduce silence and taboo around menopause but also to highlight areas of potential improvement for women's health.

From a political stance, Carolyn Harris, MP for Swansea East, led a Westminster Hall debate on menopausal symptom support for women. Drawing on a wealth of women's stories and insights collected through a dedicated website, Carolyn presented her findings, leading to significant legislative strides. The Menopause Support and Services Bill (2021) supported by members across party lines, signalled a paradigm shift in addressing menopausal challenges. Subsequent policy announcements included changes to HRT prescriptions and the establishment of a menopause task force (House of Commons Women and Equalities Committee, 2023).

Penny Lancaster and Carolyn Harris launched the #ChatMenopause campaign in October 2022, aiming to normalise menopause conversations. By sharing personal experiences and enabling an open dialogue, the campaign empowered women to navigate menopause with confidence. Within these efforts, a study commissioned by Channel 4 and conducted by the Fawcett Society stated most women reported experiencing severe symptoms, with significant impacts on their workplace performance. These findings emphasised the urgent need for comprehensive support and greater awareness surrounding menopause (Women's Health Strategy for England, 2022). Increased exposure on menopause in the media has created a direct positive impact in inspiring people (including men) to talk about menopause, advocating for menopause to be included in the National Curriculum and encouraging changes in workplaces to better support women suffering menopausal symptoms (House of Commons Women and Equalities Committee, 2023).

As I have shown, evolving menopausal narratives reflect a broader cultural shift towards speaking out, reaching for more support and embracing this life stage as a time of empowerment and self-discovery. The narrative presented in recent years highlights the transformative potential of menopause, not just as an end to reproductive years but as a new beginning marked by increased self-confidence and personal growth (Beckford, 2023). For example, in Yazdkhasti, Negarandeh and Behboodi Moghadam (2019) study, women reported that they changed their self-image and identity when accepting menopause and rediscovered themselves by embracing this new path. Additionally, Fraser *et al.* (2020) study was based on the climate of “lockdown” during the Covid-19 outbreak and found that some women also found themselves enjoying the slower, more relaxed pace of life that lockdown brought, offering a chance for self-reflection, and also found themselves with more time to themselves which helped with their menopausal symptoms (Fraser *et al.*, 2020).

Moreover, the positive portrayal of menopause in media, campaigns and literature has played a pivotal role in challenging longstanding stereotypes and stigma associated with this natural transition. By celebrating menopause as a natural event in the ageing process, these cultural shifts have contributed to a more inclusive and empowering narrative that resonates with women's diverse experiences (Elworthy, 2023).

Although there are positive strides being made, it is essential to recognise the ongoing influence of biomedical and neoliberal frameworks in shaping perceptions of menopause. While narratives are evolving, persistent narratives often frame menopause as a medical issue to be 'fixed' through pharmaceutical or entrepreneurial solutions (Riecher-Rössler, 2020). The need to continue to embrace diverse narratives and perspectives remains, as society continues to reimagine menopause beyond traditional frameworks.

2.4 Concluding Comments

In conclusion, the exploration of menopause through historical, sociocultural, and cross-cultural lenses reveals shifts in experiences and perceptions. Historically, menopause has been medicalised and stigmatised, perpetuating narratives of decline and illness. Sociocultural influences, including societal attitudes, shape women's experiences of menopause, impacting how they interpret and discuss their symptoms. Cross-cultural perspectives highlight the diversity of menopausal experiences, with Eastern cultures often embracing menopause as a natural transition while Western cultures tend to medicalise and pathologise it.

Despite these differences, there is a growing recognition of the need to destigmatise menopause and provide support that acknowledges women's diverse experiences. Increased openness, empowerment, and access to resources, particularly through online communities, are promoting a shift toward more positive narratives

surrounding menopause. Challenges remain, however, including lingering taboos, cultural norms, and disparities in access to healthcare and information. Moving forward, it is crucial to continue challenging societal narratives that pathologize menopause and perpetuate stigma and shame. By embracing the complexity of menopausal experiences and recognising the diverse needs of women across cultures, we can foster a more inclusive and supportive environment for menopausal women.

The narratives surrounding menopause in popular culture have undergone a significant transformation in recent years, marked by a shift from silence and taboo to increased visibility and advocacy. Prominent campaigners such as Dr Heather Currie, Rachel Weiss, Dr Louise Newson, Davina McCall, and Carolyn Harris have played pivotal roles in breaking the silence surrounding menopause and fostering open discussions through various platforms including websites, apps, documentaries, and political initiatives. The emergence of menopause cafés, online resources like the Balance app, and documentary series have provided spaces for women to share their experiences, challenge taboos, and advocate for better support and understanding. Moreover, governmental initiatives such as the Menopause (Support and Services) Bill and workplace reforms have demonstrated a growing recognition of the need to address menopausal issues at a policy level. Despite these efforts, it's crucial to note that advocates such as Newson and McCall heavily endorse HRT, perpetuating the medicalisation of menopause while simultaneously portraying it as a natural life stage. It's important to recognise that these perspectives are not mutually exclusive; rather, they coexist within the narrative surrounding

menopause. It is apparent that there is more to be done, particularly in addressing the diverse needs of women and overcoming persistent biomedical framings that may overlook the holistic aspects of menopausal experiences.

In the forthcoming chapters, I will delve deeper into women's perceptions and experiences, considering how they intersect with prevailing cultural and historical views (Somers, 1992; Somers, 1994). By exploring these diverse perspectives, I aim to foster a more comprehensive understanding of menopausal experiences during this significant life transition in connection with physical activity.

3.0 CHAPTER 3- LITERATURE REVIEW PART 2: Physical Activity and Menopause.

This chapter outlines significant developments in the field of women's health and explores different approaches to researching menopause. It focuses on two overlapping bodies of literature relevant to this thesis: 1) women and physical activity, and 2) menopause and physical activity. The chapter presents the available research in these areas to highlight existing gaps in understanding the potential impact of physical activity on menopausal symptoms and overall health for women.

3.1 Women's Health

While women in the UK live, on average, for longer than men, women spend a larger proportion of their lives in disability or ill health in comparison to male counterparts (Woodward, 2019). Historically health care systems have been designed by men, for men, and therefore men have been the central focus of research and clinical trials. This has led to absences in the evidence base surrounding conditions which only affect women such as menopause or endometriosis, as well as conditions which affect women differently to men such cardiovascular disease, dementia or mental health, which leads to disparities in research services and treatments (Women's Health Strategy for England, 2022).

Recognising these gaps, in March 2023 the Department of Health and Social Care and NHS England issued a report announcing £25 million in new funding allocations to new women's health hubs. These hubs aim to improve access to and quality of

care for menstrual problems, contraception, pelvic pain, and menopause (Gov, 2023). The report also seeks to enhance the availability and accessibility of reproductive health services, including family planning, pregnancy care, and maternal health services. Minister for Women's Health, Maria Caulfield, stated: "women make up 51% of the population and should not be an afterthought in healthcare".

Before considering the impact that menopause can have on women, it is important to understand some of the symptoms women may experience during menopause and the wider implications this can have on women's overall health and life. The physical effects of the menopause which women experience include irregular and sometimes heavy menstrual bleeding, hot flushes, discomfort, weight gain, sexual dysfunction, loss of periods as well as general ageing (Singer *et al.*, 2011; Parton, Ussher and Perz, 2017; Yeganeh *et al.*, 2020).

Vasomotor symptoms can be an extremely unpleasant physical sensation, but there is also evidence to suggest that this can lead to anxiety, depressive symptoms, impaired cognitive function and disrupted sleep, which can in turn cause additional stress (Molefi-Youri, 2019). Women have expressed the main negative symptoms were caused by low mood, irritability, mood swings, tiredness, and fatigue (Ali, 2020) and approximately 50% to 75% of women have vasomotor symptoms and genitourinary syndrome of menopause (GSM) (Crandall, 2023). GSM is a "new term that describes various menopausal symptoms and signs associated with physical changes of the vulva, vagina, and lower urinary tract. GSM includes not only genital

symptoms (dryness, burning, and irritation) and sexual symptoms (lack of lubrication, discomfort or pain, and impaired function), but also urinary symptoms (urgency, dysuria, and recurrent urinary tract infections)” (Kim, 2015, p. 65). When women experience bodily discomfort, they know that they are ‘not themselves’ and their own experiences can threaten the sense of an integrated self. These individual experiences during menopause can cause changes in social status and relationships (Stephens, 2001).

3.1.1 Menopause and the Workplace

The menopause in the workplace has gained considerable attention in recent years. In 2022, The House of Commons Women and Equality Committee published a report advocating for employer support through additional training and policies addressing menopause, highlighting that it is a protected characteristic (Women and Equalities Committee, 2022). This movement was echoed by The All-Party Parliamentary Group (APPG, 2022) which launched campaigns, policies, and interventions challenging the taboo surrounding menopause in the workplace. These efforts included appointing menopause employment champions to drive meaningful change (APPG, 2022).

Despite these efforts, many women still face significant barriers in the workplace. A strikingly low 30% of women feel comfortable disclosing their menopause status (Beck, 2020). For many, the fear of dismissal or being stigmatised is a daily reality,

especially in male-dominated environments (Fawcett Society, 2022). This reluctance to speak out is compounded by societal and workplace cultures that often silence these conversations (CIPD, 2019). The silence around menopause not only perpetuates stigma but also fosters feelings of embarrassment and isolation (Nosek, Kennedy and Gudmundsdottir, 2012; Ussher, Hawkey and Perz, 2019b).

The fear of ridicule shows how many women may feel discouraged from discussing the impact of menopause on their professional lives (Kopenhager and Guidozi, 2015); negative attitudes towards ageing and the symptoms of menopause further exacerbate this (Rees, 2021). There is hope, however, that increasing awareness and promoting open communication through empathic language, supportive policies, and workplace adjustments can make a significant difference. These changes could empower more women to continue working comfortably through menopause (Equality and Human Rights Commission, 2019).

The historical stigma surrounding menopause has left a void in resources and support for those experiencing it (Steffan, 2020). Drawing parallels to the evolving conversation around mental health, it's clear that raising open dialogue and support can lead to greater inclusivity and equality. This shift can also pave the way for better research and resources dedicated to menopause, much like the progress seen in mental health advocacy (Pfeffer, 2020, p. 2).

Despite advancements in research and awareness, many women still feel invisible in the workplace (Kopenhager and Guidozi, 2015). They often resort to strategies like concealing physical symptoms to avoid drawing attention. Some wear baggy clothes to hide weight gain, while others bring items like heaters, cold packs, blankets, fans, and spare clothes to manage fluctuating temperatures (Steffan, 2020). These adaptive strategies, while necessary, reinforce the need for invisibility and highlight the ongoing struggle women face in making their menopausal experiences known (Jack, Riach and Bariola, 2019).

Managerial discomfort in addressing menopause issues further compounds the silence and shame. This highlights the critical need for education and training to create a more supportive environment (Cronin, 2024; Rees, 2021). Butler (2019) challenges societal attitudes, questioning whether menopause is genuinely managed or merely suppressed out of embarrassment. This embarrassment stems from the societal norms that menopause challenges, necessitating a broader cultural shift (Ryan, 2020). Understanding the dynamics that influence women's menopausal experiences in the workplace is essential to breaking this cycle of concealment and fostering an environment where women can thrive without fear of stigma (Jack, Riach and Bariola, 2019). In conclusion, addressing menopause in the workplace requires not only policy changes but also a significant cultural shift towards understanding, acceptance, and support, paralleling the progress seen in mental health awareness to create an inclusive and supportive environment for all women which can then influence the experience of menopause in different contexts such as in physical activity.

3.1.2 Gender Representation in Sport and Exercise Research

While efforts to address menopause in the workplace have gained traction in recent years, the underrepresentation of women in research within the sport and exercise science domain limits our understanding of women's experiences across different life stages, including menopause. Cowley (2021) stated the gender gap is clear when analysing multiple journals across 2014-2020. Additionally, Costello (2014) stated females were significantly underrepresented in the top three sport and exercise science journals. The underrepresentation of women in research within the sport and exercise science domain is significant for several reasons. Diverse perspectives enhance the comprehensiveness and inclusivity of research; however, when women are underrepresented, their unique insights and experiences are often overlooked, leading to a narrow understanding of issues within the field (Cowley, 2021). This bias can result in significant gaps in knowledge, particularly regarding women-specific health and performance issues, such as physiological responses to exercise and injury prevention.

Evidence identifying female variations through anatomical, physiological and endocrinological differences is key, especially to understanding how females respond and adapt to exercise (Ansdell, 2020). Hormones, pregnancy, menstrual cycle and menopause all influence how females respond and adapt to exercise. Fluctuating hormones throughout different phases of the menstrual cycle is an important consideration to optimise performance and maintain the health of females (Carmichael, 2021). It has been identified that historically more research has been conducted on males compared to females as it is considered easier and cheaper

with males as they produce more “meaningful results with fewer participants” compared to women who are more “physiologically variable” (McDonald, 2017).

Equal representation in research is also a matter of equity. Women constitute a substantial portion of the population and the athlete community, and their needs, challenges, and contributions deserve equal attention and study. Moreover, the visibility of female researchers can inspire the next generation, helping to close the gender gap.

Research findings inform policies, practices and interventions in sports and exercise science; thus, if women are underrepresented, policies may not fully address or prioritise women's needs. Addressing this gender gap is crucial for advancing the field in a balanced and equitable manner, ensuring that research findings are relevant and beneficial to all. In essence, if research is not conducted on women in the first place, the potential for gaining a deep understanding of their physiology and performance is restricted. Thus, closing the gender gap in research is not just about equity but also about enhancing understanding and the ability to support women's health effectively.

3.1.3 Hormonal Changes Across the Lifespan.

As documented women are underrepresented in sport and exercise science research (Cowley, 2021; Cowley *et al.*, 2023). This has caused large limitations in studies which have not considered the differences between women and men but are nonetheless making broad, generalised claims. Recently, increased research has focused on the menstrual cycle, which shares a lot of commonalities with menopause in respect to symptoms and the differences in women's experiences, especially in connection with physical activity.

Similar to menopause, information around menstruation is heavily biomedical and based upon the biology of menstruation (Critchley, 2020). Hormonal fluctuations during the menstrual cycle cause a complex relationship with a woman's wellbeing, health and sporting performance (Mountjoy, 2014). Although there has been more research in this area, there are no formal guidelines for sportswomen on training, nutrition and the effects of oestrogen and progesterone on women's responses to exercise (Elliott-Sale, 2021).

It is important to consider that the female reproductive system is responsive to environmental factors such as body weight, stress, sleep, recovery times, diet, increased physical demand and training (Sharma, 2013; Witkoś and Wróbel, 2019). This can lead to muscular and skeletal injuries, poor nutrition, and poorer performance. With more demands on the body such as training and physical demand the body needs to match these demands through appropriate training and the correct dietary considerations (Solli, 2020). Evidence has concluded that there

are variations across the menstrual cycle and that performance is impacted through fluctuations in hormones (Carmichael, 2021). Declines in strength and performance were commonly reported in the late luteal phase and anaerobic performance can be compromised in the late follicular phase of the menstrual cycle (Pallavi, 2017; Solli, 2020; Niering et al, 2024).

Variations in women's performance and training should be considered in association with the time in their cycle to maximise performance and maintain health. Research has shown that menstrual cycle irregularities during high-intensity physical activity before puberty can cause delayed menarche and menstrual irregularities, as bodies are still maturing and developing through puberty (Ergin, 2020). Understanding these variations is crucial, not only during adolescence but also as women transition into menopause. Just as hormonal fluctuations during the menstrual cycle impact physical activity and performance, the hormonal changes experienced during menopause present unique challenges for maintaining physical activity. By applying the knowledge gained from research on the menstrual cycle, we can better understand the specific needs of menopausal women.

Findlay (2020) explored athletes' experiences and perspectives of the menstrual cycle on sporting performance, focusing on female rugby players. Interviews revealed that menstrual flooding from heavy menstrual bleeding (menorrhagia) was the most noted symptom, followed by pain and psychological symptoms such as worry, negative mood, feeling emotional and reduced motivation. Unlike the general

population (Santer, 2008; Martin, 2018), however, there was low absenteeism in training due to the internal and external pressures to perform, meaning participants were more likely to endure competitions and training despite experiencing symptoms. Findlay concluded that it is important to hear individual responses for monitoring and offering support for women who are physically active during their menstrual cycle.

Similarly, Brown (2021) investigated elite female athletes' unique experiences of their menstrual cycle and its perceived impact on training and competition. The study established that younger athletes were unaware of the potential disruption menstruation could have on performance. It was suggested, however, that if females monitored their menstrual cycle, this would bring more self-awareness and a better understanding of the impacts. It is clear from these studies that women prioritise athletic performance, yet in Brown et al's (2020) study, women may have subconsciously ignored the impact of menstruation to continue to compete at a high level and avoid missing training and competitions.

In light of recent studies such as Kolić (2021), which explored how factors such as menstrual flow and pain levels during the menstrual cycle affect adaptations to physical activity, it becomes evident that research focusing on women's experiences across various life stages, including menstruation and menopause, is crucial. Menopausal women often encounter changes with menstrual flow and pain, which in turn can affect their participation in physical activity. Several women in Kolić (2021)

study avoided physical activity due to concerns about other people's thoughts about them, while others were mindful about what colours, fit, and materials of clothes they would wear when menstruating to minimise leakage. This was done to maintain the social persona of someone who was non-menstruating in sporting situations to fit societal norms (Shulman, 2017; Kolić, 2021). In Kolić (2023) study, concerns about external perception and how they were viewed caused withdrawal from physical activity, as opposed to menopausal symptoms making physical activity more physically difficult.

The impact of hormonal changes on physical activity begins early in life. In a school setting, research has established a relationship between the onset of puberty and a decline in girls' engagement in physical activity due to biological, physical, social and psychological changes (Patton, 2007). Some reasons for declining rates of physical activity in girls have been down to worry about leaking blood and feeling exposed and uncomfortable (Harvey, 2020). These concerns extend to the suitability of sanitary products for certain sports such as wearing a pad during activities like gymnastics where clothing is minimal. Despite these barriers, some girls have reported menstruation as a means of managing their menstrual symptoms, as it helps divert attention from abdominal cramps and bloating (Harvey, 2020).

Understanding these early experiences is crucial, as they shape attitudes and behaviours towards physical activity that persist into adulthood and influence how women manage menopausal symptoms and overall health.

Research by Patton (2007) and Harvey (2020) highlights the fear, embarrassment, and need to conceal symptoms associated with the menstrual cycle throughout women's lives, which can become more challenging as females age due to its unpredictability. Inadequate menstrual knowledge has been extensively noted in research surrounding schoolgirls' experiences of physical activity while menstruating; girls have expressed feeling unprepared about menstruation and how to respond to blood flow (Schmitt, 2021; Brown, 2022; McGawley, 2023). There are clear links between research on menstruation and menopause in relation to bleeding, the concealment of symptoms, and a lack of open discussion, which has led to a culture of silence in certain areas of women's health.

3.2 Historical and Cultural Influences on Women's Physical Activity

This section will draw on the literature surrounding the history of women being physically active, the type of exercise women have historically engaged in and the perceptions and expectations of women and ageing women who are physically active. The latter half moves into discussing evidence on the cultural perceptions of ageing and physical activity.

3.2.1 Historical Shifts in Women's Physical Activity

Previous research on physical activity has typically utilised the traditional definition of physical activity by Caspersen, Powell and Christenson (1985, p. 126): “any bodily

movement produced by skeletal muscles that results in energy expenditure”. Yet this has been critiqued more recently for focusing on skeletal muscles and energy expenditure alone. Specifically, Piggin (2019) argues that “physical activity involves people moving, acting and performing within culturally specific spaces and contexts, and influenced by a unique array of interests, emotions, ideas, instructions and relationships” which builds on the classical definition to add context. People move in a way which has been influenced by unique emotions, ideas, instructions, interests and relationships, which make each individual experience of physical activity unique (Piggin, 2020).

As opposed to an earlier era when work made us move, movement is something which we increasingly have to choose to do, as a conscious activity. Work practices have become increasingly sedentary, resulting in physical activity occurring during our commute to work or in leisure time (Latham and Layton, 2019).

Extending upon the idea of embodiment to emplacement, Pink (2011) further emphasises Ingold (2000) assertion that *physical activity* is not simply a change of “state of mind” or a movement from one space to another, but an understanding of movement through different physical environments that individuals come to understand in relation to other components of the environment.

These conceptual developments offer a much-needed way of understanding menopausal women's embodied experiences as they move in and through different environments, time and spaces, and these are the reasons why I will refer to physical activity when speaking about bodily movement during this thesis.

In the early 1900s women's exercise was predominantly based around stretching (Verbrugge, 2002); in terms of cardiovascular exercise, yawning was considered a wellness trend as Dr. Emil Bunzi said that, "yawning brings all the respiratory muscles of the chest and throat into action, and is, therefore, the best and most natural means of strengthening them" (Cooper, 2018). In the 1930s and 1940s female exercise expectations were based around repetitive movements using their own bodies, such as different twisting movements and forms of Pilates and calisthenics.

It has been noted that in the 1960s women were told their bodies couldn't "handle" exercise; women were encouraged to be dainty and lady-like, albeit also being described as weak, frail and vulnerable (Copenhaver, 2002). This historic perception has been observed across cultures. For example, doctors in China saw exercise as causing the opening of pores due to sweat which was dangerous for infection, whereas Western doctors suggested that exercise would cause women to excrete noxious substances (Jette and Vertinsky, 2011). In the East it has been acknowledged that women only participate in physical activity once they are retired and/or after experiences of ill-health (Jette and Vertinsky, 2011).

By the 1970s and 1980s women were eventually encouraged to do exercise so they would be long and lean, but not too much as the feminine ideal was not to be too muscular (Andreasson, 2013; Andreasson and Johansson, 2021). For the first time, women sweating while working out was not only accepted but encouraged (Cooper, 2018), and the 1970s saw the beginning of jogging becoming a popular activity. By the 1990s a "muscular" appearance had begun to become socially acceptable for women, and this has developed in the modern era to a substantial shift from the desire to be "skinny" to be healthy, fit and strong (Turnock, 2021).

Women in sports have been subject to negative gender bias, as shown in Iris Marion Young (1980) work "Throwing Like a Girl]" which explains the different capacities of male and female bodies, and the resulting prejudices women have faced in sporting contexts. Females have been viewed as being inferior to men in their skills and abilities in sporting contexts. In Young's work, she declares that women engage in a self-fulfilling prophecy whereby as they do not see themselves as capable in sporting contexts, so they do not acknowledge themselves as having the same muscular position, coordination, and poise that males do. Therefore in sporting contexts, even if women are physically capable of throwing or performing other sporting tasks, they may still face challenges in their understanding of what they feel society expects of them when taking up these spaces, and have psychological barriers such as fear of getting hurt and being underestimated in their bodily capacity.

From a young age, girls are encouraged to engage in “feminine sports” such as dance and gymnastics, while those in “masculine sports” face homophobic abuse (Yungblut, 2012; Sliwa, 2017). O’Reilly (2022) study on the "Girls Active" project in 20 East Midlands secondary schools explored gender-focused interventions in physical activity. The study found that girls avoided sports associated with masculine stereotypes and preferred activities that did not affect their feminine appearance. Despite being offered a choice of activities, many girls still favoured "feminine" sports. This highlights the strong influence of cultural and social factors on girls' views about physical activity and their bodies. Just as during adolescence, cultural and social influences can either support or hinder physical activity participation in menopause. Women in menopause may face renewed challenges, such as societal perceptions of ageing and femininity, which can impact their willingness to stay active. The reluctance to engage in activities perceived as less feminine or the discomfort of participating in physical exercise during menopause symptoms can be rooted in the same cultural and social influences identified in younger girls.

3.2.2 Cultural Perceptions of Ageing and Physical Activity

In Western culture, youth is valued, and ageing is often seen as a decline in both physical and emotional strength. This cultural narrative, as argued by Gullette (2018) has shaped a negative narrative of ageing. Older people have been inherently acknowledged as at risk of frailty; Turner (2001) highlights that frailty is seen as a universal human condition, linked to the inevitable decline from ageing or illness, which impacts our sense of self. This perception of frailty can discourage women

from engaging in physical activity, reinforced by health professionals who recommend less risky activities as we age (Atkinson, 2019).

Work by Tulle (2008) has challenged ageing identities being defined through the inevitable biological decline narrative, and has sought to understand and create opportunities for people to rethink expectations based on age and ability (Tulle, 2008). Phoenix and Orr (2017) suggested that recognising assumptions about ageing can positively influence thoughts on physical activity. If women feel capable, they should engage in exercise regardless of societal beliefs.

Jette and Vertinsky (2011) found that women continue exercising to take personal responsibility for their health, combatting the risks of ageing. They argue that if societal narratives around ageing were more positive, women might focus on the benefits of exercise rather than its risks. Research highlights various benefits of physical activity for older women, such as feelings of achievement and improved confidence (Lloyd, O'Brien and Riot, 2016). Jeng *et al.* (2004) describe this as “perceived continuous power,” where overcoming initial discomfort leads to empowerment. Physically active women may see their bodies as strong, protesting against ageing expectations (Ben Dori and Kemp, 2020).

McArthur (2014) study aimed to identify enablers and barriers influencing middle-aged women’s adherence to regular exercise. Barriers include routine disruptions

and competing demands, while enablers include intrinsic motivation and accountability. Focusing on these enablers can help promote physical activity among women. This research highlights the importance of addressing both barriers and enablers to promote engagement in physical activity, which can empower women, boost confidence, and provide a sense of accomplishment (McArthur, 2014).

Humberstone and Stuart (2016) investigated the lived experiences of older women in low-impact exercise classes, revealing the embodied sensations and pleasures these women felt. The rhythm of the music, connections with others, and the comfort of physical sensations provided healing, peace, and calm. These findings are particularly relevant to my study on menopausal women's experiences of physical activity. Understanding how menopausal women perceive and value these sensations can shed light on managing menopausal symptoms such as hot flashes, joint pain and fatigue. The emotional uplift and joy described by Humberstone and Stuart might motivate menopausal women to engage in regular exercise, improving their mental and emotional health. Additionally, the role of social support in exercise settings can be crucial, offering emotional support, reducing feelings of isolation, and enhancing the overall exercise experience. The healing and calming effects of exercise are significant for managing stress, anxiety, and mood changes associated with menopause.

Similarly, Ben Dori and Kemp (2020) concluded that older women found pleasure and healing in low-impact exercise and yoga through embodied sensations and social connections. They showed that midlife women in endurance sports viewed their bodies as powerful, challenging dominant narratives and using their physicality as a form of protest. This study deconstructs ageing and social expectations of midlife women, highlighting the importance of embodied experiences, emotional uplift, and social support for understanding menopausal women's engagement with physical activity and its benefits.

In the last decade there has been an increase in the number of women participating in sport and exercise (Women in Sport, 2023). This rise in women's participation has been found to be attributable to changing societal and cultural views and increasing investment in women's sport (Forsyth, 2018). Similarly, the 'This Girl Can' campaign by Sport England has enabled 3.5 million women to be active through challenging barriers and preconceptions about exercise (Sport England, 2015). Additionally, global campaigns, such as Nike's 'Dream Crazier' and Adidas' 'She Breaks Barriers' have provided awareness and visibility of women in sport.

It is apparent (and pertinent for this study) that over the past century there has been a significant shift in attitude towards women's participation in physical activity. This shift has moved from discouraging women from partaking in any form of activity to actively encouraging participation, offering equal prize money in some sports, and providing significant media and marketing attention to female athletes. As

inclusiveness for women in sport and physical activity becomes more pervasive, the historical taboos around menopause and menstruation may be broken down by increased female visibility and openness. For this study, the increase in female participation in physical activity provides a rich data source to analyse the role of physical activity in menopause.

3.3 Menopause and Physical Activity

The Women in Sport (2023) report, the Health England report and Health Scotland's report Movement Through Menopause (SAMH, 2023) have all focused on the impact of menopause on physical activity as a main focus. These reports further emphasise the importance of understanding women's symptoms and the effect these had on their mental well-being and physical activity and in driving awareness surrounding menopausal women's experiences. It should be noted that these reports heavily draw upon the positive effects of physical activity such as improved wellbeing and building relationships with women who are experiencing similar experiences, and fail to mention any aspect of the reality of menopause on women's engagement; further, although there are published reports and quantitative data, there is an absence of qualitative research and in particular, studies which have aimed to capture the true lived experiences of women when it comes to participating in physical activity during menopause.

3.3.1 Quantitative Studies Investigating Menopause and Physical Activity

There have been extensive quantitative studies investigating menopause and physical activity, and in particular the benefits physical activity can have on menopausal symptoms. The Women's Health Strategy for England (2022) aims to raise awareness of long-term conditions such as menopause and promote physical activity across the life course. This is intended to promote bone density to reduce risk of fractures and the development of osteoporosis, which will in turn help reduce declines in mobility, cognition, strength and independence. Physical activity has been said to increase bone density and help prevent sarcopenia (Carter, 2014; Provan and Mander, 2018; Billot, 2020; Yilmaz *et al.*, 2024), as well as preventing cardiovascular disease during menopause (De Villiers *et al.*, 2013; Szabó, 2019), diabetes (Hyvärinen *et al.*, 2022) cancer (Bailey *et al.*, 2021). There have been seen to be enhancements in overall quality of life for menopausal women who are active (Hulteen, 2023) and activity can help to improve overall health (Kim and Kang, 2020; Thomas and Daley, 2020).

Research on specific physical activities demonstrates varied benefits: yoga improves sleep, social support, and psychological symptoms (Swain, 2021; Sharifi, 2021; Susanti, 2022), strength training enhances strength, bone density and metabolic health (Capel-Alcaraz *et al.*, 2023); and resistance training boosts menopause-specific quality of life (Berin, 2022; Choudhry, 2024). Walking programs reduce symptoms and improve wellbeing (Sydora, 2020) and high-intensity exercise significantly impacts body composition and menopausal symptoms (Moore, 2024).

Additionally, Research by Bondarev *et al.* (2018) and Sipilä (2020) found physical performance declines across menopause, but physically active women maintain better muscle power and endurance. This is crucial for independence and combating sarcopenia and osteoporosis. These studies emphasised the importance of maintaining physical activity to retain general muscle power and endurance, which is vital for independence as women age.

Engagement in activity has also been found to help in improving energy levels, increasing stamina and improving body image through helping in weight loss. This leads to women feeling better in their appearance through exercise helping manage abdominal weight-gain during menopause (Kelley *et al.*, 2009; Klusmann *et al.*, 2012; Rica *et al.*, 2013). Women feeling more comfortable and confident when engaging in physical activity has enabled women to feel as though they had a new sense of self (Carless and Douglas, 2010; Lloyd, O'Brien and Riot, 2016; Mai and Hao, 2020) as they are seeing improvements in their physical health (i.e. stamina and fitness) as well as from an appearance point of view which in turn develops confidence and empowerment for women to continue to stay active (Probert (Probert, Leberman and Palmer, 2007; Liechty, Yarnal and Kerstetter, 2012; Kim and Kang, 2020). Feeling good in themselves and seeing benefits has also shaped women's feelings towards their menopause, in which women feel as though they have more control over their menopausal symptoms (Jeng *et al.*, 2004).

Despite the well-documented benefits of physical activity, 30% of women become less active during menopause (Women in Sport, 2023). This reduction in activity is often due to barriers such as bodily sensations, stigma, lack of knowledge, reduced social support, and low motivation (Women in Sport, 2023). Additionally, time constraints significantly impact women's ability to engage in physical activity, as they juggle responsibilities like caring for family and maintaining careers (Hybholt, 2022; Cavallini, 2020). Physical activity not only helps relieve symptoms and prevent potential health complaints but also provides women with valuable social networks (Kim, Heo and Kim, 2014; Öztürk, 2017; De Araujo and Da Rocha, 2019). Hybholt (2022) found that physical activity boosts social interaction and support, which is especially vital during menopause. Menopause is a complex phenomenon, however, and accurately reporting the role of physical activity can be challenging (Hybholt, 2022).

3.3.2 Qualitative Studies Investigating Menopause and Physical Activity

There have been only a few qualitative studies conducted analysing women's experiences of physical activity on their menopause symptoms. Some studies have acknowledged how physical activity provides strong social support and enhanced relationships. Cho (2023) found that physical activity reduced stress, enhanced relationships, and led to positive changes in life in Korea. Jeng *et al.* (2004) and others highlight the social connections formed through shared physical activities, which increase motivation (Janke *et al.*, 2011; Thomas and Daley, 2020; Niven, 2023). Jeng *et al.* (2004) has also argued that physical activity helps women

overcome the initial psychological and physical discomfort of the menopause, enabling women to experience benefits to their bodies and mind. In addition to the social benefits, research has acknowledged this period as a time to put themselves first; women have expressed how physical activity enhances self-care, comfort in their bodies, and a sense of aliveness (Lloyd, O'Brien and Riot, 2016; Sheets-Johnstone, 2010). For example, one woman described line dancing as “a road to myself” (Kim and Lee, 2016) and in another study, women have expressed being “more comfortable ... in my own skin” during menopause (Lloyd, O'Brien and Riot, 2016).

In addition to the extensive research on the benefits of physical activity for menopausal women, several studies have been particularly influential in shaping the research questions and direction of this PhD study. Firstly, Berterö (2003) explored women's expectations, apprehensions, and knowledge about the climacteric period through semi-structured interviews. The majority of women in Berterö's study, expressed a sense of freedom associated with the end of menstruation, appreciating the relief from managing sanitary products and the convenience of not needing to plan for lavatory access. They anticipated a slower pace of life and increased psychological well-being.

These positive expectations were, however, tempered by apprehensions about hot flashes, sweating, and other bodily changes. The anxiety surrounding these symptoms included concerns about discomfort, embarrassment, and the perceived

loss of physical capabilities. Despite efforts to stay fit, women reported feelings of sluggishness and fatigue, reinforcing their expectations of a slower tempo during menopause. These findings highlight the complex and often contradictory experiences of menopausal women, emphasising the importance of considering both physical and psychological aspects when promoting physical activity. It should be noted that this study neglects an embodied perspective, which could have provided deeper insights into how physical activity affects women's lived experiences of menopause and what it is like to be menopausal and trying to maintain being physically active.

Secondly, Thomas and Daley (2020) explored 17 menopausal women's feelings, and focused on the attitudes and experiences of women who suffered with vasomotor menopausal symptoms. This study showed differences in the impact of different intensities of exercise; several women within this study stated that they did not know any other way to manage their symptoms other than through physical activity. Women admitted physical activity reduced their vasomotor symptoms, by reducing the amount and intensity of their symptoms. Some women observed immediate improvements, whereas others specified that there were gradual improvements after participating in daily physical activity for longer periods. It is important to note that some participants were unsure whether their reduction in symptoms was based solely on the physical activity, or whether it was in their imagination or changes in their lifestyle. One woman experienced an increase in temperature when exercising which triggered hot flushes due to not being able to cool down, yet despite this she felt that when participating in physical activity, there

was an overall improvement in her menopausal symptoms when she trained less vigorously.

In contrast, the majority of other women believed that physical activity had to be vigorous to achieve the benefits. Thomas and Daley (2020) study focused on physical activity as a “treatment” rather than wanting to explore women's experiences of their changing bodies whilst engaging in physical activity. This study highlights the individualisation of women’s menopausal symptoms in connection to being physically active, and how it is important to hear a multitude of experiences as they all vary significantly. While the study provides valuable insights into the role of physical activity in managing vasomotor symptoms, it also points to the need for further research into the broader implications of menopause on women’s bodies, particularly how physical activity interacts with these changes. Understanding these dynamics could lead to more holistic and personalised approaches to promoting health and well-being in menopausal women.

Various other studies have focused on physical activity as a managing tool for menopausal symptoms. Curta and Weissheimer (2020) used semi-structured interviews to identify the perceptions of women's physical changes during menopause in the city of Rio Grande do Sul in Brazil. Several women reported engaging in physical activities which included walking, Pilates, muscle training, dance and aquarobics. The most common “physical” symptom was heat waves (also known as hot flushes); women reported struggling with the frequency of hot flushes

and sweating in daily life, but this was not experienced during physical activity. Most women in this study reported menopause was positive or indifferent, which is possibly fostered from a sociocultural view of how menopause is perceived in different societies and countries. In conclusion, while Curta and Weissheimer's study contributes valuable information about the role of physical activity in managing menopausal symptoms, it would benefit from a broader scope that includes psychological and emotional impacts and a deeper exploration of sociocultural influences. Addressing these gaps could provide a more comprehensive understanding of menopausal experiences and the benefits of physical activity.

Berin (2022) was part of a larger randomised controlled trial investigating the impact of resistance training on vasomotor symptoms in postmenopausal women. The analysis revealed these main themes: "hopes of symptom relief" and "an evolving motivation as a driving force for change". Women reported pinning their hopes on resistance training to relieve vasomotor symptoms, a theme with which the majority of participants agreed. Additionally, women's motivation changed during the study, with many stating they began to exercise for enjoyment and well-being rather than solely to relieve symptoms. Although Berin's (2022) study highlights the role of resistance training in managing vasomotor symptoms and changes in motivation, it lacks awareness of other forms of physical activity and how women manage, feel and experience physical activity as their bodies change through menopause.

This literature review has mapped where evidence has accumulated and where clear gaps exist, especially when searching for qualitative studies and understanding women's embodied experiences of the menopause as they move in and through different forms of physical activity. The majority of the studies have recognised benefits and barriers when engaging in physical activity during menopause but these have focused on cause and effect, rather than hearing and highlighting how women's bodies feel, look and how they are experienced whilst engaging in physical activity when menopausal.

It is against this backdrop that the current research project addresses the following research questions:

1. How does menopause shape women's embodied experiences of physical activity, and vice versa?
2. What role do women only recreational sport groups play in shaping women's experiences of menopause?

3.4 Concluding Comments

There appears to be a significant cultural shift towards understanding, acceptance, and support towards women's health; thus, closing the gender gap in research is not just about equity but also about enhancing our understanding and ability to support women effectively. By drawing upon the menstrual cycle, there are clear links between research on menstruation and menopause in relation to the concealment of

symptoms, and a lack of open discussion, which has led to a culture of silence in certain areas of women's health. Historically, women have been encouraged to participate in 'feminine sports', however, as inclusiveness for women in sport and physical activity becomes more pervasive, the historical taboos around menopause and menstruation may be broken down by increased female visibility and openness.

This literature review has identified areas where evidence is established and highlighted significant gaps that remain. Especially when searching for qualitative studies and understanding women's embodied experiences of menopause as they move in and through different forms of physical activity. The majority of the studies have recognised the benefits and barriers when engaging in physical activity during menopause, but these have focused on cause and effect rather than hearing and highlighting how women's bodies feel, look, and how they are experienced whilst engaging in physical activity when menopausal.

PART 2:

4.0 CHAPTER 4- THEORETICAL FRAMING: A BODY NARRATIVE

In this chapter, I outline several theoretical approaches that have informed my thinking in this research. First, I draw on feminist thinking, which has served as the overarching framework guiding the entirety of my research process. This perspective emphasises the crucial aspect of providing women with a voice and situating their lived experiences within the narratives surrounding physical activity during menopause. I then explain the role of narrative and its influence on this research, exploring how personal stories shape our understanding of menopausal women's experiences with physical activity. Narratives not only reflect but also influence perceptions and behaviours, making them a powerful tool in this research. Finally, I consider the concept of embodiment, focusing on how bodily experiences and physical sensations influence and are influenced by cultural and social contexts. This approach highlights the interconnectedness of mind and body, providing a holistic view of women's experiences during menopause. By drawing on these theoretical frameworks, I illuminate the complexities of this underexplored area, advocating for a more inclusive understanding of menopausal women's engagement in physical activity.

4.1 A Feminist Approach

According to Ahmed (2008) feminism is a woman-centred approach focussing on gender differences in order to provide a voice for women. The term *feminism* describes political, cultural and economic movements that aim to

establish equal rights and legal protections for women. In all spaces, feminists speak “truth to power; to be intellectual is to speak a truth that allows suffering to speak, that is to create a vision of the world that puts into the limelight what is usually hidden or concealed by the dominant viewpoint of society” (West, 1999, p. 551).

A feminist approach is crucial when conducting research related to women’s health, as it provides a framework to understand and address gender-based discrimination and inequality (Kiguwa, 2019). For Kabeer (2008), it can promote social change and advance the rights, well-being and dignity of those marginalised groups such as women. It is also important because it can offer a critical viewpoint of power dynamics which promote inequality, and which have been created at individual, interpersonal, societal and institutional levels (Bilge, 2010).

There are many strands of feminism such as black, cultural, echo, liberal, postmodern and many more (Hague and Hague, 2021). Over time, feminist activists have campaigned for issues such as women’s legal rights, especially in regard to contracts, property, and voting; body integrity and autonomy; abortion and reproductive rights, including contraception and prenatal care; protection from domestic violence, sexual harassment, and rape; workplace rights, including maternity leave and equal pay; and against all forms of discrimination women encounter (Ahmed, 2008).

Exposure to feminism came from three main waves of feminism; to set the context of this theoretical underpinning it is helpful to define each wave. First-wave feminism promoted equal contract and property rights for women, opposing ownership of married women by their husbands. By the late 19th century, feminist activism was primarily focused on the right to vote, with the Suffragettes of the late 19th and early 20th centuries being the first sustained political movement resulting in achieving political equality for women (Hughes-Johnson and Jenkins, 2021).

The second-wave feminism of the 1960s-1980s focused on issues of equality and discrimination. The second-wave slogan, "The Personal is Political," identified women's cultural and political inequalities as inextricably linked and encouraged women to understand how their personal lives reflected sexist power structures. Betty Friedan was a key woman in second-wave feminism. In 1963, her book *The Feminine Mystique* criticised the idea that women could find fulfilment only through childrearing and homemaking. Friedan stated that women are victims to their identity, being associated with their husbands and children. The second wave brought recognition to changing societal views about women and their purpose to society (i.e. not only being observed as care-givers but acknowledging that women have their own individual identity). In the 1990s and 2000s feminist scholars explored the role of sporting narratives for gender and gendered ideologies, which brought more attention to this area aiming to hear multiple subjectivities and aspects of truth and power (Markula, 2018). This was a feature of second-wave feminism, through striving for equality of opportunities for both men and women.

Third-wave feminism gathered pace in the early 1990s, reacting to failures of the second wave and drawing attention to not only upper-middle class women but also providing equality to women no matter their race, ethnicity, class, religion, and nationality (Sanders, 2021).

Feminist thinkers have critiqued dualisms which have historically dominated narratives in society and culture; these critiques have commonly challenged assumptions which reflect universal or objective truths. Some examples have included De Beauvoir, who was a foundational figure in feminist theory. In particular, her work "The Second Sex" (De Beauvoir, 1997) had a huge influence on understanding women's experiences and social inequalities. This book highlighted the ways women have been historically marginalised, objectified and defined in relation to men. De Beauvoir has critiqued the binary opposition between males and females, arguing women have historically been compared and defined in relation to men. These dualisms have been seen from a male gaze and reflect male privilege and a man's way of knowing.

De Beauvoir's work including "The Ethics of Ambiguity" (1947) emphasised subjective experience of existence, freedom and responsibility in men and women being free agents and how social construction shapes women's identities and experiences. Much of her work focuses on the experiences of white middle-class

women but provides the foundations for intersectional approaches including those of race, class, and sexuality (Hekman, 2015).

Butler (1993) explored how societal norms shape women's experiences of their bodies during menopause, and physical activity has been particularly influential. Butler (1993) challenged the understanding that gender is male/female and stated gender is performative. In Butler's book "Gender Trouble" she argued that gender is not a fixed identity but is a social construct which is repeated, performed and reproduced through everyday interactions and behaviours, suggesting gender is fluid. Her ideas have been influential within queer theory in exploring non-normative sexualities, and identifying the role of language in shaping social reality. Butler has stated how language can produce and regulate gender norms as a site of resistance or transformation (Morgenroth, 2021).

Like Butler, Harding's work, which challenges dominant narratives by providing different insights into women's social realities, has also informed my perspective. Harding, a feminist philosopher of science, has expressed that women's knowledge stems from their social positions, and these positions can contribute to knowledge production in meaningful ways (Harding, 2001). This challenges more traditional epistemologies by moving beyond male/female dualisms and centring women's knowledge and experiences. Harding states that knowledge is situated within social, cultural and historical contexts, and that different social positions foster different perspectives and experiences that shape understanding. Harding's thinking differs

from other feminists in that she draws on standpoint theory, which posits that marginalised groups have unique standpoints offering insights into their social realities, thereby challenging dominant narratives to provide alternative perspectives (Harding, 2001).

Although I am taking aspects of Harding's theory, I will not be using standpoint theory. Instead, I am inspired by the underlying principles of her work, which emphasise the importance of situating knowledge within specific social, cultural, and historical contexts. This approach aligns with narrative embodied work by recognising that women's embodied experiences and narratives are shaped by their positions and perspectives (Barbour, 2011). By focusing on how narratives of menopausal women are constructed and performed, I aim to highlight the diverse ways in which women experience and interpret their bodies, thereby enriching the understanding of embodiment (Harding, 2001). Feminist scholars like Butler and Harding continue to push boundaries and advocate for equality across various dimensions of gender, race, sexuality, and age (Ahmed, 2008).

In a sport and exercise context, feminist thinkers (Green, Thompson and Griffiths, 2002; Allen-Collinson and Hockey, 2011; Jack, Riach and Bariola, 2019; Fullagar, 2020) have argued that the female body is both a biological and sociocultural phenomenon. It is important to provide a voice for women to move beyond the current dominance of the biomedical view. It is critical to understand women's embodied experiences and meanings to how their body moves and feels, and how

women come to make sense of their moving body whilst going through the menopause, all of which are shaped by cultural and social norms.

A feminist lens has been integral to exploring women's own views, perspectives, opinions, interests and experiences, with women being the crucial point of the research (Hall and Stevens, 1991). Bloom (1998) emphasised the importance of focusing on women's subjectivity, which is appropriate for this study to redefine what it means for women to write, tell, discuss and analyse their life experiences against the backdrop of preconceptions that aim to silence them. Feminism has contributed to understanding and hearing the complexities surrounding sporting bodies. Cultural and gendered norms have shaped experiences and perceptions of sporting bodies, and how notions of masculinity and femininity influence women's experiences (Liu *et al.*, 2023).

Thorpe (2020) highlights a significant oversight in feminist sports sociology regarding the neglect of the biological dimensions of women's moving bodies. This perspective underscores the interconnectedness of biological and sociocultural influences on women's experiences during physical activity, emphasising the importance of considering both aspects. Similarly, Dillaway (2020) book "Living in uncertain times: experiences of menopause and reproductive ageing" challenges traditional narratives surrounding menopause, advocating for a feminist approach that acknowledges the multifaceted nature of menopause and ageing beyond mere biological processes. Her work shows how social, cultural and biomedical factors

intersect to shape women's experiences, highlighting the need to move beyond medical framings of menopause.

In the context of my study on active women's experiences of menopause these insights are invaluable. By adopting a feminist lens that integrates biological, sociocultural, and historical factors, I can better understand how women navigate physical activity during menopause. This approach allows me to explore the complexities of women's embodied experiences, including how biological changes intersect with social expectations, cultural attitudes, and medical interventions. It is important to note that although menopause has an independent physiological reality (hormonal changes) (Innes, Selfe and Taylor, 2008), women's experiences of menopause are shaped by individual experiences, preconceived ideas and social interactions. Although menopause has been linked to specific physiological symptoms, people are dynamic beings, and the reality of their experiences is constantly changing.

Over the past several years, feminist scholars such as Thorpe (2020) and Brice, Clark and Thorpe (2021) have defined feminist new materialism to be concerned with the material processes of the world and the lively capacities of matter (matter being bodies, environment, non-human entities) that actively shape social and human lived experiences. New materialism is a theoretical framework that

challenges traditional dualistic perspectives that divide humans and their material environments, and emphasises agency of non-human entities (Barad, 2007).

Rather than humans shaping the world, in new materialism it is recognised that non-human aspects form social, cultural and ecological processes. Through this approach researchers can understand the entanglement of human and nonhuman entities and how bodies, technologies and environments intersect and co-shape each other (Barad, 2007). Feminist new materialism creates a way in which to understand women's lived experiences and can be extended to include ways that multiple aspects are material yet are still in a continual process of becoming (Coleman, 2019; Thorpe, 2020).

This approach is important in gaining rich and expansive knowledge, as it allows researchers to rethink relationships between humans and the material world (Lupton, 2018). An example of this is in Fullagar (2020) research which considers mind-body relations in her explorations of the entanglement of physical culture in women's recovery from depression. Fullagar (a feminist) positions the body as a culturally situated and agentic force, which can change and shape other bodies, things, and spaces it encounters. Brice, Clark and Thorpe (2020), work analysed the material-discursive intra-activity between moving bodies and a sports bra. They lived and moved with Lululemon's Enlite sports bra which included visiting stores together and dialogued their experiences, including the entanglement between their bodies and the sports bra. Brice, Clark and Thorpe's work presented an alternative research

process to consider the intertwined connections that occur between women's moving bodies and fitness objects.

Other research has examined sporting objects such as boxing gloves (Baxter, 2020), wet suits (Roy, 2013), and yoga mats (Jeffrey, Barbour and Thorpe, 2021). This form of approach brings uncertainty, however, as there are no clear boundaries without a structured methodology and, as in Brice, Clark and Thorpe (2020) example, attention is drawn to a particular object and the relations between moving bodies and that object through storying everyday interactions between these two aspects. For the purpose of my own study I wish to adopt a wider lens, without focussing solely on a single or multiple material items, in order to provide a richer and broader understanding. Although in this study I do consider the impact of material items for menopausal women engaging in physical activity, it is not the sole or primary focus.

4.1.1 *Praxis*

Praxis is a process of applying theoretical knowledge to practical actions to drive change (Rafii, 2022). Praxis is at the heart of feminist research and reflects the following basic theory: "if feminist scholarship begins by asking questions informed by women's exclusion in the world and from the standpoint of a personal life that has yet to be taken seriously by others, the aim of feminist research is to expand science and culture to create knowledge that makes a difference in the world" (Taylor, 1998, p. 358). Work by Tolbert *et al.* (2022) within a science context suggested feminist

praxis can include building community, promoting joy and connectivity, and generating and transforming practices which can be through charities, stakeholders, or local groups. In this thesis praxis was adopted by inviting critical friends within the research to invite ideas and to gain feedback from people who are menopausal and are active in a form of physical activity in order to make changes to the research process.

This research builds on the foundations of feminist thinking to provide a voice to the experiences of women and what it means to these women to be physically active during menopause. The lack of research has heightened my awareness of injustice and inequity and of the silencing of women and has inspired me to connect with feminism. From viewing this research it is evident that there are clear gendered disparities in sport and exercise in both participation and in the sport and exercise workforce. Given that menopause is a complex phenomenon, a feminist approach provides a framework to explore individual experiences which are intersectional to understand forms of discrimination which shape women's experiences and prioritise women's perspectives.

A range of feminist scholars have inspired me to consider how complex and multi-faceted women's lives are, in particular Butler's and Hardings work by exploring different insights into women's social realities to challenge dominant narratives. Feminists continue to push boundaries and advocate for equality in all aspects of gender, race, sexuality and age (Ahmed, 2008). This study focuses on hearing

women's voices in physical activity contexts during menopause, as this area has not received sufficient attention particularly when prioritising women's lived experiences through a feminist approach. Considering these types of feminism allows for a breadth of research that can continue to expand our understanding of women's lived experiences and enables aspects which have been ignored and marginalised to be brought to the forefront.

4.2 Narrative Approach

Narrative is challenging to define as it means different things to different people in different disciplines, and can be used in numerous ways (Randall, 2007). As Smith (2007) stated, fixing narrative to a single definition is problematic since narrative research is diverse, with many different definitions and understandings of what narrative is and can be. That said, it is accepted that individuals tell stories to help organise and make sense of their lives through different historical, institutional, and social contexts (Riessman, 2008). A narrative represents "a curious social artefact in that it is so familiar to us – so deeply entrenched in everything we think, feel and do – that it perversely becomes quite difficult to articulate" (Papathomas, 2016, p. 39).

To understand narrative, it is useful to consider the overlap between the terms 'narrative' and 'story'. A story has been defined as a precise account that people tell, which is constructed from narratives that social relations, culture, and society make

available to us (Smith, 2015). Stories can be about personal life circumstances which follow a similar narrative, but the story will be personal to the storyteller (Papathomas, 2016). A narrative, on the other hand, is a resource that cultures and social interactions make accessible which then inform our stories. People tell stories not narratives (Smith and Monforte, 2020). Stories can be collectively made up of a variety of narratives, but a narrative is not its own story (Frank, 2010; Frank, 2013). In contrast, Riessman (2008) suggests that there is no distinction between a story and a narrative, and Frank (2013) stated that “since narratives only exist in particular stories, and all stories are narratives, the distinction is hard to sustain” (p.224). Frank noted the importance of a distinction between narrative and story, to “recognise the uniqueness of each individual story, while at the same time understanding how individuals do not make up stories by themselves” (Frank, 2010, p. 119).

Highlighting how stories and the body are intimately connected, Sparkes and Smith (2011) have asserted that as Frank (2010) portrays, “People do not simply listen to stories. They become caught up, a phrase that can only be explained by another metaphor: stories get under people’s skin. Once stories are under people’s skin, they affect the terms in which people think, know, and perceive” (p.48). Sparkes (1999) further elaborates that the stories we hear and the stories that we learn to tell about our bodies shape how we come to understand and make sense of our embodied experiences. Stories are critical to humans and inform our experience of events throughout our lives, from youth to old age (Smith and Monforte, 2020). Randall (2007) argued that through stories “whether they pertain to our life as a whole or to individual occurrences that last but one minute, we explain to ourselves—and

others—what happened to us and what it might mean” (p. 5). We continuously tell stories about each aspect of our days in order to bring meaning to our lives.

Adopting a narrative approach requires a focus on personal truths rather than objective truth, which emphasises the significance of seeking personal experience from the subject’s own world-view (Papathomas, 2016).

While humans are story-telling animals, it is critical to consider that our stories are influenced by relationships and environments around us and the narratives which surround the storyteller (Smith and Monforte, 2020). We tell stories about our lives that convey and formulate personal thoughts and feelings, and whilst these experiences are personal, they are also socially constructed (Frank, 2013). As Sparkes and Smith (2011) argued based upon Frank’s work, the body is the topic, cause and instrument of any story which has been told and the body becomes central to the becoming and construction of the story; yet the meaning given to the stories via a narrative is drawn from socially shared stories.

Narrative gives individuals meaning and meaning makes us human (Hartog *et al.*, 2020). A narrative is a portal through which a person enters the world, and which plays in the development of the person, helps guide actions and constructs human realities (Smith and Monforte, 2020). Narratives include personal experience stories, not in spite of their subjectivity but because their subjectivities offer many versions of reality that co-exist (Papathomas, 2016). For humans to be able to tell stories that

others can relate to or understand, their stories must fit within a “community of life stories, or ‘deep structures’ about the nature of life itself in a particular culture” (Riessman, 2008, p. 10). Atkinson and Delamont (2006) argue that narratives are a social phenomenon, rather than a vehicle for personal experiences. They are not confined to the narration itself but embedded in interactional and organisational contexts (Czarniawska, 2002). Narratives provide human meaning and have the ability to construct and shape who we are and what we may become through verbal and non-verbal interactions (Smith and Sparkes, 2009; Papathomas, 2016).

Several researchers who study narrative agree that narratives share characteristics. For example, these include the agreement that people are storytelling animals (Papathomas, 2016), and have been widely accepted as storytellers, and it is acknowledged that we lead storied lives (Phoenix, 2006). It is also agreed that humans use the process of telling stories as a way to express themselves and make sense of their lived experiences, and that stories offer space to connect with others as well as an opportunity for individuals to self-reflect on the stories they tell to others (Medved, 2008).

For some, this also includes the notion of narrative dialogism, which considers personal and cultural realities and how these are constructed and enabled in relation to other people through forms of dialogue (Monforte, Pérez-Samaniego and Smith, 2020). As Frank (2005) stated from the dialogical thoughts of Mikhail Bakhtin, “no

one person's voice is ever even his or her own; no one existence is ever clearly bounded. Instead, each voice is always permeated with the voices of others" (p. 968). One of the main concerns of this is how the storyteller presents life as a story as well as including multiple voices (Frank, 2013).

To understand the lived experiences of women I consider work by Steihaug (2008) who state from a physiotherapist perspective:

"Experience leaves traces in the body as body habits, reaction patterns – posture, mimicry, and movements. Therefore exploring the narratives which shape embodied experiences of the menopausal body as stories and experiences that we come to understand are what change our physical beings and change our actions and movement in the world. We acquire mental and bodily attitudes to ourselves, to the world and to other people" (p188).

I resonate with Steihaug (2008) perspective, particularly as a physiotherapist, but also because Steihaug stresses the profound impact of experience on the body, felt in subtle yet significant ways such as posture, mimicry, and movement. This notion highlights the importance of exploring narratives that shape our embodied experiences, as these stories not only alter our physical selves but also influence our actions and interactions with the world around us. As we live, tell, and feel our stories through our bodies, we become acutely aware of the narratives embedded within our

bodily postures, habits and lived experiences (Mackenzie, 2009; Brandon, 2014). Indeed, narratives are not merely influenced by embodiment; they actively shape and are shaped by our bodily experiences, forming a dynamic interplay that defines our existence in the world (Mackenzie, 2009).

4.2.1 *Framework of Narrativity*

In their work examining the relationship between personal stories and broader social narratives, Somers (1992); Somers (1994) presents a framework of narrativity. This framework is illustrated in figure 2.

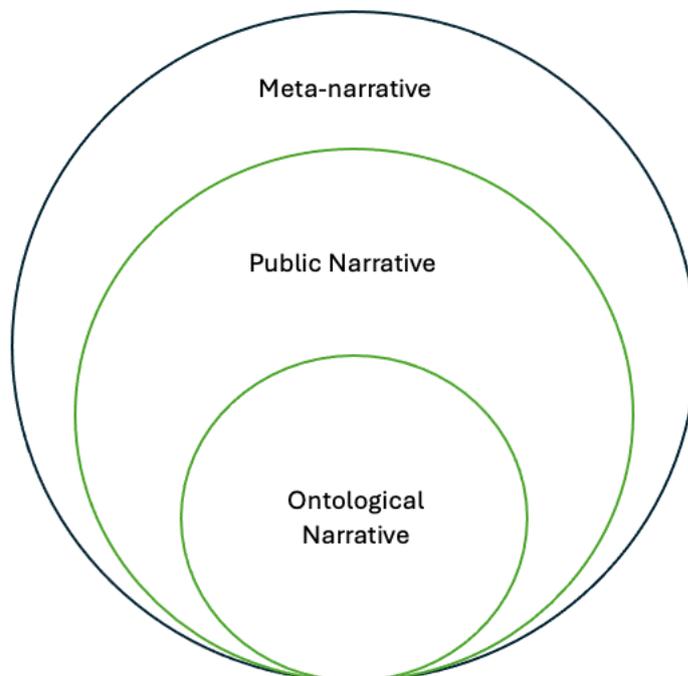


Figure 2: Somers (1992); Somers (1994) framework of narrativity.

In this chapter, I outline the dimensions of narrativity as presented by Somers, which include ontological, public, and meta-narratives. This framework serves the purpose of providing a comprehensive understanding of the relationship between narratives and individual experiences. By examining these different types of narratives, I can gain deeper insights into how menopausal women engage in physical activity, as well as how their personal stories intersect with broader cultural and societal narratives. For instance, within the context of menopause, individual narratives (ontological narratives) are influenced by cultural and institutional narratives (public narratives), thereby contributing to the evolution of societal perceptions (meta-narratives) regarding ageing and gender (Somers, 1994).

Firstly, ontological narratives are the stories which individuals draw on in order to make sense of themselves and the world around them; these stories are shaped by actions and responses, and thus are constantly changing. Ontological narratives can cause multiple and changing identities by locating themselves or being located within stories, and can guide people to act in certain ways based upon the expectations and objectives originating from available social, public and cultural narratives (Somers, 1994). In summary, ontological narratives are social and interpersonal, and individuals will tailor their stories to fit their own identities, thereby adjusting “realities” to fit their stories (Somers, 1994). Ontological narratives shape, originate from and ultimately connect to the webs of relationality that Somers refers to as public narratives.

Public (Somers, 1994), grand (Shanahan, 2018) or master (Frank, 1995) narratives are those attached to and formed by cultures and institutions, rather than from a single individual. Public narratives are 'concepts and explanations that we construct as social researchers' (Somers, 1997, p. 85). Public narratives provide individuals with a way of understanding a given experience normatively (Squire *et al.*, 2014).

These narratives may originate from family, church, workplace, government, and other sources, which then feed into individual ontological narratives (in this context, the media and cultural views). Culturally available narratives can shape individuals' own stories and how they come to understand their own experiences (Frank, 1995). People's life stories are always interlinked with those of others such as family, friends, and colleagues, and public narratives can be a significant and powerful driver of an individual's own experience. Issues can arise, however, when available master narratives do not sufficiently "fit" with individuals' personal experiences (McLean and Syed, 2016).

Public narratives link to another strand of Somers' types of narratives, being meta-narratives. Meta-narratives, which are acknowledged as the "master narrative", are entrenched in history; these narratives are influenced by historical knowledge which has been accepted in society, and can transcend specific topics and form the fundamental blocks of human life and experience (Somers, 1992). Meta-narratives can also include the master narratives of contemporary social life, such as

democracy, freedom, or the doctrine of progress (Phibbs, 2007), and they often exist beyond our awareness (Somers, 2003, p. 62). By adopting thinking from Somers (1994) it is possible that changes and progression in women's ontological and public narratives, along with increased awareness and openness around the topic of menopause (especially through mass media and more women sharing their stories), can, in turn, affect and change meta-narratives in the future.

As suggested previously, the meta-narratives made available from specific cultures regarding menopause are important because they have the potential to shape our stories (ontological narratives) of menopause. One way of this being accomplished is by being open to other people's stories of menopause. Pollner (1996) stated that individuals are able to construct, convey and establish stories of an unknown future by drawing on narrative maps. Narrative maps serve as templates through which individuals interpret and anticipate their own ageing processes, by mapping out possible trajectories of ageing (Phoenix, 2006). Narrative maps are deeply rooted in broader socio-cultural contexts and narratives can play a key role in shaping narrative maps and influencing individuals' perceptions and experiences of ageing (Puto, 2022). For example, institutional narratives in healthcare or workplace settings can dictate norms related to ageing and retirement. This highlights the critical role of cultural, institutional and workplace narratives.

When considering the ageing process, Phoenix and Sparkes (2006) acknowledged that through narrative maps “of inhabiting/living through different kinds of bodies, older people can provide younger people with pre-presentations of what is to come as they age and how they might experience different forms of embodiment” (p109). Narrative maps can be consequential in how individuals relate to their futures; individuals are able to hear these stories from different cultures, institutions, or workplaces (public narratives), which can cause social reproduction by leading the individual to contribute to and/or conform to stereotypes. By understanding the interplay between narrative maps and broader sociocultural narratives, I can better grasp the complexities of menopausal experiences and physical activity.

Women’s narratives evolve and change over time as women progress through different stages of menopause and ageing. Women’s reflections of their menopausal experiences may vary over time by factors such as personal growth, resilience and/or changes in life circumstances (Hoga, 2015). Factors such as socioeconomic status, access to healthcare, cultural norms and social support shapes women's perceptions to menopause-related changes and their engagement in physical activity (Salis, 2018). In the context of this study, I consider women’s ontological narrative of menopause based on their lived experiences of menopause, how they make sense of this process and what is happening to them by attempting to integrate these changes within one or more narratives, as well as establishing who they are at this precise time.

New narratives have the potential to reshape societal perceptions and attitudes towards menopause and physical activity, and can thus act as counter-narratives. Amplifying the voices of menopausal women can serve to challenge outdated misconceptions surrounding menopause. These voices may offer a nuanced understanding of various ways in which menopausal women navigate their physical well-being and promote empowerment and inclusivity, and hopefully can allow a more holistic narrative to emerge and promote acceptance and support for menopausal women who wish to remain or start to be physically active.

In summary, adopting a narrative approach to understanding women's experience of menopause and physical activity can help to reveal the intricate interplay between personal stories and societal and cultural narratives relating to women's bodies and health as they age. Narratives are multifaceted but are also a fundamental tool for individuals to make sense of their lives within historical, institutional and social frameworks. Narratives not only reflect personal truths but can reshape societal attitudes and perceptions which can potentially pave the way for more accepting and supportive menopause narratives.

4.3 Embodiment

Embodiment, like the concept of narrative, holds different meanings in various contexts (Ellingson, 2017). It is not only a strand of an individual's subjective experience but also the foundation of such experiences (Standal, 2020). The body

has been acknowledged as “a site through which a situated sense of self is experienced” (Sekimoto, 2012, p. 232). Additionally, embodiment has been suggested as the experiential body being both a representation and a foundational aspect of personal experience. To further explore the concept of embodiment, I will cover three main perspectives: Frank’s narrative approach, Scheper-Hughes and Lock’s three bodies of embodiment, and Ellingson’s conceptualising embodiment framework. These approaches will help to guide my understanding of how embodiment is conceptualised and experienced in different contexts.

Barbour (2004) identified that embodiment “incorporated many things as one; a person’s biological (somatic), intellectual, emotional, bodily, social, gendered, artistic and spiritual experience, within their cultural and geographical setting – how we experience our bodies physically, emotionally and psychologically” (p230).

Embodiment is a state of continual becoming with the world, and is a state of being which is endlessly changing (Csordas, 1994).

When seeking a definition for embodiment, the one I agreed with most was Barbour (2004) who notes that embodiment is not biological or socially constructed, nor solely based upon an attempt to break down mind-body dualisms. Rather, embodiment is a method of knowing through individuals' lived experiences, and takes into consideration the range of influences in daily life which can have a presence on the body (Barbour, Clark and Jeffrey, 2019). From this definition I understand embodiment as an experience but also an engagement of knowing and being

brought back to life through different aspects of us, and the wider boundaries of our bodies and the environment we place ourselves within. My understanding of embodiment includes that moving in the world gives meaning to our experiences through our body, which adds complexity to understanding lived experiences (Barbour, 2004; Hockey and Allen-Collinson, 2009).

4.3.1 Conceptualising Embodiment

In this section, I will explore three main conceptual frameworks of embodiment as proposed by various scholars: the narrative body types by Frank (2013), individual, the social and the body politic by Scheper-Hughes and Lock (1987), and conceptualising embodiment framework by Ellingson (2017). Each of these frameworks provides a unique lens through which to understand the complex interplay between the body, society, and culture.

4.3.1i Body Narratives: Embodied Matrix

Frank (2013) research has explored how we recall narratives through our bodies and how individuals can tell stories through pre-existing narratives from different historic views and cultures, and from these Frank has recognised what he refers to as the four ideal-typical bodies. These bodies are the disciplined body, mirroring body, dominating body and communicative body. The disciplined body actively achieves what the body wants, i.e. meeting the demands of being well / being the best version

of themselves. The mirroring body states itself in the image of other bodies surrounding it, i.e. the aspiration to be healthy like the bodies shown in the media. The dominating body controls other bodies when it is itself out of control. The communicative body defines itself through communion and communication of stories, through sharing and listening to each other's stories as a community.

Individuals choose what type of narrative they tell based upon the body-selves they've created. The stories we are told, and that we learn to tell about ourselves and our bodies, are important in the development of how we come to impose order within our embodied experiences to make sense of actions in life (Sparkes 1999). These four bodies will be intertwined in this thesis as a way in which to make sense of women's new narratives around their moving bodies during menopause.

For the purpose of this study, it was significant not to solely consider embodiment as an attempt to break down mind-body dualisms but also as a method to understand women's lived experiences as a state of continual becoming, shifting, and changing in relation to others, external environments and within individual's bodies (Csordas, 1994).

4.3.1ii Three Bodies of Embodiment.

Scheper-Hughes and Lock (1987) introduced the concept of the "three bodies" in their work "The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology". They proposed a tripartite model of embodiment to understand how health, illness, and the body are perceived and experienced across different cultures. The three bodies are the individual, the social and the body politic. The individual body is based upon women's lived experiences and has been observed as the site of the self. This refers to the body as we understand it and our own autonomous being which exists in isolation.

The second body is the social body; this body includes how culture and society represents who we are, and the health of the body reflects the health of the society and vice-versa, a notion which is found in more traditional cultures (Scheper-Hughes and Lock, 1987). The body is viewed differently by different cultures and is not a fixed entity, but something which holds multiple meanings which can change over time. The way in which women interpret and give meaning to bodily changes within their cultural environment and the narratives associated with the reproductive body all impact a woman's experience (Gilleard and Higgs, 2015).

The third of Scheper-Hughes and Lock (1987) body types is the body politic. Body politic is rooted in society, power dynamics and cultural views which influence perceptions of the body (Scheper-Hughes and Lock, 1987). Body politic has been interpreted as a means of control and having strict confines in order to make people act, feel, give meaning to and experience situations in a certain way in order to meet

social and political control and views, rather than just being a biological entity. Body politic has similarities with Somers (1994) “public narratives”; women’s perceptions of how they should present themselves are reinforced through cultural and institutional narratives which then shape how women experience their lives based upon the cultures they associate themselves with. Both bodies of work emphasise how cultural beliefs influence how bodies are experienced, perceived and treated.

The body politic shares similarities to the work of Laz (2003), who found that “like age, embodiment can also be understood as achieved or accomplished as the result of ongoing, often routine, sometimes extraordinary, social and collective work” (p 507). As well as changing and working on our bodies, we also react to them, and both embodiment and age are inseparably linked (Laz, 2003). I found the following quote by Laz (2003) extremely powerful, especially when considering menopause: “embodiment is more like a stream – changeable, restless, and not wholly predictable – than a mountain with its appearance of fixedness and permanence. Embodiment sometimes goes unnoticed or unremarked and at other times, embodiment is highly visible and salient. At best, they cooperate, and we can at least temporarily take them for granted. At worst, our bodies do not do what we wish; they remind us of their presence” (p517). Menopause, like embodiment, is fluid and changeable across time, space, and environment, therefore adopting this stance enables me to fully capture the opportunities to hear women’s experiences of their menopausal bodies in conjunction with moving through the menopause.

While Scheper-Hughes and Lock have explained these bodies as distinct categories to provide understanding, these bodies are not entirely separate. Instead, it is said that these bodies are dynamic and interconnected and the experiences of the individual body are always influenced by social and political contexts. Equally, societal and political structures are informed and shaped by the lived experiences of individuals.

Drawing on all three bodies provided a foundation to explore women's own understanding of their autonomous being, how societal and cultural influences have changed their perceptions of their bodies in the way they move and feel, as well as whether women feel a sense of control or feel limited in how they should feel, act, and move within physical activity.

4.3.1iii Conceptualising Embodiment.

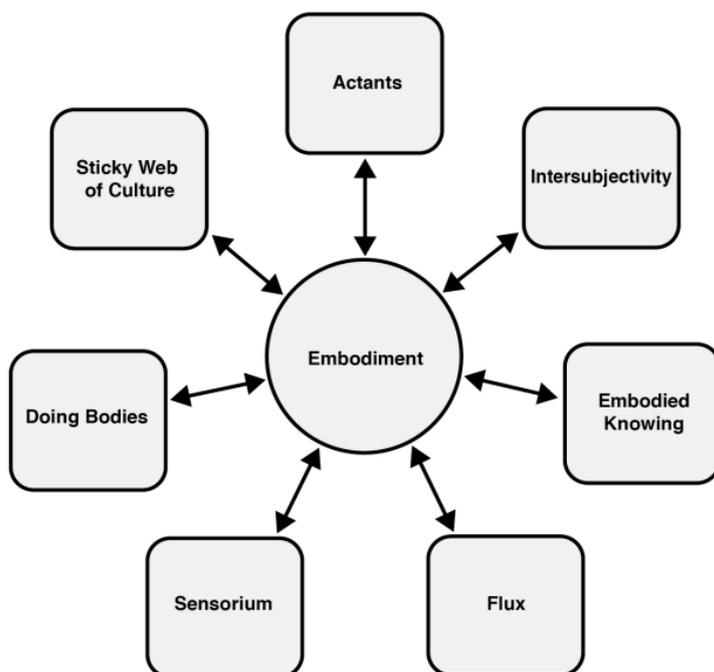


Figure 3: Conceptualising Embodiment.

More recently, Ellingson (2017) work has built on the work of Scheper-Hughes and Lock (1987), specifically considering the importance of embodiment from a poststructuralist perspective. The work of Ellingson has been particularly influential in my thinking around women's experiences of menopause and physical activity because this framework recognises societies and individuals understanding as well as offering insight into how individuals express their bodily experiences. This framework is highlighted in figure 3. The conceptualising embodiment framework illuminates strands of sensuousness and highlights the array of meaning which is associated with embodiment and how cultures, societies and historical groundings shape individuals' understandings of their own and other bodies. As Ellingson has fittingly expressed, the body is always changing and adapting and is never fixed.

The concept of embodiment can be explored through several facets, each providing a different lens for understanding bodily experiences and their impact on women's experiences.

Sensorium refers to the combined senses, including the 'somatic senses' beyond the traditional five, such as kinaesthesia and the sense of bodily movement. These senses work together with the vestibular senses to maintain balance and spatial

awareness. For instance, in researching active women's experiences of menopause, understanding the sensorium could help explain how changes in bodily sensations and movement affect their physical activity during menopause.

Embodied Knowing emphasises how individuals experience the world through their bodies, integrating cognitive processes with bodily sensations and interactions with the environment. This concept highlights that the body is a site of knowledge production. In the context of menopause, embodied knowing could reveal how women's personal experiences and bodily changes inform their understanding of menopause and influence their engagement in physical activities. Furthermore, Harding's emphasis on situated knowledge complements Ellingson's concept of embodied knowing. Ellingson highlights how individuals comprehend and experience the world through their bodies, asserting that knowledge is not solely cognitive but deeply entrenched in bodily experiences and interactions with the environment. Both scholars highlight that knowledge is inherently tied to the body and its context. This approach enriches the understanding of embodiment by integrating the situated and embodied nature of knowledge.

The Sticky Web of Culture uses the metaphor of a "web" to represent the complex network of cultural norms, language, and narratives that shape the body. The body is influenced by societal, historical, and cultural views. For example, this concept can be used to analyse how cultural narratives around ageing and femininity impact menopausal women's perceptions of their bodies and their participation in physical activities.

Actants are nonhuman objects or processes that influence how individuals constitute themselves in relation to human acts. This concept considers the interactions between bodies, external objects and cultural practices in creating embodied experiences. In menopause research, actants could include exercise equipment, health apps, or community spaces that shape women's physical activities and experiences of menopause.

Flux refers to the fluid and evolving nature of bodily experiences and the factors influencing them, such as language, ideas, and social structures. It highlights the dynamic and multifaceted nature of embodiment. For menopausal women, flux can describe how their experiences of physical activity and bodily changes are continually influenced by social, cultural, and environmental factors, reflecting the ongoing adaptation to menopause.

Intersubjectivity focuses on how individuals communicate and interpret their bodily experiences with others, emphasising empathy and shared meanings in social contexts. This concept highlights the diversity of embodied experiences across cultures and social contexts. In this research, intersubjectivity could help explore how menopausal women share their physical activity experiences and how these are understood and supported by their social networks.

Doing Bodies refers to the active practices, actions and performances that shape individual experiences, identities, and relationships with social contexts. Bodies are seen as active participants in expressing, performing roles, and engaging with the environment. In studying active women's experiences of menopause, doing bodies can illustrate how physical activity may shape their identities and relationships.

Hockey (2007) suggests the sensuous nature of sport is able to deepen understanding of embodied experiences through considering the multifaceted ways in which individuals engage with physical activity. By highlighting the sensory dimensions of sport - sight, sound, smell, and movement - Hockey aimed to explain the rich and immersive nature of sporting experiences. In relation to my research on active women's experiences of menopause, Hockey's emphasis on the sensuous nature of sport is particularly relevant. Understanding how menopausal women engage with physical activity involves considering not just the physical movements or cognitive decisions involved, but also the sensory experiences that accompany their participation. For example, sight may involve the visual perception of one's body in motion, the environment, or other participants. Sound could include the rhythmic breathing or the auditory cues that guide movement and decision-making. Olfactory sensations, such as the smell of sweat or the scent of the environment, may evoke memories or influence emotional responses during physical activity.

Moreover, Hockey's insights into the psychosocial dimensions of movement and the connection between sensory experiences and decision-making resonate with the

experiences of menopausal women engaging in physical activity. Understanding how sensory perceptions influence movement patterns, pace, and safety considerations can shed light on the motivations, challenges, and strategies employed by menopausal women in their pursuit of physical well-being. By acknowledging the sensory richness of sporting experiences, my research can offer a more nuanced understanding of how menopausal women navigate and derive meaning from their engagement in physical activity.

Today, feminist researchers are considering how sensory and lived experiences in moving bodies might provide them with differentiated information inaccessible through traditional means of knowledge acquisition (Lea, 2008; Sheets-Johnstone, 2010; Pink, 2011; Throsby, 2013; Allen-Collinson, 2015; Humberstone and Stuart, 2016; Barbour, Clark and Jeffrey, 2019). It has been identified that our bodies can be understood as containing essential qualities (Ellingson, 2017). These essential qualities include elements such as breath, movement, sound, felt sense, relationship to yourself, intimacy, stillness, and presence, and has been considered as feeling and experiencing the body in a much deeper way (Mcbride, 2017).

This deeper connection (considering all essential qualities) allows us to understand all sensations and aspects of a person's story, to allow a sense of association to particular elements which may be familiar to the listener creating a sense of shared understanding of similar lived experiences. The implications of this evolving understanding of embodied knowledge could challenge traditional paradigms of

knowledge acquisition and open up new ways of understanding women's experience of physical activity during menopause (Tanaka, 2011).

In traditional approaches, knowledge is often acquired through observation, measurements or analysis, which can overlook embodied experiences (Crossley, 2006). Therefore by focusing on the importance of lived and sensory experiences in understanding the body and movement, feminists have argued embodied knowledge (which includes sensations, emotions and bodily awareness) offers valuable insights that are not accessible through traditional methods. This challenges positivist epistemologies that prioritise quantifiable data and observations and highlights the importance of more holistic and inclusive approaches to knowledge production (Harding, 2001). Considerations of embodied experiences can promote potential future directions such as enabling more inclusive and effective approaches to women's health and/or physical activity interventions.

Physical activity may help to alleviate any perceived conflict between body and mind, or individual and nature. According to Northrup (2020) embracing and cherishing the body is crucial, as it serves as the vessel for the "soul". Engaging in physical activity or relearning basic tasks facilitates re-embodiment, allowing individuals to learn and adapt their skills, thereby fostering a sense of self-growth and empowerment (Ravn, 2022). Drawing on the insights of Hockey (2007) and Ellingson (2017) proves advantageous by allowing for a deeper understanding of how women undergoing menopausal changes reflect on touch, taste, smell, texture, and movement. This

exploration sheds light on the multifaceted nature of the menopausal experience and highlights the significance of sensory perceptions in shaping women's embodied realities.

4.4 Concluding Comments

Feminism serves as a critical lens for understanding and addressing gender-based disparities and inequalities. By amplifying women's voices and experiences, feminist perspectives challenge dominant narratives and advocate for equality and social justice. From the first-wave feminism advocating for legal rights to the third-wave feminism highlighting intersectionality and inclusivity, feminist movements have evolved to encompass a wide range of global issues. Feminist scholars have critiqued traditional power structures, challenged binary oppositions, and emphasised the importance of subjective experiences in shaping identities.

Similarly, narrative research provides a diverse framework for understanding how individuals navigate their lives within various social, historical, and cultural contexts. Despite the challenge of defining narrative, scholars agree on its significance in personal experiences, which are shaped by cultural narratives. Stories, influenced by broader societal narratives, help individuals make sense of their world and construct personal meanings. This connection between narrative and the body highlights the role of storytelling in shaping embodied experiences.

Narrative inquiry explores how stories evolve within ontological, public, and meta-narratives, contributing to identity formation and cultural change. By amplifying diverse voices and acknowledging the dynamic interplay between personal stories and broader societal narratives, researchers can contribute to more holistic and inclusive narratives surrounding menopause.

Furthermore, the study of embodiment in women's experiences of menopause and physical activity offers the opportunity to consider individual, social, and cultural factors. Scholars offer diverse perspectives, from understanding embodiment as a foundation of personal experience to exploring its multifaceted nature. Through narrative approaches and embodied frameworks, it is clear that embodiment is conceptualised and experienced in complex ways. Insights from the strands of embodiment (Ellingson, 2017) provides a deeper understanding of how bodily experiences can shape women's perceptions and behaviours during menopause and physical activity.

5.0 CHAPTER 5- METHODOLOGY

This research is based on women's experiences of their menopausal bodies within the context of physical activity, and how physical activity shapes women's experiences of menopause. Understanding women's experiences of this "menopausal body" formed the basis of my initial research questions and methods, to gain insight into what women face when entering this new chapter of their lives, and how this may or may not influence their engagement in physical activity.

Through this chapter I outline the philosophies, understandings and beliefs which I considered to produce this research in a systematic way (Moon and Blackman, 2014) and explain the decisions I have made which have underpinned my research process. I discuss ethical considerations and Covid-19 considerations within the research design and conclude by describing the principles of the analysis.

5.1 Research Paradigms

A paradigm has been defined as a set of beliefs or worldviews that influences research action or an investigation (Guba and Lincoln, 1994). Kivunja and Kuyini (2017) acknowledge paradigms as human constructions, indicating where the researcher's starting point is to then construct meaning such as their philosophical positioning which will dictate their methodology and methods.

Paradigms provide the boundaries for the researcher's ethics and values, actions in the social world, the control of the study and guide the fundamental understanding of the world the researcher is investigating (Kivunja and Kuyini, 2017; Kamal, 2019). It has been acknowledged by Smith and Sparkes (2016b) that a paradigm should consist of an ontological perspective, a methodology and a criteria for validity.

Within the umbrella of a paradigm, the most common paradigms are critical theory, positivism and interpretivism (Ryba *et al.*, 2022), which then are further categorised by their ontology, epistemology, and methodology (Smith and Sparkes, 2016b). It is important to understand the ontological and epistemological beliefs of the authors to understand the relevance of the study (McDonald and Birrell, 1999).

Critical theory is an approach that seeks to reveal and challenge societal and cultural power structures and inequalities; this approach considers how the understanding of the world is shaped by interactions and influenced by personal values and perspectives. It examines how power dynamics impact individuals and aims to drive change through dialogue and the exploration of diverse perspectives (Smith and Sparkes, 2016b). Moreover, critical theory can be hard to understand due to its complex language. It has been seen as biased because it relies on personal values and perspectives and that putting ideas into practice can be difficult (Kincheloe and McLaren, 2011).

Positivism assumes reality exists independent of humans and is not mediated by our senses. For positivists reality is seen to be context-free, and that different researchers working in different times and environments will conclude the same assumptions about a given phenomenon (Smith and Sparkes, 2016b). For positivists there is a single truth which can be measured (Denzin, 2011).

Critiques of positivism have led to the development of post-positivism which “straddles both the positivist and interpretivist paradigms” (Grix, 2004, p. 86) and addresses the critiques of the positivist paradigm by recognising that the researcher’s own beliefs and values may affect what is being observed. Positivist research often generates numerical data and relies heavily on experimentation, which was not deemed appropriate for this research. Rather, this research was situated within an interpretivist paradigm given its objective to explore active women’s individual experiences engaging in different movement practices whilst experiencing menopause, and to understand how women take meaning from the world they live in, social relationships and culture, and understanding the meanings these interactions have on their experiences (Weber and Morris, 2010).

An interpretivist paradigm approach focuses on understanding how individuals interpret their everyday lived experiences, and interpretivists believe in socially constructed multiple realities (Holstein *et al.*, 2013). This perspective contends that truth and reality are not discovered but created (Weber, 2010), mediated by various factors such as our senses, the significance of objects, and interactions within our

'life-world' (Pallasmaa, 2011). Interpretivism, while acknowledging the complexity of the social world (Richards, 2003), emphasises the construction of meaning through interactions with one's surroundings (Lincoln and Guba, 1985).

Despite its strengths, interpretivism has faced criticism for its perceived inability to produce theories applicable to larger populations (Grix, 2004). As Richards (2003) notes, however, interpretive research demands rigour, precision, systematicity and careful attention to detail. In exploring women's experiences and uncovering multiple realities, this research aligns closely with interpretivism (Weber and Morris, 2010). Qualitative research does possess a form of generalisability, though distinct from the conventional understanding found in quantitative research paradigms, a distinction I will elaborate on later in this chapter.

5.1.1 Ontological Perspective

Ontology, epistemology and theoretical frameworks are guided through different paradigmatic approaches (Denzin, 2011; Markula, 2004). Ontology is a branch of philosophy and is what constitutes the reality of the nature of the truth (Patton, 2007), and the notion of "being" (Chambers, 2017). As well as the notion of being, ontology is also characterised by notions of existence, becoming and reality (Hofweber, 2020). Ontology seeks the explanation of objects. On one hand, it is based upon reality appearing subjectively and on the other that our experiences are more widely held within the environments we are situated in (Bryman, 2004).

In this research, I adopted a social constructionist ontology, which suggests that multiple realities exist and are constructed through social interactions and cultural contexts. This perspective acknowledges that knowledge is not discovered objectively but is constructed through the experiences and interactions of individuals within their specific environments (Smith and Sparkes, 2016b). To explore the embodied experiences of women engaging in physical activity during menopause, I employed qualitative go-along interviews, biographical interviews, and creative methods. These methodologies are well-suited to a social constructionist approach as they facilitate a deep, contextual understanding of how women construct and interpret their experiences within their social and cultural contexts. This framework allows for the exploration of the rich, subjective realities of the participants, highlighting the importance of narrative and context in the construction of knowledge. Moreover, I view menopause as a process of “becoming,” rather than as a fixed event, thereby recognising the menopausal body as continually changing and in the making (Biehl and Locke, 2010; Ellingson, 2017). Each participant’s ‘truth’ is influenced by cultural, social, historical, and individual factors that change over time (Sparkes and Smith, 2013).

5.1.2 Epistemological Perspective

Epistemology refers to how an individual can know (knowledge) about multiple realities of human experience and different ways in seeing (Chambers, 2017). Our

consciousness, and how we relate one truth to another, is influenced by our culture and society. These sources of knowledge have been acknowledged through our perceptions, beliefs, memory and testimony (Steup *et al.*, 2024).

My epistemological perspective informed how I engaged with participants to highlight the reality of their experiences. This epistemological stance provides a new lens that enforces awareness of women's social, cultural, and religious context, as well as how they perceive and experience movement during menopausal transitions. Such epistemologies contest preconceptions of what the menopausal body should and should not do and consider the benefit that is enabled through relations between individuals and environments in shaping and reshaping women's views of their moving bodies (Hinchliffe *et al.*, 2018).

5.2 Qualitative Research

To conduct qualitative research is "to study things" through examining individuals and organisations and their reasons, opinions, motivations, and beliefs in their natural settings (Draper, 2009). Moreover, Braun and Clarke (2013) stated the term qualitative research is used to refer to the technique of collection and analysis of data within a qualitative paradigm and in its most basic sense uses words as data. For them, qualitative research is rich and exciting as it captures complexity as well as making sense of patterns of meaning.

Hennink, Hutter and Bailey (2020) identify that one of the distinctive features of qualitative research is that it provides a perspective of the participants in the study, giving precedence to their voices. Qualitative research includes a multitude of methods of research and is able to distil complex reasoning as well as being flexible (Chandra and Shang, 2019).

In addition, Ellingson (2017) work has highlighted that a strength of qualitative research is the ability to capture the messiness of individuals' everyday life. Qualitative research allows the capture of both verbal and non-verbal expressions in a way that quantitative research cannot grasp. An example of this is that people make sense of their own experiences and tell these stories through language and nonverbal expressions such as through bodily actions and gestures. Through qualitative methodologies like interviews, observations, and participant interactions, researchers can delve into the complexities of women's experiences during menopause, capturing the nuances of their lived realities beyond statistical data. This approach enables researchers to understand the subjective meanings individuals attach to their experiences and the complex interplay of factors shaping their lives. Likewise, Stelter (2003) acknowledges within a sport and exercise context that qualitative research can grasp the multidimensionality of environments, meanings and unanticipated phenomena and is concerned with understanding human behaviour and providing an insight through an emphasis on the individual's perspective.

A qualitative approach was the chosen method for this study as this was better suited to the research questions. This approach aligns with the interpretivist interpretive paradigm in which this research is situated. The overarching aim of this research was to explore women's experiences of their moving bodies through menopause, and qualitative research allows the opportunity to gain rich and in-depth information on this topic. Qualitative research provides a platform to hear important insights and meanings into how narratives surrounding women's bodies, health, wellbeing and ageing intersect, shaping the ways in which movement and menopause become sites for negotiating change and continuity.

5.3 Managing Positionality Through Reflexivity

Reflexivity and positionality are critical concepts in qualitative research that will help ensure the accuracy, reliability, and ethical integrity of my findings. Reflexivity involves the process of critically examining my own biases, assumptions, values, and positions in relation to the research (Jootun, 2009). As Primeau (2003) recognised, "reflexivity enhances the quality of research through its ability to extend our understanding of how our positions and interest as researchers affect all stages of the research process". Improving the quality of research is important to ensure the accuracy, reliability, and impact of the findings. It promotes trust and ethical responsibility, and ultimately contributes to the advancement of knowledge. Reflexivity provides transparency to the research, reducing power imbalances between participants and researchers (Finlay, 2002; Etherington, 2004).

Positionality refers to the researcher's situatedness within social, political, cultural, and historical contexts, shaping their assumptions, perspectives, and interpretations throughout the research process (Holmes, 2020). Positionality is crucial in considering a researcher's social identities, which shape their lived experiences and perceptions (Holmes, 2020). Acknowledging positionality enables researchers to recognise personal biases and assumptions that may impact the research process and findings (Olmos-Vega, 2022). Additionally, positionality raises ethical considerations related to power dynamics and the impact of the research on participants. Highlighting positionality fosters greater sensitivity and ensures research is conducted ethically and responsibly (Fenge, 2019).

In this research, I aspired to manage reflexivity and positionality by keeping a research journal to document my ongoing reflections and the potential influence of my biases on the research process (Ortlipp, 2008). This research diary offered a space to record thoughts, experiences and reflections on the research journey, facilitating a review of personal biases and perspectives (Silverman and Marvasti, 2008; Gibbs *et al.*, 2007). The use of a research diary enhanced transparency as it allowed me to assess the trustworthiness of the research findings and review whether my positionality had any influence on the process (O'kane, 2019). By capturing the different directions and the shape of the research process through documentation of interactions with participants, as well as feedback from academics and conferences, I have ensured a thorough and reflective approach. Additionally, gaining feedback from a critical friend on reviewing interview transcripts and the way I probed questions during the interviews will further enhance the depth of my reflexive practice. An example of this is provided in figure 4.

May 2021: Diary Entry:

When producing the interview guide, I have been conscious that I am not menopausal. Therefore, inviting critical friends to provide feedback on the data collection methods has been vital. For instance, one of the ladies from the critical friend's group reviewed my interview transcripts and gave the following feedback:

"I might struggle to understand what you're getting at if I hadn't read the questions - only because some questions are long and wordy. I got my boy to read them out to me and I had to concentrate (I am so forgetful and have a three-second memory). I see you're trying not to be leading and have open questions, but you may have to rely on things like: what are the benefits, how does this make you feel, why do you say that? what do you like or dislike, what are the challenges, etc."

Reading this feedback made me realise that menopausal symptoms might cause difficulties with the data collection methods, such as the go-along interviews where women do not have the questions in front of them. If the questions are too long and wordy, memory fog might set in and cause difficulties with remembering the initial question. Based on this feedback, I changed the questions to be shorter, as suggested, to make them clear and precise and added prompting questions. This made me reflect on the wider implication's menopause can have on women.

Figure 4: Diary Entry: Incorporating Critical Friend's Feedback on Interview Template.

As well as gaining feedback from academics and conferences, regular supervisory meetings were organised to facilitate discussions on inclusion criteria, data collection

progress, and emerging themes. These meetings ensured rigour, ethical integrity, and reflexivity by providing structured opportunities to reflect on the implications of positionality on the research and discuss perspectives and biases (Sanjari, 2014). Engaging in these meetings brought awareness of any influences on my interpretation of the data and provided a space to question assumptions made during the research process (Shaw, 2019).

Establishing my own starting point is crucial for readers to understand my perspective and judge its impact on the research. I aspired to ensure transparency about my background, including my upbringing in the North East of England and my professional background in physiotherapy. This transparency aimed to enhance rigour, especially as some participants may know me from my physiotherapy practice or running events. These characteristics may have impacted the research process and direction, therefore offering this information prior to data collection was essential for maintaining rigour (Sparkes and Smith, 2013).

My professional background is in the health setting of physiotherapy, working in a private practice which I have built up independently. It was through working as a physiotherapist that my drive and motivation to study topics surrounding menopause flourished. Speaking to many different women and hearing their stories of menopause is what directed me into the evidence base to understand what was available on the experiences of movement and menopause, which was extremely limited.

As well as in a professional environment, a family member went through the menopause post-hysterectomy and the experience they had sparked my initial interest into this area of research. Referring to the notion of ontology, I recognise that my own understandings and experiences as an outsider to the menopause will vary considerably from other women's. While other women's experiences are different, and arise from a different set of life circumstances, they are no less real than my own and the differences provide insight into the reality of experience.

An important aspect is that during the process of data collection I was pregnant and subsequently went on to give birth to a baby girl. Although I have not experienced perimenopause or menopause, during the course of this study I was impacted by shifting hormonal levels due to my pregnancy. I experienced fatigue, where some days I felt absolutely exhausted. I also experienced changes in my body such as feeling heavier, being heavier and alterations in my body shape which impacted how I felt in myself and in connection to movement. I moved differently, with the gradual growth of my stomach changing how I distributed my weight, how I compensated in my movements as well as navigating changes with my mood. Although pregnancy and menopause are different, I do feel as though I experienced some similarities with symptoms which are commonly experienced during menopause so I was able to share some empathy and understandings of some symptoms.

In relation to data collection, prior to the go-along interviews I explained I was pregnant before meeting the women due to my fitness levels changing as my pregnancy progressed, but I still managed to continue to exercise until 37 weeks of pregnancy and my go-along interviews were not compromised (being able to run to the pace set by the individual women who were running). Such characteristics might have impacted access to participants and the nature of relationships established with participants (Sparkes and Smith, 2013), especially if women had gone through early menopause and had not had the opportunity to have children. Being pregnant gave me a six month break away from my research which allowed me to stand back from my research and return to my analysis with time to reflect on my findings.

Nonetheless, reading back through transcripts brought back emotional aspects which I felt during my data collection and reminded me of visual prompts I had identified when conducting the go-along interviews. A disadvantage of taking a six month gap is that it disrupted the momentum of the research in gaining more focus and productivity and it took me some time to get back into the flow of the research process, especially in reading and keeping up to date with recently published research.

It is crucial to avoid overemphasising personal reflections to prevent obscuring participants' influence (Finlay, 2002). I continually questioned my personal reflections throughout the research and analysis process to maintain quality and transparency. This is why maintaining a diary and open dialogue was significant in enhancing the quality and transparency of this research.

5.4 Quality in Qualitative Research: Generalisability and Judgement Criteria

According to Cho and Trent (2009) validity in qualitative research is based on the degree to which researchers' claims about knowledge resemble reality, and is the crux of trust and accuracy (Pitney and Parker, 2009). Smith, Sparkes and Caddick (2014) add that validity questions whether the research findings capture the true steps of data collection and reflect what participants truly mean about the situations they have articulated. In narrative research, validity can also concern the extent to which the stories people tell represent memory reconstruction versus 'facts' (Clandinin and Connelly, 2000). The aim of narrative inquiry is not to find one valid and generalisable truth, however, but to acknowledge multiple truths and narratives (Byrne-Armstrong, 2001, p. 112).

Generalisability has been defined in multiple ways, as an inductive reasoning process (Payne, Williams and Chamberlain, 2004), as drawing conclusions from one period of time to another (Bryman, 2008), and also as drawing broad conclusions from a particular occurrence (Polit and Beck, 2010). Polit and Beck (2010) noted that although some research states generalisability, i.e., random sampling of students from a university, this may mean it is generalisable to a small sample, but it has been poorly defined in the research and in fact, it cannot be generalised to larger populations. Generalisability should not be applied in the same way in qualitative work as it is in quantitative work. Quantitative research is typically situated in a positivist paradigm, which assumes there is one singular truth to be found (Rehman

and Alharthi, 2016). In contrast, qualitative research approaches are typically situated in an interpretivist paradigm, which holds that there is no single truth (Willis, 2007). For instance, qualitative research often focuses on the transferability of findings to similar contexts rather than broad generalisability, emphasising depth and richness of data over breadth (Hays and McKibben, 2021). Additionally, the credibility and authenticity of the research context and participants' experiences are often prioritised over the replication of findings across different settings (Finlay, 2006).

According to Smith (2018), qualitative researchers should seek possible relationships between the study results, and he defined different types of generalisations. The first type identified was naturalistic generalisation, which is also often referred to as representational generalisation (Lewis, 2014). This occurs when readers recognise similarities and differences in the results that feel familiar based on their experiences, making the research findings resonate with their own (Smith, 2018).

Transferability, also known as inferential generalisation (Lewis, 2014) or case-to-case generalisation (Chenail, 2010) plays a crucial role in qualitative research. Smith (2018) describes transferability as “fittingness” (p. 140). This captures the essence of participants' experiences through storytelling. Stories have the power to draw readers into the narrative, making them feel as though they have lived through the events themselves (Papathomas, 2016).

Another facet of generalisability is analytical generalisation which involves exploring the depth and richness of qualitative data to uncover theoretical concepts and explanations. These insights are then applied to comparable contexts, identifying patterns, themes, and meaningful aspects that extend beyond the immediate study (Smith, 2018). An example of this is piecing together a puzzle where each fragment of data reveals a broader picture that can illuminate similar scenarios elsewhere.

Intersectional generalisability is another dimension. This approach considers the complex interplay of social identities - race, gender, class, sexuality, and ability - that shape individuals' experiences of equality and privilege (Smith, 2018). This captures the diversity of these experiences, and researchers ensure their work prioritises inclusivity, giving voice to those often underrepresented (Rahman, 2008), whereby each unique piece of data contributes to a richer, more inclusive understanding of the human experience.

In this research, I draw upon aspects of naturalistic generalisation and transferability. My aim was not to produce a generalised conclusion about all women's experiences but to highlight original and rich insights into the varied ways active women experience menopause in the context of their sport and exercise. Additionally, aspects of intersectional generalisability were evident in capturing the diversity of women's experiences, ensuring that diverse voices are represented.

Building on their earlier work, Guba and Lincoln (1994) proposed four criteria to judge the quality of qualitative research: credibility, transferability, dependability, and confirmability. These collectively ensure the trustworthiness of qualitative research. In more recent developments, Sparkes (2002) and then Sparkes and Smith (2009) and Smith, Sparkes and Caddick (2014) have critiqued and expanded on these ideas, proposing parallels to the quantitative criteria originally discussed by Guba (1989).

In my study, I incorporated principles from naturalistic generalisation and transferability as outlined by Guba (1989). To ensure the findings accurately represent participants' experiences and meanings, I included supervision debriefing. Another approach adopted to capture the complexity of the research was an audit trail - all decisions and their impact on the research process were documented (Sparkes and Smith, 2014). While member checks are traditionally used to ensure the accuracy of qualitative research, I have opted not to include them in this study. My decision stems from the concern that participants may not accurately recall their original statements from the interviews, or that their perspectives might have evolved over time. Such changes could lead to discrepancies between the original interviews and the reflections made during member checks, potentially resulting in misunderstandings and misrepresentations of their experiences. This, in turn, could compromise the integrity of the data. Additionally, due to my maternity leave, there could have been a two-year gap between data collection and when I could have conducted member checks. Considering the dynamic nature of menopause, within this period, some participants may have begun HRT or experienced other significant

changes that would further alter their reflections. Sparkes (1998, 2002) and Sparkes and Smith (2009) argue that member checks may not be appropriate, as they imply multiple realities and that participants' views represent the absolute truth, which contradicts my ontological and epistemological stance that there is no single truth. They also questioned the continued use of these methods despite Guba (2005) himself rejecting them in response to critiques.

Furthermore Sparkes (1997); Sparkes (2002) and Sparkes and Smith (2013) have proposed a different criterion called “letting go,” which involves abandoning traditional views of validity that hold certain techniques as the only way to maintain trustworthiness. Instead, they suggest a criterion to judge the ‘goodness’ of qualitative research. One method that has proven popular for capturing the complexity and ever-changing interpretation of qualitative research is a flexible, list-like criteria that can be adjusted based on the purpose, context, and type of research (Sparkes and Smith, 2014). This approach should not be viewed as a rigid list but as an open-ended guide requiring constant reinterpretation, allowing aspects to be added or removed as necessary (Hodkinson, 2005; Smith, 2000).

It is critical to adopt different criteria for judging qualitative research and to be flexible in their application, as each piece of research is dependent upon its context and purpose. As research processes evolve, the criteria must also adapt. Therefore, I selected the most appropriate criteria for this research, providing a clear rationale for the types of judging criteria used (Cho and Trent, 2009). This approach helped me

ensure that my research remained robust and credible while capturing the nuanced and dynamic nature of qualitative inquiry.

For this study, I integrated several components from Tracy (2010) eight criteria as I felt it was the most appropriate for judging the 'goodness' in this research (Sparkes and Smith, 2014).

- *Worthy topic*: The topic of the research is relevant, timely, significant, interesting, or evocative. As stated throughout the introduction and literature review this topic is extremely relevant and especially more so in the later years of this research with more financial, education and support for menopause being identified as a priority in the UK (Women's Health Strategy for England, 2022). It is important research in women's health, and more specifically in menopause is published to highlight women's experiences but also break down silences and taboos.
- *Rich rigor*: This study used appropriate theoretical underpinning and approaches, in order to gain a rich detailed insight into women's lives during menopause when engaging in physical activity. A narrative stance and embodied perspective were deemed the most appropriate and in line with the research questions and aims of this study. Through biographical, moving interviews as well as mapping (under creative methods) offered another way to capture women's thoughts, feelings, and perspectives to these topics. This also welcomed time for reflection and alternative ways of expressing these

thoughts through mapping which may have been difficult to articulate through speaking.

- *Sincerity*: The study is characterized by self-reflexivity about subject values, biases about methods and challenges. I placed measures of reflexivity as explained above with how I dealt with biases and perspectives I brought to the research process. Another aspect adopted was having critical friends. The role of a critical friend enabled a reflexive process to consider alternative approaches, explanations, questioning to enhance reflexive self-awareness (Sparkes and Smith, 2014). This group was consulted during the development of this research and formed a partnership. The group included: a head coach from a running group based in County Durham, an organiser of a women-only sea swimming group who meet weekly on the North-East coast, an organiser of a dance group for menopausal women, and a member of The Observatory (the research partner group aligned with Durham's Institute for Medical Humanities). These gatekeepers supported the access to the groups for recruitment of participants, and approved announcements regarding the project on social media pages where the researcher was able to communicate the purpose of this research and what it included to any potential participants. An aresearch diary was carried out for this research from starting the process and receiving feedback from supervisors and also other academics which has helped me challenge my thinking and research direction throughout.
- *Credibility*: this research included thick description through quotes from interviews as well as visual maps capturing women's lived experiences which shows rather than telling.

- *Resonance*: research moves, influences, and moves particular readers through naturalistic generalisations. This study aimed to show women's experiences of menopause and movement, some of these experiences may be similar or differ but through providing evidence of a variety of experiences allows people to understand and maybe connect to how diverse and complex women's experiences of menopause can be.
- *Significant contribution*: Understanding lived experiences of menopausal women in conjunction with physical activity could potentially inform physical activity policies and extend more research to identify enablers and barriers for these women. Another factor is using art-based methods such as mapping highlights alternative ways to capture experiences in topics which may be entrenched in stigma and silence.
- *Ethical*: this aspect will be fully explored in ethical considerations.
- *Meaningful coherence*: this research considered the wider literature base to fully understand the wider context of womens health and menopause which underpinned the direction of this current study. Methods and theoretical underpinnings were selected which were seemed most appropriate to meet the research aims and research questions.

5.5 Concluding Comments

In this chapter, I have outlined the philosophical assumptions that underpin my research and the reasonings for qualitative research. Qualitative research allowed me to examine and explore the understandings, experiences and complexities of

menopausal women engaging in physical activity and how the women live and go about thinking, acting, and making meaning in their lives (Ellis, 2004). An interpretivist paradigm approach was adopted as this study focused on understanding women's everyday experiences. Interpretivism allows complexities and acknowledges multiple truths rather than one single truth. My ontological stance sits with the notion of "being" and "becoming" and that our realities are not fixed. My epistemological stance accepts that knowledge is socially constructed and can change through different interactions. I have outlined all measures taken to ensure reflexivity through highlighting my positionality in the research and to all participants, and the use of Tracy (2010) eight criteria which assisted in measuring the "goodness" in this research to ensure validity.

6.0 CHAPTER 6: METHODS

This chapter outlines the methods employed in this thesis and provides insight into my reasoning to explore this topic. I outline the sampling and recruitment process, adopted to enable a varied but appropriate sample which aligns with my research questions. I also describe how the data was collected, using biographical and go-along interviews and creative methods including island mapping workshops, and provide justifications for why I chose to use these particular methods. I state the measures of saturation and also note the Covid-19 considerations and measures which had to be applied throughout data collection. Data was collected in the summer of 2021 after the national lockdown in July ended, and was completed before I took maternity leave in January 2022. The impact that Covid-19 had on the data collection will be highlighted throughout the subsequent sections and summarised at the end of this chapter. Finally, I outline the analytical process adopted (which included a narrative approach and a reflexive thematic analysis) and how these were carried out, as well as providing a synopsis of the ethical considerations required by this research. Before moving forward, it is important to return to the overarching research question of this thesis: How does menopause shape women's embodied experiences of physical activity, and vice versa? This question invites embodied, experience-informed understandings, which are complex. In keeping with my theoretical interests in feminism, narrative, and embodiment, prioritising the voices of women in this research was paramount. I therefore selected data collection methods which brought these experiences to the fore and allowed women the opportunity to voice all aspects of their experiences, including sensory, physical and environmental factors.

6.1.1 Sampling

There are many different ways of sampling within qualitative research, such as snowball sampling (Browne, 2005), convenience sampling (Andrade, 2021) and theoretical sampling (Sotiriadou and Shilbury, 2010). For the purpose of this study, I chose to adopt purposive sampling. A purposive sample is defined by specific characteristics relevant to the study's aims. Therefore, the results obtained from studies using purposive sampling can only be generalised to the (sub)population from which the sample is drawn, and not to the whole population (Andrade, 2021).

I used purposive sampling in this research because it involves the deliberate selection of people and settings (Creswell, 1998; Creswell, 2007). This method is important as it allows targeting a specific group with relevant experiences and perspectives, enabling the collection of rich, in-depth data on a specific area (Creswell, 2007). Once the sample was collected, a screening survey was administered to each participant, followed by a telephone call to identify women who matched my inclusion criteria (see below).

The inclusion criteria were as follows:

1. Self-identify as menopausal or peri menopausal (i.e. no medical diagnosis required, and for peri-menopause women must have been experiencing what are believed to be peri-menopausal symptoms for at least 6 months).

2. Self-identify as currently participating in regular physical activity
3. Based in the North East of England.

June 2021: Research Diary Entry.

Initially, the study was focused on women's experiences in a women-only running environment. Having spoken to other academics in the university I decided to look at all forms of physical activity to provide another dimension to the study by exploring different environments and sporting cultures.

I felt expanding beyond the confines of women-only running environments was crucial. It allowed me to delve into diverse environments and sporting cultures to hear different experiences in different settings, enriching this research. By including various physical activities and exploring different contexts, this can allow a more comprehensive perspective on women's experiences in active settings.

Another aspect that I changed from starting the original study was the physical activity levels of the women involved in the study. Originally, I had set to include newly active and non-active women but from feedback from the critical friends, the sample was changed to include only physically active women as including all activity levels was too ambitious and had the potential to reduce the richness of the data through gathering too much data.

Figure 5: Research Diary

6.1.2 Recruitment

- Announcements about the research project was posted on Facebook, the announcements were posted in particular women-only sports group pages

which were all private groups. These included: a women's only running group, a women's only cycling group, sea dippers and a British women's powerlifting group. These social site groups were typically used for exchanging information regarding runs, bike rides and competitions and offering a space for women to ask questions or share information with other women. From the posts on the different social media groups, women who were interested in taking part were invited to contact me for further information.

- After participants expressed interest in the research, screening telephone calls were scheduled. During these calls I communicated the aims of the study and what the study entailed. I followed on to explain that an information sheet would be provided to women who were interested in taking part and who met the inclusion criteria, and women were invited to ask any questions about the research. These calls also served to gather essential information such as age, demographic details, work status, symptoms, and physical activity interests. During these conversations, participants were presented with all three data collection methods upfront, empowering them to choose the method that best suited their preferences.

Table 1: Final Sample.

Pseudonym	Age	Ethnicity	Menopause/peri	Interview type
Patricia	38	White British	Early Menopausal	Standard (online)
Rachel	46	White British	Peri	Standard (online)
Fiona	46	White British	Peri	Standard (online)
Lindsey	47	White British	Peri	Standard (online)
Stephanie	48	White British	Peri	Standard (online)
Stacey	48	White Canadian	Menopausal post hysterectomy	Standard (online)
Victoria	50	White British	Peri	Standard (online)
Iris	51	White British	Menopausal	Standard (online)

Abbey	51	White British	Menopausal	Standard (online)
Susan	52	White British	Menopausal	Standard (online)
Nichola	52	White British	Menopausal	Standard (online)
Alice	53	White North American	Menopausal	Standard (online)
Ruby	54	White British	Menopausal	Standard (online)
Sally	61	White British	Menopausal	Standard (online)
Caroline	41	White British	Peri	Go-along (running)
Jess	45	White British	Menopausal	Go-along (running)
Sharon	45	White British	Peri	Go-along (running)
Natalie	48	White British	Menopausal	Go-along (running)
Erin	48	White British	Peri	Go-along (walking)

Mary	49	White British	Menopausal	Go-along (walking)
Samantha	49	White British	Menopausal	Go-along (running)
Maya	49	White British	Peri	Go-along (running)
Margaret	50	White British	Peri	Go-along (walking)
Daisy	52	White British	Menopausal	Go-along (post swim)
Ashley	52	White British	Menopausal	Go-along (running)
Charlotte	52	White British	Menopausal	Go-along (running)
Jade	52	White British	Peri	Go-along (walking)
Suzie	54	White British	Menopausal	Go-along (running)
Scarlett	55	White Danish	Menopausal	Go-along (walking)
Caitlin	55	White British	Menopausal	Go-along (walking)
Gaynor	47	White British	Peri	Mapping

Poppy	49	White British	Peri	Mapping
Francis	57	White British	Menopausal	Mapping
Bobby	52	White British	Menopausal	Mapping
Heather	61	White British	Menopausal	Mapping

Participants were assigned a pseudonym to ensure that confidentiality and anonymity could be preserved throughout the study. Out of the 36 participants, there were 31 women involved in the biographical and go-along interviews. Fourteen of the biographical interviews were conducted via Zoom calls online (these are presented in table 1) due to participants feeling more comfortable with online interviews due to Covid-19. Sixteen interviews were conducted face-to-face at a location and time that was convenient for the participant whilst walking, running or post sea swim or weight exercise class. On average, interviews ranged from 50-90 minutes, which gave participants sufficient time to discuss their experiences of movement and menopause. Five women took part in the island mapping workshop, all of whom were new participants after all of the interviews were completed.

6.2 Data Collection

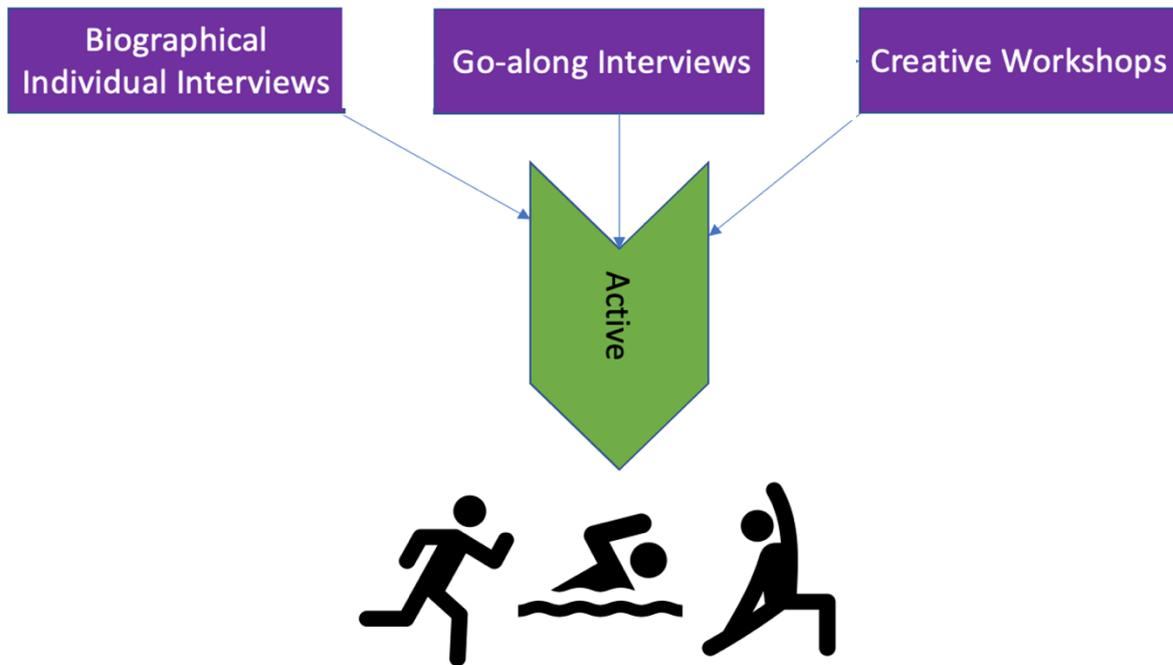


Figure 6: Diagram highlighting the methods included in this research.

I outline the stages taken to conduct this research by defining the step-by-step approach for each data collection method, as well as defining what each method entails and the importance these methods have in this research.

June 2021: Research Diary Entry.

As I pondered over how to infuse my research methods with a feminist approach, I found myself reflecting deeply. How could I ensure that every aspect of my study resonated with the ethos of empowerment and choice?

In the initial plan, participants were to undergo biographical interviews, leading to subsequent invitations for go-along interviews or creative mapping workshops. However, as I delved further into feminist theory, I realised the importance of relinquishing control and giving agency to the participants.

In line with feminist principles, I made the conscious decision to shift the power dynamics. Instead of imposing predetermined methods, I wanted to offer autonomy to the women involved. After all, who better to decide how they wish to engage with the research than the participants themselves?

From this, I extended an invitation for women to select their preferred data collection method from the three options provided. This change wasn't just about how I do things, it was about putting the focus on the people who are most important in this study—making sure their voices and choices are heard.

Figure 7: Research Diary

6.2.1 Interviews

Interviews in qualitative studies can be classified into two main categories: informal and formal (Edwards and Holland, 2013). Informal interviews are part of everyday life

and are mainly used for anecdotal purposes, while formal interviews are structured, follow higher standards, and are led by a researcher who ensures the participant understands the topic. Additionally, interviews can be structured in different ways: structured, semi-structured, and unstructured. Structured interviews have set questions and give the interviewer a lot of control. Semi-structured interviews use guided but open-ended questions, allowing for more depth. Unstructured interviews are conversational, giving the interviewee more freedom to guide the discussion (Edwards and Holland, 2013; Jamshed, 2014).

In this research, I employed one-to-one biographical interviews, these are a qualitative research method used to gather in-depth information about an individual's life experiences, personal history, and significant events (Sutton, 2005; Smith and Sparkes, 2016a). These interviews serve as a means to gather detailed information about the participants' lives and perspectives (Smith and Sparkes, 2016a). By employing open-ended questions, participants are encouraged to freely share their memories, thoughts, and feelings, thus providing valuable insight into their life stories. Biographical interviews are useful when aspiring to understand the complexity of individual experiences and how personal narratives are shaped by cultural, social and historical influences (Sutton, 2005). A benefit of this form of interview is the flexibility it offers participants to freely recount their life stories and experiences in their own words (Anderson and Kirkpatrick, 2016).

I conducted five pilot interviews prior to commencing formal data collection. Pilot interviews are invaluable because they allow researchers to fine-tune their approach before conducting the actual study. According to Smith and Sparkes (2016a), pilot interviews provide an opportunity to test the interview guide and refine the questions based on participant feedback. Additionally, they enable researchers to practice their interview technique and gain confidence in their ability to elicit meaningful responses (King and Hugh-Jones, 2018). Moreover, pilot interviews serve as a means to check and reevaluate interview forms such as information sheets and consent forms, ensuring they are clear and comprehensible to participants (Owen-Smith and Coast, 2017). In summary, pilot interviews are essential for optimising the research process and enhancing the quality of data collection. Following this initial pilot some questions were rephrased to make them clear and concise. The interviews addressed several key aspects: participants' engagement in physical activity, their experiences with menopausal symptoms, the interplay between menopause and physical activity, its impact, and their efforts in seeking support from family and general practitioners. Refer to Appendix 7 for the interview guide.

The date and time of the interview was arranged over email between myself and the women. I explained the aims and research questions for the study at the start of the interview on Zoom. Throughout the interviews, my aim was to foster a relaxed and open atmosphere, mirroring a natural and free-flowing conversation (Cortazzi and Jin, 2020), rather than a highly structured schedule. The open nature of the interviews allowed women to guide the conversation and for their experiences to transpire and develop (Sarantakos, 2017). For online interviews, participants were

kindly asked to ensure they were situated in a quiet and private location to minimise disturbances. Throughout the interview process, I remained conscious of the potential for interruptions from other household members, recognising that such interruptions could disrupt the flow of the interview and impact the participant's ability to fully share their experiences. Interviews ranged between 50-90 minutes.

Gaining rapport is important in research as this provides the foundation of truth and mutual respect between the participant and the researcher (Duncombe, 2002). It promotes a comfortable and conducive environment for data collection as it enables participants to feel more willing to share their experiences open and honestly, encourages free-flowing dialogue, and helps participants feel valued and respected (Dempsey, 2016). This is an important consideration when researching topics that involve potential stigma and taboo. This in turn empowers participants by giving them a voice and them being involved in the research process.

Rapport was built through ensuring that my initial contact with participants was a positive experience for them. For example, I made sure I introduced myself and explained the purpose and aims of the study to all participants when speaking with them for the first time. I actively listened and demonstrated empathy and understanding, with follow-up questions on topics they had brought into the interview (Bell, 2016). Finally, I expressed gratitude to all of my participants for their time, commitment and sharing their personal experiences to make this research possible.

All of the standard biographical interviews were performed online on Zoom due to the Covid-19 pandemic. This shift to online interviewing was significant, given the challenges posed by social distancing guidelines. Considering the circumstances, it's worth reflecting on the experience of conducting interviews virtually, especially within the context of Covid-19. At the time, there was a considerable transition towards online interactions due to the pandemic. Some individuals were already accustomed to online communication, while others were still adjusting to this new mode of interaction.

The Covid-19 pandemic changed how many researchers conducted data collection due to social distancing guidelines, and since then there has been a vast amount of research published on the benefits of online interviewing. This has included providing real-time one-to-one online conferencing services which enables the face-to-face elements of interviewing, despite the researcher not physically being with the participant (Reñosa, 2021). Most platforms offer the ability to record calls for free, and call recording is particularly useful for research purposes to enable accurate transcription (Chia, 2021). Zoom was one of the main tools for conducting online interviews (Reñosa, 2021), and other online platforms such as Skype (Lo Iacono, 2016), Webex, GoToMeeting, and Microsoft Teams are being chosen by researchers as a way to collect data (Lobe, 2020). Despite the benefits, authors have also cautioned that a downfall of online interviewing tools is privacy for the participant. In face to face interviews the interview space and who is within the vicinity of the participant can be controlled, but when interviews are done at home this is difficult to fully manage (Daniels, 2019).

Given the open nature of the interview, it was not uncommon for women to move onto topics that were less relevant to the research. For example, a few participants talked at length about their battle with GP and medical practices, and some others spent time talking about the relationship that they had been through with their husband/mother. Although these discussions were not directly related to sport or physical activity, they were reminiscences on the wider menopausal experience. I made the respectful decision to allow them to share these reminiscences with me as that was important to their experiences of the menopause. Furthermore, I was mindful that it would reveal more about what was important to them, which in turn helped contextualise their experiences and relationship with their menopausal journey.

6.2.2 Go-along Interviews

In this study, go-along interviews proved to be a valuable methodological choice. This innovative approach allowed for the exploration of participants' perspectives and lived experiences in real-time, as they engaged in physical activity. As noted by Wijngaarden (2017), go-along interviews, also referred to as 'accompanying interviews', involve conducting interviews while accompanying the participant in their natural environment. This method was particularly relevant for my research, as it enabled me to gain insights into the participants' experiences of physical activity

firsthand, providing a richer understanding of their engagement with exercise during the menopausal transition.

This form of interviewing offers a unique opportunity to gain insight into participants' daily routines and engagement in different forms of physical activity, providing firsthand observations of the social, cultural, and environmental factors that influence their behaviours and decision-making processes (Stiegler, 2020). By taking place in participants' everyday lives, go-along interviews facilitate an exploration of their experiences, behaviours, and interactions within familiar environments (Bartlett, 2023). As noted by Bell and Bush (2021), this approach captures fleeting and more-than-human encounters, offering a nuanced understanding of people's everyday experiences. Moreover, go-along interviews enable the capture of embodied thoughts, feelings, and perceptions within the chosen activity, highlighting the complexities inherent in individual experiences (Thompson and Reynolds, 2019). Importantly, go-along interviews foster a participant-centred approach, affording participants the freedom to steer the direction, focus, and route of the interview (Garcia *et al.*, 2012), as well as determine the optimal positioning of their bodies in accordance with how they are feeling, enabling them to express themselves more freely and comfortably (Bartlett, 2023). This allowed for conversations to roam freely, with participants expressing sensations and feelings during different activities and in different environments (Carpiano 2009).

When we met, I first discussed the aims and objectives of the study with participants and gained consent. I then explained that the route, pace and duration of the go-along was to be decided by them and I would run/walk alongside (2 meters apart). Once consent was gained, I switched on a Dictaphone which was placed in a running bag on my waist, which recorded the interview as we moved. To facilitate better sound quality, I fixed the speakers to the collar of our clothing. Go-along interviews typically lasted 60 minutes but this was dependent on the pace and route. Unexpected features during the interviews included occasional wind noise, which sometimes made it challenging to hear participants' answers, however, participants kindly repeated their responses to ensure clarity. Additionally, some routes were densely populated, prompting us to continue moving until finding quieter areas to stop, ensuring minimal interference from surrounding noise and enabling privacy.

Conducting go-along interviews provided me with the opportunity to directly capture the memorable moments related to menopause that were catalysed by specific locations. These locations evoked memories for participants, and these recollections may not have been captured without the location-based facilitator.

November 2021: Research Diary Entry.

When I reflected upon the differences between my biographical interviews and the go-along interviews, there appeared to be enhanced richness and women stated more detailed embodied experiences during the go-along interviews. I feel this was due to women being able to reflect upon different environments which we moved in and through, and in some cases specific locations triggering memories which brought different experiences into their consciousness. A few women pointed and showed me where certain memories had occurred as we walked/ran past specific environments. Through moving through and past these environments women explained how they felt during different situations in physical activity and how these memories changed during menopause. In another example, one lady explained about the temperature of the water and how that made her feel post-sea swim, as she had just experienced these sensations. This would not have come through biographical interviews if these women had not had a physical prompt through seeing places or feeling sensations which brought back memories.

Figure 8: Research Diary

6.2.3 Creative Workshops: Island Mapping

Creative methods refer to art-based methods of data collection which encourage creative actions. They focus on a variety of aspects of creativity, to encourage idea generation and thinking (Tarr, Gonzalez-Polledo and Cornish, 2018). Creative methods can include creative presentations (Williams *et al.*, 2018), body mapping (Klein and Milner, 2019), poems (Sparkes and Douglas, 2007), practical demonstrations (Boehm and England, 2008), and many more alternative art methods. Phoenix and Rich (2016) have argued that visual methods (such as maps, photographs, videos, sketches, diagrams) can offer an alternative way of knowing

the world which is not achieved easily through words. Visual methods have the power to convey information effectively on their own, often telling a complete story without the need for additional explanation. Additionally, these visual cues can serve as prompts, encouraging individuals to delve deeper into their own narratives or experiences. In essence, visual methods are seen as powerful tools for communication and exploration within research or storytelling contexts (Blodgett *et al.*, 2016).

Body mapping involves tracing around a person's body, creating a life-sized outline of the participant, and the participant then uses art supplies to fill the map artistically, expressing their experiences (Gubrium, Harper and Otañez, 2016). This method encourages bodily awareness and reflection as well as isolating areas of the body in which sensations and feelings are experienced (De Jager, 2016). Research has shown that body mapping can provide valuable insights into various aspects of human experience. For instance, Ryan (2021) utilised body mapping to explore how women who harbour negative perceptions about their premenstrual bodies navigate changes in eating and exercise habits during menstruation. Through their body maps, participants gained a deeper understanding of the complexities surrounding premenstrual experiences and the societal pressures affecting women. In a separate study, Boydell *et al.* (2020) employed body mapping to investigate the intersecting experiences of marginalised women in Australia. They found that body mapping served as a practical tool for research delving into misconceptions, stigma and stereotypes, facilitating meaningful connections between researchers and participants. Furthermore, body mapping has been recognised as a valuable method

for research on topics which may be more complex or taboo, offering insights into cultural and local perspectives while overcoming language barriers (Harries, 2019). Drawing can convey messages that may be difficult to express verbally due to struggling to find the words, language limitations and translation issues.

Another method which is very similar to body mapping is island mapping. Island mapping is the process of creating maps or visual representations of islands (De Jager, 2016). Island maps form a metaphorical representation which allows participants the opportunity to express their feelings, experiences and perspectives in a creative way. Island mapping is an important creative tool as it can avoid imposing the researcher's or broader societal or cultural views onto participants' experience (De Jager, 2016). It can also enable freedom and flexibility in how participants present their ideals such as drawing, painting or collage, allowing for diverse and creative expressions. Island maps have been acknowledged to reveal a richer and more textured experience as to how and where these emotions are felt in the body as physical sensations, as well as the transformation of these feelings compared to more traditional methods such as interviews (De Jager, 2016). This method is particularly powerful in this area with some women's experiences being particularly complex, sensitive and taboo, and offering a new dimension to narrative-framed research (Papathomas, 2016).

I considered island mapping over body mapping primarily due to concerns about potential participant sensitivities. Specifically, there was a concern that drawing around women's own bodies might evoke feelings of self-consciousness, particularly in relation to weight gain often associated with menopause. Additionally, island mapping was deemed a suitable alternative method, offering a less intrusive approach while still allowing participants to visually represent their experiences.

Island mapping took place during a designated workshop. When the women arrived there were tables 2 meters apart in a large hall inside the university (to meet Covid-19 restrictions). On each table there was one A3 sheet of white paper and different coloured pens per person. The women were asked to imagine that they were designing an island that represents their experiences of engaging in physical activity during menopause, with the island serving as a metaphorical representation of their experiences, thoughts and perceptions. The workshops lasted approximately 90 minutes. This included 45 minutes of women drawing their map, with the remaining time being allocated for the women to discuss their island map with the rest of the group if they felt comfortable doing so.

At the beginning of the workshop, there was noticeable apprehension among the women, as they looked around the room to see what everyone else was drawing. I

was supported by a creative facilitator, who spoke to each woman individually, providing prompts and asking open-ended questions about their experiences. She encouraged self-reflection and shared some of her own experiences, discussing what she might draw if she were producing a map. This approach helped the women resonate with and understand the expectations of the session, alleviating the initial apprehension. Allocating time for women to explain their maps to each other enabled group conversations, enriching the data collected with additional layers of insight.

Follow-up calls were conducted on Zoom within 24 hours of the workshop, allowing participants to explain to me one-to-one what their pictures and words represented. These calls, lasting between 15-30 minutes, provided an opportunity for participants to articulate the meanings behind their drawings and words, thereby minimising researcher interpretations. Additionally, these calls served to check in with participants following the session, offering support if needed and signposting them to relevant resources.

Throughout the workshop, the use of metaphor was encouraged in order to give meaning to women's experiences. Metaphors are a way of seeing (Dobson *et al.*, 2015), and they are able to capture the connections between social structures and lived experience (Jacobsen and Marshman, 2008).

Sparkes and Smith (2014) have stated that metaphors “are crucial to the way people consolidate and extend ideas about themselves, their relationships, and their knowledge of the world” (p.613). Metaphors were used in this study to understand and share complex reflections for others to understand and hear. It can be extremely difficult to relate to individuals who have not experienced certain situations first-hand (Rønberg, 2019), whereas the use of metaphors can offer another perspective, as a way to describe and communicate what they are feeling, understanding and seeing. Metaphors can enable others to connect to these reflections with which they may have a shared understanding (Lakoff, 1980). Lakoff (1980) used a term ‘mapping’ which explains how metaphors can be used as a way to communicate ideas; in the case of this research metaphors were encouraged throughout the creative workshop as a way to understand how embodiment is experienced for menopausal women during physical activity.

December 2021: Research Diary Entry.

During the island mapping workshop, speaking to the women involved made me realise how beneficial this type of data collection method is at allowing women within the space to be open and reflect on themselves. A lot of women may not have the time or supporting circle around them to speak about any of their experiences in this area, therefore being around other women who are experiencing menopause and wanting to hear and share stories opened up a space where women felt empowered to speak about their experiences. Women felt more comfortable drawing and writing about their experiences initially and then used their drawings to reflect back on what they had drawn to explain their stories. All of the women reported feeling supported during the session and this helped them open up and speak about aspects of menopause which are seen with more taboo (lack of sexual drive, vaginal dryness). Women stated they felt they were complaining when they mention their menopausal experiences but, in this setting, they welcomed the opportunity to speak to someone who had a genuine interest in the topic.

Figure 9: Research Diary

6.2.4 Saturation

The definition of saturation is the point at which no new information can be generated (Glaser, 1967). There have been many debates surrounding the sample size within qualitative research and knowing how many interviews to include (Saunders, 2018). However, I feel that there is always potential for new insights to emerge, especially across different contexts and times. Braun and Clarke (2021) argue that saturation should not be viewed as a rigid endpoint but rather as a flexible concept that reflects the depth and richness of data collected. They suggest that saturation is achieved when additional data no longer contributes to the development of new themes or insights.

Instead of a strict numerical guideline, I propose that saturation is met when generating more data becomes counterproductive (Strauss and Corbin, 1998; Lowe *et al.*, 2018). This approach is in line with recent discussions in qualitative research that emphasise the importance of data adequacy over sheer quantity. For the purpose of this study, I incorporated thematic saturation, whereby further data generation was unlikely to reveal new themes (Green, 2004). This was based on the principles outlined by Braun and Clarke (2019), focusing on the depth and complexity of the themes identified.

In this study, thematic saturation was achieved after interviewing approximately 36 participants. This sample size was deemed sufficient as no new significant themes emerged during the later stages of data collection, supporting the notion that additional interviews would not contribute to new insights. The decision to stop at 36 participants aligns with Braun and Clarke (2021) argument that saturation is a matter of judgment based on the richness and relevance of the data collected rather than a fixed number of interviews.

6.2.5 *Additional Research Considerations due to Covid-19* (refer to appendix 8 for Covid-19 impact statement).

At the time of applying for ethical approval and conducting this research, both the researcher and the supervisory team had received their first and second Covid-19 vaccinations. My interviewing commenced after July 2021, following the gradual easing of Covid -19 restrictions, including local lockdowns. At the start of data collection in July, it was advised that individuals adhere to national guidelines: wear face coverings in crowded areas, meet outdoors when possible, and ventilate enclosed spaces. As my data collection progressed, however, Covid-19 guidelines continued to ease.

The following key considerations were made:

- *Social distancing:* The research project was conducted in accordance with the University guidelines on Covid-19 that were in place at the time of data collection. These measures included all rooms being ventilated, sanitising of hands and surfaces, staying at home if myself or a participant felt unwell, wearing face coverings and maintaining social distance throughout. Inside venues for creative workshops were arranged making sure there was plenty of space to maintain at least 2 metres distance throughout. Interviews were made available via Zoom if participants felt more comfortable doing interviews remotely.
- *Symptoms:* To conform to university Covid--19 guidelines, prior to face-to-face interviews or creative workshops all participants were asked to declare in writing that they had not knowingly been in contact with anyone displaying Covid-19 symptoms, or experienced symptoms themselves, in the 14 days before taking part in the study.
- *Creative workshops:* small groups of no more than 5 were invited for the creative workshops in a large room within the University building, with ample amounts of space to enable effective social distancing between participants. The room was ventilated throughout with all windows and doors open. Participants were offered the opportunity to conduct workshops at home

in their own spaces if preferable, with instructions of the task and any resources being posted to participants, albeit no participants chose this option.

6.3 Data Analysis

Digitally recorded audio files from the interviews were transcribed verbatim and analysed using narrative reflective analysis (Byrne, 2022). Reflexive thematic analysis allows for the identification and examination of patterns and themes across the data, while narrative reflective analysis focuses on meanings and experiences from the women's personal narratives. This dual approach enhances the richness of meaning and understanding, providing insights into why and how things happen in the way they do (Smith and Sparkes, 2009).

6.3.1 Reflexive Thematic Analysis

As a researcher, I am interested in using reflexive thematic analysis to identify and interpret patterns or themes in data, with a strong emphasis on reflexivity (Braun, 2012). This approach involves examining patterns of meaning or recurring concepts within the data set to gain insights into underlying perspectives and experiences (Braun, 2006). This is often in the form of an inductive approach by which themes are identified directly from the data rather than fitting the data into predefined

theories or frameworks. Engaging in an inductive approach includes moving content back and forth within the data set and allowing the emerging themes to become familiar (Braun, 2012).

Braun (2019) research has proposed that this approach is important for several reasons. Firstly, it offers a rigorous and systematic approach to analysing qualitative data which encourages reflexivity and critical self-awareness. Secondly, this approach enhances credibility, transparency and depth of qualitative research findings. Thirdly, being reflexive can uncover subtle nuances and complexities which may not be immediately apparent at first glance. One of the main reasons I utilised this approach was for the contribution to knowledge that reflexive thematic analysis can enable. This is achieved through generating rich, contextually situated insights into a specific area through exploring meanings and themes which can inform practices and inspire further research. Additionally, reflexive thematic analysis lends itself well to numerous theoretical approaches, allowing researchers to tailor their analysis to the specific theoretical lens they are using. This adaptability makes it a powerful tool for qualitative research across various disciplines.

This study adopted an inductive approach in which the codes are solely reflective of the data and free from any preconceived framework or theory. Codes have been used as a useful way to recognise specific pieces of data within the transcripts. These codes are used to identify themes, patterns and concepts that emerge during the analysis (Braun and Clarke, 2013). The data is not coded to fit any pre-existing codes and is 'open-coded' to show individuals' meanings, perspectives and

experiences (Braun and Clarke, 2013). It is important to note that it is difficult to conduct an exclusively inductive analysis as I did require some guidance from the research questions of this study to identify whether themes fit the purpose of this study.

Braun (2012); Braun and Clarke (2013); Braun (2014); Braun (2020) have produced and refined a six-phase process for reflexive thematic analysis to identify and attend to the key aspects of the data. Although there is a six-phase process, Braun (2020) stated that the process should not be viewed as linear, and it is important that researchers move back and forth through stages to enable new interpretations of data to evolve rather than moving through phases and not returning. As stated previously, it is important to return to the data set as new interpretations of data could evolve.

Phase one: familiarisation: This stage involved reading, rereading and revisiting the entire dataset to become familiar with the data. This process included re-reading of interviews to enable a deep immersion into the data set. Initially, I listened to each interview (both biographical and go-along interviews) before transcribing, i.e. without taking any notes, as I wanted to take the opportunity to understand the data set and listen carefully. I recorded breaks, pauses and any emotional outbursts such as crying or laughing (Braun, 2014).

Once all data sets were transcribed, I read each transcript several times. Although this phase is extremely time-consuming, I made sure I had plenty of breaks and I only analysed one transcription per day, with the aim of providing equal consideration across the entire depth and breadth of the dataset.

Phase two: generating initial codes: This phase entailed producing general codes which will be the fundamental building blocks in what will become themes. These themes are shorthand descriptive labels which are relevant to the research questions. This was conducted through me moving through each interview and highlighting data points which were interesting and which could be informative in developing themes. I conducted this by adding a comment box in Microsoft Word to data which showed commonality and highlighted different purposed codes in different colours depending on the themes which were emerging and were relevant to the research question. Through back and forth reading of these transcriptions new interpretation of codes developed through further familiarity with the data. This was repeated with island maps, for which I drew together commonalities in visual images, words and colours.

Phase three: generating themes: This phase started once all relevant data had been coded. In this section, I moved from interpretation of data to identifying the meaning of the dataset. I identified how different codes could have shared meanings, which included combining multiple codes under themes or subthemes. Initially, I had identified that I had too many themes which caused the analysis to become

unwieldy, therefore through reanalysing themes I was able to produce more in-depth analysis.

Phase four: reviewing potential themes: This phase comprised of me revisiting all themes in relation to the wider dataset and asking myself if this was a theme or just a code, and considering how meaningful this data was. During this phase I had my research questions on a side document which I frequently referred back to when analysing the dataset. There were several themes which did not provide as meaningful interpretations of the data and did not address the research questions, and some themes were removed as other themes demonstrated a stronger interpretation of the data set.

Phase five: defining and naming themes: This included a detailed analysis of each theme and subtheme in relation to the research question and the dataset. In this section I decided which extracts were most appropriate to demonstrate each subtheme and theme, and collated a multitude of quotes which showed a variety of meanings and experiences.

Phase six: producing the report: Although this section is at the end, this has been interwoven into the full analysis. The changes in codes and themes were documented throughout in a research diary and reflected upon during supervision meetings and during my write-up. In this phase I moved back and forth with the order the themes would be presented in, attempting to find the most logical sequence.

This study applied a reflexive thematic analysis as part of a broader attentiveness to narrativity (Byrne, 2022). Both approaches share a focus on understanding how individuals communicate and experience meaning through narrative storytelling (Byrne, 2022). Reflexive thematic analysis has been integrated within narrativity through paying attention to the narrative elements in participants' stories, such as a plot structure, character development and sequencing, and considering how these stories convey meaning and shape the overall narrative (Campbell, 2021). This enables an understanding based on how individuals construct and make sense of their stories. Themes represent underlying meanings, patterns and concepts which develop from the data, and from this a researcher can investigate how these narrative themes are interconnected within stories which provides a deeper understanding of the narrative context. Another aspect of reflexive thematic analysis situates narratives within their broader historical, theoretical and sociocultural contexts, enabling a viewpoint into different influencing factors which can shape participants' narratives (Campbell, 2021).

6.4 Ethical Considerations

Research ethics includes the principles, guidelines and standards that govern the conduct of research which includes animals, human participants or other subjects (Alam, 2021). These standards ensure research is conducted in an ethical and safe manner with due consideration of rights, wellbeing, and dignity of research subjects (Wiles, 2012).

Goodwin, Graham and Diekmann (2020) identified that research ethics considers:

Informed consent: researchers must obtain voluntary, informed consent from all participants before the research process is started. This is conducted by providing clear information about the research purpose, procedures, risks, benefits, and their rights as a participant. All participants must have the capacity to understand the information provided in order to make an informed decision on whether or not to participate.

Confidentiality and privacy: it is the researcher's responsibility to protect and maintain confidentiality and privacy of the participants at all times. This may involve safeguarding sensitive information and ensuring participants' identity and personal information is kept confidential.

Reducing harm: all measures must be taken to minimise risk of physical, psychological, social or economic harm to research participants. This may include risk assessments, safeguarding, support and resources for any participants who may experience distress or adverse effects as a result of being a participant.

Beneficence and Justice: researchers should maximise the potential benefits of research such as conducting research that contributes to advancements in knowledge and understanding, and addresses important societal issues. Vulnerable or marginalised populations should not be treated unfairly or excluded from participating in research.

Transparency: research must be conducted with integrity, honesty, and transparency. Transcripts should be transcribed with accuracy and disclose any conflicts of interest, biases or potential influences which may affect interpretation of the research.

Respect: all participants should be treated with respect, autonomy and dignity and researchers should be sensitive around information participants may disclose during the research process. Researchers should be mindful of cultural and religious beliefs which may impact participants' willingness to participate.

Ethical approval was granted by a research committee at Durham University (appendix 1) prior to beginning the research process.

As well as reading and consenting to the information and consent forms, participants were made aware that confidentiality and privacy would be ensured throughout the research process (refer to appendix 5). This was maintained by all documentation relating to the project (transcripts, consent documents) being stored securely as digital files on the researcher's Durham OneDrive account. Any documents that were printed for the purposes of analysis were stored in a locked locker and shredded after use. All participants were given pseudonyms, and any identifying information was removed from transcripts or paper data. Identification to pseudonym was stored on a password-protected Durham OneDrive account in case any participant enquired about withdrawing from the study. In terms of creative workshops, material produced by the participants was coded on the front to identify participants and kept in a safe in a locked cabinet for confidentiality.

All participants signed a written consent form (refer to appendix 3) and also verbally consented at the start of each interview. During the interviews, a technique called "ongoing consensual decision-making" was used, which was developed by Ramos (1989). Through this technique consent was gained throughout the interviews on any sensitive topics. All participants were aware that the interviews were voluntary and

that they could withdraw at any moment (i.e. at any point throughout the interviews / island mapping or after the data collection had happened participants could withdraw if they had changed their minds).

Prior to starting the biographical interviews, go-along interviews and island mapping workshops, information regarding the purpose, aims, procedure and scope of the study was provided (refer to appendix 2) via email. Features of the study and any issues raised were then spoken about before the start of each interview to remind participants of the information regarding the study, answer any questions, and support them in making an informed decision on whether to continue to participate. It is important to note that a limitation of Zoom is in terms of security and privacy, whereby there were data breaches and a lack of security in joining online meetings. In 2020 there appeared to be a Zoom privacy issue (Singh, 2020). Since then Zoom have put more security guidelines in place, including requiring a password for each meeting.

Further ethical considerations were required for go-along interviews. All participants were asked at the start of the go-along interviews if they felt well enough to conduct the interview and were asked to detail any current injuries. I was sensitive around different topics and the locations where these conversations took place. For example, if participants were unwilling to share certain information because we were in heavily populated locations, I asked them if they did not mind sharing once we

were in an area which was more private. The location of the go-along interviews was decided by the participant and throughout all interviews I prioritised the safety and well-being of any participant. This was conducted by continuously watching for any hazards such as fallen branches, tree roots or uneven ground which could lead to harm or injury. Throughout the interviews I also considered potentially hazardous surfaces, albeit none were identified.

Additional ethical considerations for island mapping included explaining the island mapping workshop was voluntary and ensuring all participants felt comfortable and empowered to participate of their own free will. Respect was maintained at all times, and no judgment was passed on any island maps, ensuring an atmosphere of impartiality and valuing all contributions without bias. This approach was to ensure all participants felt comfortable expressing their perspectives and interpretations.

The most significant risk to participants during the interview process was the potential for discomfort or psychological distress relating to their experiences of menopause and/or physical activity. Therefore, before every interview, participants were reminded that they could 'pass' on any questions they felt uncomfortable responding to. Information signposting various support groups was provided at the end of each interview, which included menopause support groups (refer to appendix 6).

6.5 Concluding Comments

In this chapter I have outlined the core methodology of this study in respect to the research design, sampling and how I recruited participants. I have also then expanded on the different approaches and methods used to collect data through biographical interviews, go-along interviews, and island mapping workshops. I have acknowledged what these methods are and considered their importance and have detailed how these methods were applied to this study. I have then presented how I analysed the data through reflexive thematic analysis and have detailed the ethical considerations which were essential to promote the safety, dignity and well-being of all participants.

PART 3:

i. Findings Roadmap

To set the scene for my findings, I have developed a comprehensive road map to guide my exploration. This journey begins with an in-depth look into women's perceptions and experiences of their ageing and menopausal bodies, paying particular attention to the intersectionality of being a woman and ageing. Next, I consider the moving menopausal body, focusing on how women navigate their physical selves during menopause and the implications this has on their enjoyment and participation in physical activity. This section will also explore how physical activity serves as a form of escapism, both from daily demands and from the symptoms of menopause. Finally, I will delve into the impact of changes in flesh and how this affects women's movement, including the influence of external factors such as bike seats and clothing. I will examine how these changes alter women's engagement and sense of pleasure in physical activity during menopause. With this road map as my guide, I can now delve into the detailed findings of this study.

Ageing Body

1

Women's Perceptions of Menopause and Ageing

- Pre-conceptions of Menopause
- Resisting Ageing Expectations
- Realisation of Ageing; "I'm old"

Intersectionality of Gender and Ageing

- Gendered Ageism
- Sexism

Transitions Through Menopause

2

Moving Through Menopause

The Impact of Symptoms on Physical Activity

- Feeling Pain
- Feeling Tired
- Bleeding and Performance

Navigating Menopause Through Physical Activity

- Finding Stability Among Change: Symptom management.
- Women's Approaches to Long-term Health Through Physical Activity.

Escaping Menopausal Changes Through Physical Activity

- Waters and Open Spaces
- Escaping the Menopausal Body
- Physical Activity as a Route to Self-compassion
- Women Only Spaces

The Materiality of the Menopausal Moving Body

3

- Bodily Secretions

- Blood
- Sweat

- Fleshy Physicality

- Wobbling Bellies
- Bigger Breasts

Beyond the Body:

- Interactions with Sports

Equipment

- Interactions with the Elements

i Water

ii Heat

iii Air

iv Earth

7.0 CHAPTER 7 - THE AGEING BODY

Ageing Body

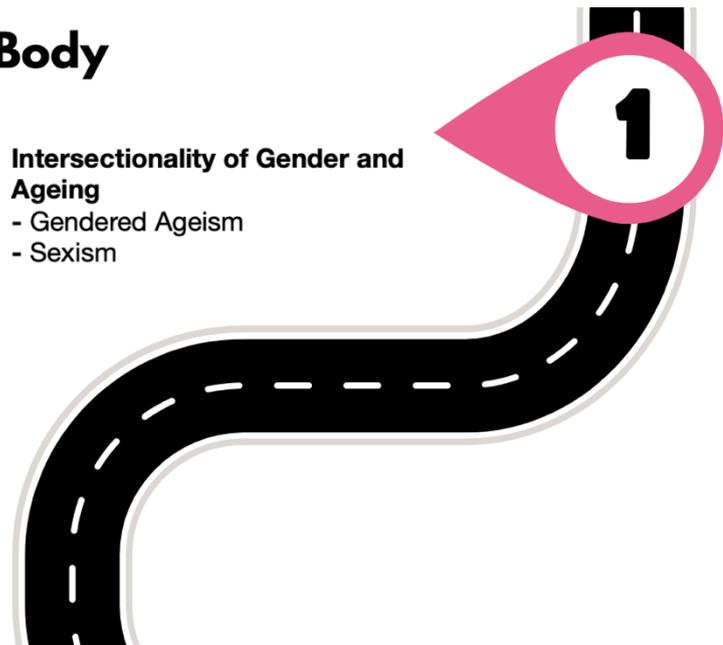
Women's Perceptions of Menopause and Ageing

- Pre-conceptions of Menopause
- Resisting Ageing Expectations
- Realisation of Ageing; "I'm old"

Intersectionality of Gender and Ageing

- Gendered Ageism
- Sexism

Transitions Through Menopause



7.1 Introduction

This chapter presents findings from the theme of the ageing body. The key theme of this section consists of women's voices challenging the dominant ageing narrative around menopausal bodies (which is based upon stereotypical views). The three main themes presented are women's growing perceptions of their ageing and menopausal bodies, particularly through physical activity, and the impact of the intersectionality of ageism and sexuality on women's experiences of menopause. Thirdly, transitions through menopause includes women's views of their bodies past and present as well as the fluctuations in symptoms they experience in their bodies during menopause.

Morris and Symonds (2004) called for more qualitative research that considers the concerns and beliefs of women experiencing menopause, as opposed to the

historical focus on 'objective' models. This is achieved through the findings presented here. I share data which reveals women's awareness of their ageing body as they journey through menopause. This builds on the increased research interest in women's bodies, which has developed since attention was drawn to the politics of the female body during the second wave of feminism (Mack-Canty, 2004). This study also builds on the growing body of research into women's health, which has challenged the historically male-dominated medical knowledge around the menopause (Kirkup, 1992; Davis, 2007; Kline, 2010).

The menopause is inevitably bound with women's experience of ageing, and this study considers this relationship whilst also seeking to understand the role of physical activity in women's experiences. The data gathered from these individual accounts has allowed unique insights into women's perceptions on stages of their lives, as well as a view on the unpredictability of women's bodies in relation to physical activity and daily life as they age. The data has also provided an insight into the visibility of the menopausal body to women and in society, and an understanding of the role that comparison (with other women and the former self) has on women's experience of the menopause. These findings provide a platform from which to understand active menopausal women's experiences, against the backdrop of menopause as a transition into older life.

7.2 Women's Perceptions of Menopause and Ageing

Ageing has been said to have no stable meaning, but instead includes a variety of “cultures of ageing” which are constructed and interpreted by an individual's own sense of ageing based on their identity (Gilleard and Higgs, 2000). In this section, I share insights into women’s growing awareness of their ageing bodies in order to understand their individual narratives through menopause, with a particular focus on the role of physical activity in this process.

7.2.1 Pre-conceptions of Menopause

As noted, deep-rooted societal views and stereotypes can inform individual’s narratives and perceptions; here I consider how women’s stories reflect the broader social narratives which form the public and metanarratives of this topic, before considering the extent to which these perceptions form stereotypes. In this research I have sought to consider how stereotypical views of the menopause might have influenced the changes that women feel in their bodies, as well as the extent to which women have sought to rebel against stereotypical views.

A stereotype implies a generalisation (and tends to mean a false generalisation) (Blum, 2004). Cultural and media studies have been the two fields which have dominated research on stereotypes and it has been identified that stereotypes have been historically and socially constructed throughout society (Blum, 2004). As outlined in Chapter 2 – Literature Review - Menopause Moment, it is clear that a number of stereotypical views have developed from historic and cultural views of the

menopause, and which are embedded into the narratives which surround the menopause today.

The stories we tell to ourselves and to others are formed through the pre-existing views of society and culture. In terms of ageing, cultural views can create an unwillingness at any age to grow older, which has impacted how women perceive themselves when acknowledging the menopause. Women see the menopause as a tangible marker of ageing, which brings an unwelcome reminder of growing older in a society where they are expected to continue to look youthful (Rubinstein and Foster, 2012; Beckford, 2023). A number of women in this study noted their understanding of the menopause as a marker of ageing, whilst also feeling that this conflicted with their own identities, including Erin (48, perimenopausal 2 years):

“People ask does it make you feel old, but if you said how do you feel in yourself then I could be in my 20s.”

Erin is aware of the societal expectation that menopause might make her feel “old”, but simultaneously finds that this doesn't correspond to her own experience. A sense of detachment between internal feeling and societal expectations and stereotypes was apparent for a number of women in this study. Erin knows objectively that she is ageing, yet physically her body doesn't feel older. Previous research has identified that whilst there is often a decline in satisfaction with one's ageing body, many

individuals feel and look younger than their chronological age (Kleinspehn-Ammerlahn, Kotter-Grühn and Smith, 2008; Hughes and Touron, 2021).

I asked Ashley (52, 4 years menopausal) “why do you think the menopause hasn’t really been spoken about?” and she replied:

“People don’t want to, and I guess I get it: I think when you are in your 20s and 30s you don’t think about it, and you don’t realise when it happens and then there’s a degree of embarrassment and feeling old.”

Work by Featherstone (1991) and Shilling (2016) considered women's comments about disguising menopause due to embarrassment, shame and feeling unworthy if people knew. This work reflects the narrative which supports silencing the menopause in women. Ashley's comments highlight a notion of silence and shame associated with feeling older, and also reflect the stereotypical association of the menopause with being old. Knight (2014) stated that “the menopause is truly the last taboo: it’s not sexy. It’s the opposite of sexy” (p. 61). Budgeon (2003) stated “feminists have effectively employed constructionist strategies to critically engage with the question of how bodies come to acquire particular meanings; however, this has often been at the expense of recognising women’s agency. Too often women are cast as cultural dupes and victims of cultural constructions of femininity” (2003, p.39). This is viewed in many of the women and in particular Ashley’s voice; there is

a sense of shame associated with the menopause, and the menopause as something which generally isn't spoken about publicly. In modern societies the menopause is identified as something to be ashamed of, and shame is a form of emotional taboo (Krajewski, 2019). When individuals feel shame they hide what they are shameful of, which then reinforces this silence (Nosek, 2012). Ashley's comments clearly illustrate the sense of shame at the onset of the menopause, whilst also reflecting the cultural silence around the condition, particularly amongst younger women. Additionally, Fiona (46, perimenopausal 8 months) stated:

“The menopause is something that's behind closed doors, you are suffering in silence sort of thing”.

Fiona's comments regarding the isolation of menopause also reflect the comments made by Sally (61, 9 years menopausal), who wished she had somebody to talk to who understood the impact of the menopause. The use of phrases such as “women of a certain age” or “the change” further embeds the word "menopause" in silence, which was noticeable in Ashley's accounts as she referred to “it”. As Krajewski (2019) states, “women need to be aware of how they are being framed and should listen to their bodies and to each other to achieve empowerment that allows them to resist messages about how they are supposed to feel, function and behave” (p146).

In retrospect, Stacey (48, 2 years surgically induced menopause post-hysterectomy), a British powerlifter, remembers her perception of her mother who was going through the menopause when she was a child:

“This sounds strange for a child to see in her mother, but I think this idea of being less attractive, or working at things less or being less desirable, which is also something you see often portrayed in the media. You know, you sort of hit that certain age, you're no longer a sex symbol. You are much more of an aunty or, you know, the trusted best friend, there's such stereotypes that are portrayed and you just don't want to end up like any of them. You just kind of want to be yourself, just without a uterus, and I didn't realise that you can just do that.”

Stacey expressed a number of the stereotypes discussed in this section. It is evidenced through the social constructs that Stacey has stated and which have been reflected in other women's stories throughout this research, that the narrative maps of her mother have produced pre-presentations of what the menopause consists of; these have been developed through public narratives and Stacey's mum's own ontological narrative that has shaped how Stacey views the menopause (Phoenix, 2006). Stacey is aware of these stereotypes and of the societal constructs around menopausal women, and wishes to rebel against them. Stacey's penultimate comment of wishing to "be yourself, just without a uterus" is particularly powerful, and succinctly reflects the concerns raised by a number of the women in this study

regarding loss of identity and change of self as a result of menopause. Stacey is evidently aware of society's expectations of the menopausal change in women's identities and roles, but wishes to continue to be her younger, pre-menopausal self in every regard other than her ability to have children. Stacey's note that "you can just do that" powerfully cuts through the stereotypical views, as she has evidently identified that she can resist societal expectations (and has done so).

7.2.2 Resisting Against Ageing Expectations

Above I have outlined the stereotypical views which have been associated with the menopause, and which may drive women to view the menopause in a solely negative light. A number of women in this study have found themselves resisting against stereotypes through engaging in physical activity because they are able, including Ashley:

"I love exercise, I always have and even more now as I feel powerful. Even though I am menopausal and older doesn't mean I can't enjoy exercising and keep exercising for as long as physically possible".

Whilst Ashley is evidently aware of the impact of the menopause and ageing on her body, she will continue to challenge her physical capacity for as long as possible, attempting to climb out of the "sticky web" of stereotypical views. Ashley directly

resists the stereotypical notion that older women might no longer enjoy or even partake in exercise. Woodward (1991) noted “our culture’s denial and distaste for ageing... is understood in terms of decline, not in terms of growth and change” (p.xiii) and that “youth, represented by the youthful body, is good; old age, represented by the ageing body, is bad” (1991, p7). As noted, Ashley’s stories appeared to be contradicting these cultural narratives, by continuing to engage in physical activity and feeling “powerful”. It has been said that promoting more realistic ageing expectations can create a positive outlook for women, rather than comparing themselves to negative stereotypes (Levy, 2017), and that at this time of life women often have a broader and more confident outlook (Rubinstein and Foster, 2012). An example of this was identified in Goodyear (2018) study, in which one woman stated that she embraced menopause with enthusiasm and positivity through understanding herself which created a positive outlook. Positive embodiment has been perceived in women feeling like they do not have to prove their worth, and life should be spent on what’s important (hobbies, relationships, goals, health) instead of focusing on unnecessary and unrealistic standards and ideals (Arnold, 2005). Although many of the women in this study expressed negative views toward ageing and the menopause, a strength of this study in interviewing active women provides an additional layer of awareness into the interactions between women’s body and movement. This is evident in the below observations:

“I feel powerful because I am fit and these young lasses may be taking the micky out of me but I know I can kick their arses. You just find the power where you can do.” Margaret (50, perimenopausal).

“There are positives that I could mention. Ever since I adjusted my training to take my perimenopausal and ageing state into consideration, I’ve been enjoying exercise more than I have for a while. I think part of that has to do with taking the pressure off myself and feeling like I am enjoying it and feeling powerful” Ruby (54, 3 years menopausal).

Ellingson (2017) has expressed that individuals can overcompensate against these stereotypes in order to free themselves from the sticky threads that surround cultural webs of identities; this is clear in the reflections from Margaret and Ruby, who both spoke about finding pleasures in their physical activity regardless of their age. A boost in enjoyment in movement flows through both of these women’s voices. Furthermore, Ruby, who does CrossFit strength training 5-6 times per week, stated:

“CrossFit, you know, helps me work on my core and body strengthening and things, but it felt like I took it to another level with the weights training. I just started to feel so good. When I started doing it, actually, I almost felt a little evangelical, I wanted to go tell every menopausal woman I know, you really need to start lifting weights as you get older. It’s really cool. It’s a very empowering thing.”

This section demonstrates the power of excitement and pleasure in physical activity, with the women feeling free in their body away from the “chore” of doing a certain type of movement for expected results. I could hear the thrill in Ruby’s voice and the colour in her face when she provided the above quote, her voice and smile growing as she spoke. A lot of the women have viewed ageing as an opportunity to change their mindset, and although there are changes with their bodies, they reflect how they have found benefits in the way they understand and live within and through their changed bodies. This new understanding has provided an embodied connection through listening to their bodies, not having to put pressure on themselves and simply enjoying and feeling empowered by what their body is able to achieve.

Current research relating to notions of empowerment among menopausal women and physical activity have used relational screen models (such as General Self-Efficacy Scale and the Satisfaction with Life Scales) to demonstrate that sustained exercise can empower women to cope with various physiological and life changes during menopause (Moshki, Mohammadzadeh and Dehnoalian, 2018; Kulak, 2023). Kulak (2023) identified, however, that research has yet to delve into the subjective opinions and perspectives of women regarding the actual impact of exercise on their individual menopausal journey. While it is evident that a link exists between exercise and empowerment, the mechanisms and underlying reasons remain unexplored (Kulak, 2023). Enitan (2023) research focused on “empowering” women to engage in physical activity to combat osteoporosis during the menopause, although again without considering women's voices and without establishing whether these women found physical activity to make them feel empowered during the menopause.

Through my analysis as observed above, although these women consider their menopausal state, they voiced their stories of empowerment and confidence in their bodies to continue to participate within their chosen sports during this transition, regardless of their age or how society may project menopausal women to be in Western societies.

7.2.3 Realisation of Ageing; "I'm old"

I consider in this section the realisation by women that they are menopausal, and that the bodily changes they are experiencing are associated with ageing and menopause. A number of the women in this study came to the realisation that they are biologically ageing, even though from an embodied sense they don't feel any older in themselves; nonetheless, due to physical changes the women are forced to accept their biological and chronological ageing.

Women have been viewed in society as reproductive beings (Papanek, 2019) and historically and culturally reproduction has been viewed as women's main purpose in society (Critchley, 2020). The conventional expectation of the age of onset of menopause on average is 51 (Baker and Benayoun, 2023), and the feeling of being aged by menopause was thus exacerbated among women who had experienced menopause unexpectedly and earlier in their adulthood, such as those diagnosed with early menopause. Patricia's (38, 5 years menopausal) experiences offered an

example of this as she was diagnosed with an early menopause unexpectedly in her early 30's:

*“You have to be quite an age to have the menopause I think, you know?
People who are no longer able to have children are a much older generation
than I saw myself at the time.”*

Through these comments Patricia herself addresses one of the stereotypical views toward menopause, being that the condition is something that affects much older women. For Patricia it is apparent that the onset of the menopause at an early age has created a conflict with her own narratives and identity; Patricia had previously considered being unable to have children to be an issue for older women, in line with stereotypical views and the general societal discourse around the topic. Historically women have been seen as “useful” due to their reproductive roles in society (Martin and Slepian, 2021) and women who are no longer able to reproduce have been labelled as “physically wasting, psychologically impaired and socially worthless” (MacPherson, 1995, p. 30). The embodiment of menopause and feeling no longer “useful” may result in women feeling the loss of their personal worth, with a change in perception of their role in society now they are classed as “menopausal”. This awareness of a changing role in society following the menopause adds a further element to the transition of identity and can create a further source of internal conflict, particularly for those women who reach the menopause at a younger age.

Patricia also alluded to menopause being a marker for old age, which aligns with the 'worse after' stage from Anderson (2021) research. Early menopause is more invisible in society, and can be more challenging as it is a disguised phenomenon. Mullins (2022) identified that early menopause can cause women to feel like this would automatically classify them as old, as Patricia alludes to. Research surrounding surgically induced menopause has also revealed women feel a sense of embarrassment, shame and concealment of the induced menopause (Abadi *et al.*, 2018). The metaphor "feeling of an invisible wall" used in Abadi *et al.* (2018) study was the best description for women's experiences of surgically induced menopause. The comments from Patricia build on earlier research to clearly evidence additional tensions for women who experience early or surgically induced menopause, tensions which may arise in part because of underlying stereotypical views of what a menopausal woman is or should be.

November 2022: Research Diary Entry

Having been pregnant during much of my data collection, and now being a mother, when I have brought myself back to this data set the quotes surrounding women being seen as "reproductive beings" struck a chord with me. Reproduction has been observed as something which will happen with such certainty and is expected, however for some women this may not be easy and may be accompanied by many painful and upsetting memories. Some women may not have wanted to reproduce but may still feel this pressure because they have been born a woman, and historically it has been perceived that women's main role is birthing children and the care-giving roles which accompany this.

Figure 10: Research Diary Entry

Menopause signals the end of women being reproductive beings which has created stigma surrounding “being menopausal” in the United Kingdom, making women feel as though they have aged based upon historic perceptions of what menopause entails (Ishak *et al.*, 2021). This has been compounded with different layers of shame and negative stereotypes based upon the reproductive female body. Some women in this study have chosen to engage in physical activity in order to actively challenge stereotypical views around the menopause, and others have acknowledged that their actions achieve this result without this being an explicit purpose.

An awareness and expectation of the stereotypical negative consequences of menopause can also worsen women's experience of this period of their lives, and this may be particularly acute for women who become menopausal at a younger age. It is also apparent that stereotypical views around the menopause continue to contribute to women suffering in silence, which compounds the generational silence of previous eras. It might be hoped that the gradual increase in visibility of menopausal women in recent years, and a willingness for this to be discussed openly in the media, may encourage more women to discuss the menopause with their own children and thus break the chain of silence.

Patricia also explained:

“I was out in the back garden before trying to kick the football for my son, but my knees are so sore so I can't kick the football. So instead I am throwing the ball and he's kicking it back to me so, you know, from his point of view he might look at me and think my mum is really old and can't get the ball now. But I don't want other people perceiving me as being an old person, because apart from memory problems, joints and things, and obviously not being able to have children, I'm the same person really and that is what I have found hard.”

Patricia described her awareness of how being menopausal could shape people's perceptions of her, especially with reinforcing this notion that she is still the same person regardless of whether she is menopausal or not throughout the above reflection. Similarly considering research by Laz (2003), women in this research temporarily take their bodies for granted but it is when “bodies do not do what we wish; they remind us of their presence” (p517). For example, soreness is not something that some women have previously experienced in their younger years, but its onset is now making the women aware of the menopause and the ageing process. The onset of pain and difficulties with mobility render the body an obstacle to the women pursuing their "normal" lives, and we might infer that through the notion of body as obstacle the women are now aware of their physical body in a manner which was not apparent prior to the onset of menopause.

I conducted a running interview with Erin who was a keen runner. Whilst we were running through the nature reserve in the village where Erin lives, she expressed how although she knows she is getting older she doesn't feel any older in herself:

"I think as you get older, you know you're getting old but you don't feel older."

Erin and other women stated that each day they were aware they were growing older chronologically, yet it was the onset of the menopause which signalled entry into older life. The use of age offers a representation of how women give meaning to their ageing bodies. Erin made sense of her experiences by establishing connections to the dominant narrative that impairment can be expected in advanced age. This demonstrates the importance of the relationships between subjective perceptions in relation to socio-cultural narratives for these women. Within Goodyear (2018) study women stated they were surprised they had found themselves at this life stage (menopause) as subjectively they still felt young; whilst some women were not happy to accept this change, they admitted that ultimately there must be a point of acceptance of menopause and midlife.

Daisy (52, 5 years menopausal) explained how her body felt since experiencing the menopause:

“But I think there's a society thing there isn't there. I noticed the dried-out autumn leaves when you were walking, and you see them kind of disintegrating, and I was thinking oh it's all quite sad, but it is that circle of life. It just made me think about the menopause and what I am going through, and that's the way you often feel.”

Daisy's comparison between her ageing body and the autumn leaves is powerful, reflecting a sense of transition and loss, and a yearning for summers gone by. Daisy alludes to the decline of her own body, noting the disintegration of the leaves, in keeping with comments from other women earlier in this chapter. Nonetheless, Daisy also shows a willingness to accept this menopausal transition, as part of the "circle of life"; Daisy is not resisting ageing. Margaret Gullettes' research identified that it is a brave sign to recognise one's ageing journey and to appreciate what is happening, as many people perceive “ageing” as something affecting people older than themselves.

The women in my study all undertook regular physical activity, and as such may have been more prone to identifying changes in their physical selves than less active or inactive women. Specifically I might expect that these women might be more sensitive to changes in their physical ability, with self-identified declines in performance, energy levels and motivation, along with an increase in exhaustion levels. The menopausal body is one that is shifting alongside

unpredictable changes which are individualised to each woman (McNay, 2000).

In Ballard's work, public ageing is identified as visible, age-related bodily changes, in contrast to private ageing which represents externally invisible physiological changes. Many women reported public changes such as changes in their appearance, both in this and other research. Additionally, however, the majority of the women in this study drew attention to how their body felt when undertaking physical activity, which falls under the private nature of ageing.

Physical changes in menopause were a common theme throughout my research, but in particular Ashley described her views towards ageing. Ashley was an active runner and enjoyed going to the gym:

"I think once you get older you need to accept some kind of decline in your physical health."

Ashley's quote illustrates women becoming aware of the ageing process impacting on their body, and notes this in a negative light, alluding to a loss of ability as they age. This reflects Gullette (1997) work on the decline narrative, which found that

women understand their ageing as a process of loss and diminution, viewing the life course through a lens of increasing restrictions and decreasing capabilities in their performance.

It is also useful here to consider Anderson (2021)'s analysis of Gullette (1997), including the term “the menoboom” to describe the cultural construction of menopause through narratives, and it is pertinent to delve into the implications of this work. Anderson argues that menopause is often associated with a narrative of decline, portraying it as a normal biological process characterised by the loss of physical and emotional strength, stability, and sexual attractiveness. Furman (1997) has claimed that there is a moment when ‘the ageing female body comes into deep conflict with cultural representations of feminine beauty’ (p5). This moment of conflict underlines tensions between the perceptual gap between normative femininity such as youth, beauty, desirability, and the reality of female ageing which has been echoed in Ashley's voice above.

It is important to challenge this narrative and promote a more positive and realistic view of ageing. This includes recognising the diversity of experiences among older adults and the potential for growth, resilience, and contribution in later life. As Phoenix (2011) has stated, the power of counter-stories provides expression to alternative views of ageing by resisting dominant master narratives. Therefore, for example, women in this study have offered resistance to narratives of decline through counter-stories which distance themselves from ‘normal’ older people

(individual resistance); they want to continue to exercise and stay active regardless of their physical changes.

7.3 Intersectionality of Gender and Ageing

Intersectionality has gained a considerable amount of attention, especially in health inequality research. Previously, social characteristics such as age, gender, ethnicity and socio-economic position have been viewed in isolation from one another, which does not match the reality that some people may embody multiple characteristics which can subject these people to multiple forms of discrimination (Holman, 2021). This is important to consider for this research in particular as menopausal women are subject to gendered discrimination against male counterparts but also against ageist assumptions. Menopausal women find themselves in a sticky web attempting to understand who they are during this time of their lives, without mentioning the complexity of gendered ageist discrimination.

The term "gendered ageism" has been coined to refer to differences in ageism faced by women and men, covering the intersectionality of age and gender bias (Beaton, 2019). Modern culture reflects an understanding that women should keep an ageless appearance known as "successful ageing" (Twigg, 2013). Women's perceptions of old age are encompassed through thoughts, feelings, and perceptions of their own body, along with the perceptions of others, body image and cultural views (Cash and Smolak, 2011). Women have been continuously compared and analysed against

cultural and historical messages that they should strive to remain youthful and healthy-looking through a toned, thin, and wrinkle-free appearance (Grogan, 2016). Women attempting to remain youthful can be seen as a defence against ageism, and against stereotypical depictions of the older woman. Women's views of their body image have stemmed from societal and cultural norms (especially in the Western world's gender-based expectations of femininity and masculinity), the media shaping social norms on how women should look, through verbal and non-verbal interactions and women's own behaviours towards their body image (Zhang, 2021). It has been identified that women have incorporated cognitive reframing by adjusting their expectations with no longer meeting societal ideals (Piran, 2017), and through changing their focus from appearance to health as they age (Hurd, 2000), which has enabled women to accept their bodies in later life (Bailey, Cline and Gammage, 2016). Cultural messages such as feminine beauty ideals emphasizing healthy, thin, toned but curvy appearances (Grogan, 2016), have been transmitted through social circles as well as the media. This is important because how we are seen by others and how we see and think of ourselves are intrinsically linked (Goodyear, 2018). This research has considered how active women perceive the thoughts of others and society during menopause.

7.3.1 Gendered Ageism

People have been seen to ignore or fail to see ageism in society until they themselves become old (Calasanti and Slevin, 2001), i.e. most people choose to ignore or fail to see ageism in society until they are personally affected by the social

and physical realities of growing older. Research has shown that as women age they are faced with ageism and societal pressures of beauty, as mentioned in the previous section of this chapter (Liechty and Yarnal, 2010; Clarke and Bennett, 2015). Research on race, class and fatness have recognised how the image cast upon different bodies can result in disadvantage and discrimination, which then has implications on how they relate to their own corporality (Capodilupo and Kim, 2014; Williams, 2018). In this day and age, the media has substantial power to shame or normalise different bodies depending upon the framing, therefore women's image and representation force them to shape their lived experiences. Drawing on Butler's concept of gender performativity, it is clear to see how societal expectations compel women to seek youthfulness, even as they age. By focusing on 'ways of seeing,' I shift the focus away from what bodies look like and towards how bodies feel, particularly through the accounts of menopausal women.

Patricia reported:

“You admit you've had a menopause, I think people would see me as being an older person and almost past it; and, you know, I used to feel really, like young and full of vitality and energy.”

Patricia perceived that when she admits she is menopausal, other people would expect that her physical performance (in this case running) would suffer, as she is

now "past it". Patricia considered the perception of others towards her now that she is menopausal, and it is interesting to consider the extent to which the societal view toward her (or solely her expectation thereof) might have contributed to the shift in her perception of herself as no longer being "young and full of vitality". Patricia's narratives around her physical body as she has grown older have changed, drawing on the work of Somers (1992); Somers (1994) who states narratives may shift over time and space, enabling women's narratives to be simultaneously personal and local to them as an individual, whilst also changing depending upon who women come into contact with and the environments women explore.

It is evident that Patricia's experience of admitting her menopausal state to other women (or at least her expectation of the outcome of such an admission) has led to her altering her own narrative and considering herself an "older person", with accompanying loss of physical capacity and vitality. Patricia's notion of admitting/confessing to being menopausal also reflects societal views of the menopause as being worthy of shame. The negative connotations that surround the menopause diminish the ageing body as something negative and vulnerable. Menopause causes shame and stigma because of its connection with middle age in a culture which is obsessed with youth (Salis, 2018).

Patricia further explained:

"I think if I was in my 50s and started having menopause it wouldn't have been such an issue. But that side of things, I found hard. And people looking at me, I wouldn't want to look at me and think I'm an old person, and wouldn't want to sort of talk to lots of people about it either."

De Beauvoir stated that older women aren't seen as females due to being unable to reproduce. Although De Beauvoir's work was written in 1949, this uneasy relationship between gender and age still exists, especially towards the older, post-menopausal female body as a continued site for sexuality and femininity, which is shaped through a cultural and a subjective gaze as a site for decline and loss. It is clear in Patricia's descriptions that because she experienced early menopause she felt older and perceived other women to view her as an older women.

In line with Patricia, Stacey voiced her perceptions towards menopause and feeling older:

"I think emotionally I wasn't quite ready for it because I felt like I was in my 40s, I had lost a lot of weight, I was feeling really good about myself. I felt attractive, I felt young, I had young kids. And then suddenly, you're told you're perimenopausal, and you think I can't possibly be in perimenopause because that's something that happens to old women. And then realising that that was now me and I think that was a bit of an "Oh god" moment."

Rochon, Kalia and Higgs (2021) noted that anti-ageing views are harmful for older women, causing women to feel like they should hide their age and appear youthful. It is this societal pressure which underlines the notion that the menopausal woman is no longer attractive and desirable, reflected visibly in the shift in how Stacey feels about herself. As was the case for Patricia, Stacey's comments reflect the pervasive societal expectation of menopause happening to older women, albeit for Stacey this combines with a reconciliation and self-realisation that perhaps she is now an older woman. Stacey also alludes to the sudden impact of this change (finding out she is perimenopausal), which aligns with Patricia's comments about suddenly finding out she was no longer able to have children. Stacey's comments also give a clearer indication of the sense of conflict that being diagnosed as perimenopausal can cause for women; whilst Stacey felt young and good about herself, this feeling and self-knowledge was effectively overridden by the diagnosis of perimenopause. Whilst it is almost certain that Stacey would not have immediately felt the impacts of menopause, the diagnosis alone was sufficient to generate a shift in mindset and forced Stacey to reconsider her identity as an attractive and young woman. Stacey's comments present perhaps the clearest view of the internal conflict which the menopause can create, being an almost immediate shift in her view towards herself.

These perceptions may have manifested from the double standard of ageing in metanarratives, found through personal stories from friends and family and through the media, which has shown women being more harshly judged than men as they

age; the loss of a youthful appearance has been seen to be more detrimental to women than men (Sontag, 1972). Further, there is evidence of men being seen to advance with age and being considered handsome and sexy (Sontag, 1972), whereas vast amounts of historic literature has perceived women to become less attractive as they age (Bovet, 2018). Additionally, the triple standard of ageing has been observed, whereby it has been acknowledged that upper-middle-class women seem less susceptible to the negative aspects of ageing than those women who have less social, cultural, and economic expectations, and therefore are more compelled to enhance their ageing appearance (Åberg, Kukkonen and Sarpila, 2020).

7.3.2 Sexism

Sexism has been linked to beliefs regarding how men and women should act in society and sexist assumptions have manifested themselves in gendered stereotypes (Wang and Dovidio, 2017). Some women are more constrained than others by virtue of their social, historical, and cultural positioning (Clarke, 2010). The decision to resist cultural norms of femininity and female beauty puts women (particularly older women) at risk of losing social currency and being rendered invisible. Women's bodies must attend to both their experiences in and through their ageing bodies as well as the meanings, thoughts, and feelings that they attribute to their bodies (Clarke, 2010).

Ashley admitted to feeling as though she has become invisible in society as she's gone through the menopause:

"Yeah of course, like, running along the street and I stopped to let a workman reverse his van in front of me. And then he parked right in front of me and I said, "you're joking aren't you". And he's like, "you might as well have been invisible". If I'd been an old lady with a stick perhaps, or a young attractive lady, he certainly would have moved his van, and it's not me being daft, it's like people think I no longer require airtime."

Women have reported becoming invisible in society through the menopause and ageing process, particularly to men, and have observed that women who are worthy of attention are women of youthfulness (Sergeant and Rizq, 2017). Ashley echoes this sentiment, feeling as though she is in a middle ground where she is no longer noticeable for either youthful good looks, or for being visibly older and frail. Ashley felt that other women of the same age would feel the same way or would have experienced similar interactions when out in public. Silver (2003) has previously noted the post-menopausal body "no longer attract[ing] the gaze of men" (p386) and the de-gendering and desexualising which identifies women as no longer valued, or no longer represented as objects of sexual interest. Similarly, Oberg (2003) has stated "women are rarely portrayed as sexual, and sexual desire in older women is usually a point of ridicule" (p116). Women feel like they've become invisible as they

are in a middle ground of not being young and attractive, but also not being old enough to be elderly.

Research analysing women's bodies has considered women's thoughts, feelings and perceptions of the body, both in terms of their own individual assessment of their own body and in comparison with the bodies of others (Lennon and Fischer, 2010; McComb and Mills, 2021). Societal pressures may impact on women's views on their bodies, their exercise and their menopause, and may also cause women to compare themselves with others rather than focusing solely on the benefits physical activity gives them individually. Sharon (45, perimenopausal) enjoys keeping strong at a local gym, running, and exploring in open water environments. Sharon noted a pressure to conform to societal expectations of beauty and keeping up appearances:

"I've handled the beauty side of ageing, but I haven't actually targeted the cause and dealt with the inside. I guess, maybe that's something to do with a society that only cares about the external, really, so the weight and the hairs. Whether we are fitting in, you know, hair, body change and skin change, and there's probably a product to fix that. But there is not necessarily the same product available for the internal aspect, it's just not talked about as freely, because randomly people will go to say the hairdressers more easily than they'll go to a GP, and whilst most of these things will fix it a little bit temporarily, it's not going to be permanently improved."

For Sharon there is a pressure to mirror societal expectations in terms of external factors such as hair colour and body and skin change. Sharon also echoes comments made by other women in this chapter noting the gap between internal and external impacts of the menopause and ageing, and for Sharon it is apparent that it is the internal changes which are harder to mitigate. It is also interesting that whilst Sharon identifies the external changes which women might make to meet expectations (i.e. going to the hairdressers), she does not appear to associate partaking in physical activity as a means to achieve external outcomes.

The loss of perceived attractiveness may present a threat to women's sense of social position, identity and esteem (Clarke, 2002). Åberg, Kukkonen and Sarpila (2020) observed that physical appearance is more important for women in advanced social classes, whereas working class people acknowledge bodily decline more easily. There are, however, privileges afforded to ageing upper and middle-class women due to having more financial resources to take care of their ageing appearance, through being able to afford cosmetic care or beauty enhancements, for example. This may be a dubious advantage as upper and middle-class women may therefore be subject to a greater expectation to invest time and money into enhancing themselves. Åberg, Kukkonen and Sarpila (2020) found that women who have more financial resources are almost expected to take care of their appearances.

Many of the women participating in this study referred to feeling an expectation to look and act in a certain way to conform to youthful appearances, and to not look “old” in order to align with a concept of “successful ageing”. For example, Suzie (54, 10 years menopausal) voiced how she felt pressure to conform to certain appearance standards to not look “old”:

“I’m a career woman. I was going to say in a male-dominated profession, it isn’t actually now it’s female-dominated, I’m pleased to say, but it’s not a profession you see many older women in. Most careers, actually, you generally don’t see older women for so many reasons. Largely, because a lot don’t go back after childbirth, actually, or, you know, they want to work part time and it’s not possible, and I think, is it not so much menopause related as it’s just an age thing. I’ve run a department where, you know, the next one down in age for me now is 10 years my junior, and that’s a man, and the next woman is 12 years, my junior’s junior. So I kind of think I need to, I’m very motivated by being very on it looking my best, you know, not giving any outward perception that I’m getting older. I think it’s a society construct that makes us do that. The menopause definitely does make you feel older. Just that mindset of it because of how it’s perceived out in the world.”

Culturally women have previously lived in a very conservative world, with men being the breadwinner and women not generally being expected to have a career, but to take a routine job until they are married and have had children (Morris and Symonds,

2004). Women previously may have been able to conceal menopausal symptoms in the private sphere of their homes (Morris and Symonds, 2004), but as women's societal roles have changed and more women have entered the workplace the impact of the menopause has increasingly moved into public view. As a "career woman" Suzie may be exposed to additional pressure to conform to these beauty ideals, both in order to meet expectations in her role at work and in order to avoid being perceived as "old" by her colleagues. It is apparent that Suzie is aware of the pressure to mirror societal expectations of a successful older woman, who will appear well looked-after and not show signs of ageing. Suzie is also not able to hide her menopausal symptoms by staying at home, as might have been the case in previous generations.

Social narratives have produced an expectation for women to stay looking young and beautiful as this is appealing, which continues to tie women's worth with their physical appearance (Bardzell, Bardzell and Lazar, 2019). Mead has acknowledged the normality of multiple personalities, such as "we are one thing to one man and another thing to another"; for example, women might simultaneously be spouse, mother, child, athlete and professional. For Suzie it is interesting to note the importance of the professional self which is adopted in her work environment, and for a number of the other women in this chapter it is intriguing to reconcile their perception of internal conflict with the possibility of holding multiple simultaneous identities.

Ashley reflected on this notion of illness, but also alluded to concerns around menopause being gendered:

"I don't like putting everything down to menopause as sometimes people don't take you seriously; if this was a male illness more would be done."

Ashley's notion that the menopause is not always taken seriously reflects stereotypical societal views toward menopause, particularly in the eyes of men, that the menopause and menopausal symptoms should be easily brushed off. The stigma surrounding menopause may have led to a persistent underestimating of the potential severity of the physical and psychological changes which can accompany the transition. Ashley also refers to the menopause as an illness; perceiving the menopause as an illness can produce anger towards a lack of power and control over all aspects of women's lives. This causes 'menopause' to gain a discrete entity which can be invoked by others and women themselves in order to explain feelings and direct blame (Morris and Symonds, 2004; Li, 2023). Whilst Ashley evidently considers the menopause to be a cause of a number of changes, she also notes the gendered implications around the menopause, commenting that if the menopause occurred in males there would be more support and research into the area.

Iris (51, 5 years menopausal) also perceived a gender difference, agreeing that a "cure" for the menopause would have been found if the condition also affected men:

“We need more research and more evidence to support women, that gives women the encouragement to keep training, then more women will do it. I think we would have a lot less women going through mental health issues through the menopause if this was the case. I think we'd have a lot less women struggling and taking antidepressants, enduring relationship breakdowns and all of the stuff that comes with menopause that is little known about. You know, I think someone said it on that TV thing that if this was happening to men we would have a cure by now, and I think that's true.”

Whilst Ashley's declaration focussed on a notion that menopause would be perceived differently if it also affected men, she also noted a reluctance to attribute too much to the menopause. It was stated in Gloria Steinem's famous article “If Men Could Menstruate” that if men could menstruate it would be enviable, worthy, masculine and there would be a degree of boasting about how long they bled and how much blood was produced. It was also noted that if this was the case, then women would be identified as unclean and unhygienic due to not having a monthly purge (Johnson, 2019). As with the majority of women who were interviewed, Iris observed the gendered inequalities between males and females and felt that there would have been more information made available and more support would be offered if this was something that happened to men. Not only do women feel as though they are being judged because they perceive themselves as “menopausal”, but they also felt that there would have been more medical advancements for

individuals experiencing menopause if this occurred in the male population. It is also interesting to consider how stereotypical views toward menopause may be different if the condition affected both sexes, or men alone.

The physical impact of ageing and loss of youthfulness may make women feel less adequate, which influences women's self-esteem and confidence (Young, 2022).

This informed Suzie's experience at work as she felt that if she looked a certain way it was reinforcing her worth in that role, therefore she managed appearances whilst her body was experiencing menopausal changes. This societal pressure also leads to women engaging in cosmetic and beauty treatments to meet the pursuit of the "body beautiful", in order to strive for bodily perfection as Shilling (2016) elaborates on in his work on embodiment of the body in sociology.

7.4 Transitions Through Menopause

Women spoke of their journey through menopause and experienced a sense of transition as part of this process. The concept of a transition has included tensions between fixed stages and fluid processes. As referenced in Grenier (2012) work, "The Oxford English Dictionary (1989) provides several definitions of transition. At the broadest level, transition is 'a passing or passage from one condition, action, or (rarely) place, to another; change'. These varying definitions in different contexts showcase that a transition is the process of moving from one stage to another. The

menopause has been considered a natural transition phase which can represent a sign for women that they have passed through a doorway from 'young' to 'old' (Greer, 2019), based upon their reproductive capabilities. For the purpose of this theme, and with reference to Grenier's research, I am viewing a "transition" as the shift of individual experiences through different life stages (pre-perimenopausal/menopausal to post-menopausal), but also considering that transitions are fluid and fixed and may differ from experiences and social location.

The transition into menopause can be associated with many embodied changes, and involves complex processes of experimentation with new activities, different approaches and shifting priorities (Northrup, 2020). As Grenier (2012) has stated, "some transitions are achieved with ease; others are more difficult, with the meanings of each varying according to context, expectations and circumstances" (p3). This can be particularly true in the context of menopause, as every woman's experience is valuable yet diverse. Characteristics of this transition included shifting identities (peri, menopausal and post-menopausal), changing exercise habits and routines, shifts in lifestyle and proprieties, beginnings, turning points and endings, as well as skills being developed through the transitions which have helped women to manage the process itself (Brammer, 1992). This is similar to Grenier (2012) work on transitions surrounding ageing, and it is important to note that what it means to age (or go through menopause) has changed in contemporary contexts, and our sense of life courses is shifting.

Menopause has been described in the literature as a “visible, and sometimes even intrusive” reminder for women that they are entering a new phase of life, one associated with old age (Rubinstein and Foster, 2012, p. 304).

Within the creative workshops women were directed through a task of producing an island map of their menopausal experience. Gaynor (45, perimenopausal 5 years) created her own island map (see figure 11) and commented on it during a follow-up interview, reflecting on her experiences of physical activity and her perimenopausal state:

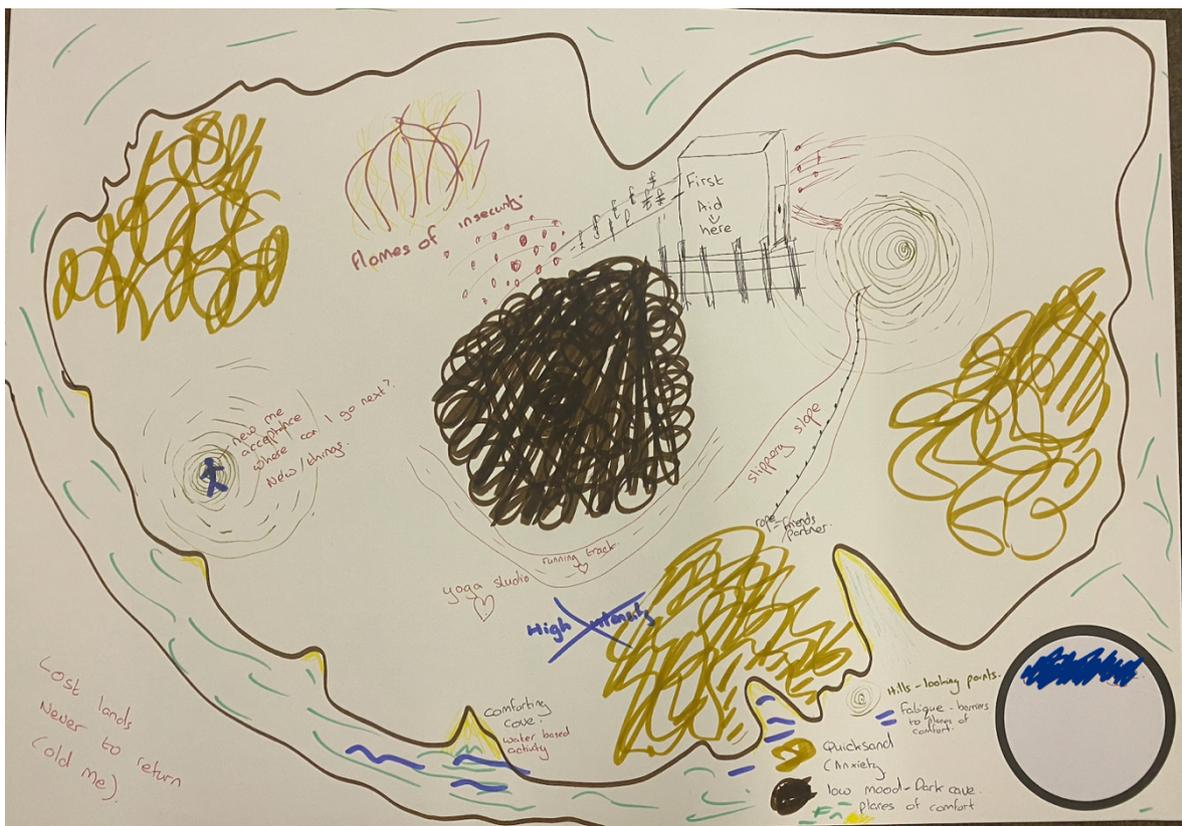


Figure 11 – Gaynor's island map

Describing her map, Gaynor said:

“So I think the central island is me now, I suppose it's like menopausal me, and I drew the mainland and the mainland sort of represented the past me; and I've got that between me and there was a bit of hindsight, I think. I would have liked to put a couple of boats on to sort of show that there is still like sort of transport links between me and the mainland, but really the mainland is sort of drifting away now, a lot of that is like the old me and I can't get back to the old me anymore, because I'm in a different era of my life”.

In other research on menopause, it has been acknowledged that menopause can feel inevitable and natural on one day, yet the next can bring struggle and suffering (Salis, 2018). The image of menopause as natural, normal and inevitable has enabled some women to distance themselves from negative associations of menopause (Shore, 1999), and narratives of struggle, such as in Suzie's words:

“Well, this is part of, you know, the natural process, a woman's going to go through anyway.”

Gaynor's references to "links between me and the mainland" suggest a more gradual transition, however, implying that there is still some connection, albeit weakening, to

the former self. There is a palpable sense of loss for Gaynor that the mainland is "drifting away", and she wishes that she were able to return to her old self, even if temporarily. In Gaynor's reflections she held ties with the old self, stating that she would have liked to put a couple of boats on the island map, and concluding with reflecting on herself leaving the "mainland" and not being able to get the "old her" back. Through this description her stories reflect a narrative from a struggle to a transformation. Often through reflecting on suffering and finding meaning within these negative experiences, individuals are able to move forward into a changed life (Frank, 1995); Gaynor recognised in hindsight that her stories change the narrative and she found a new "her", and she nodded to continual links to the central island (current her) and the mainland (old her). It has been stated that a transformative narrative is never complete as the body-self is "unmade", but "unmaking can be a generative process; what is unmade stands to be re-made" (1995, p.172). As Frank (1995) has argued, Gaynor's stories of transformation is never completed or separated from the narrative of struggle.

The theme of transition is evident in Anderson (2021)'s work on the menopause, which split women's lives into 'better before and worse after'. This notion emphasises the change from youth and alludes to post-menopausal life as one of darkness, decline, worsening and negativity. Like many of the women in this study, while Gaynor recognised a new era of her life, she is not overt in describing this as a negative or as less desirable than another era, in contrast to Anderson's findings, although it could be argued that the aforementioned sense of loss may reflect such feelings. The notion of the

menopause as a transition into older life, and separating pre-menopausal life with post-menopausal life, was repeated by a number of women in this study.

Mead (1967) distinguished the self from the body, in that the self is produced through the process of social experiences and activities. Menopausal women may adopt a "menopausal self" to fit into the society that they perceive they belong to. Phoenix, Smith and Sparkes (2007), stated that individuals give meaning to their stories through the connections between time, self, and society, and in that study, participants revealed three types of selves: "sporting self", "settled self" and "reflective self".

Building upon the latter study, active menopausal women have gone from an absence of responsibilities and commitments other than to sport (sporting self) in their younger years, to then having responsibilities for "other" bodies such as a spouse, family, child or in their working environments (settled self). In this second period time is perceived as not being for oneself, but instead is taken up by, or for, another or others. At the time of menopause, many women find themselves at the reflective self stage, which has been observed by Phoenix, Smith and Sparkes (2007) participants as a time of lack of direction and vision and as an absence of any prospect for future progression. A number of the women in this study alluded to the menopause being a period of loss of a younger, sporting self and a transition into a different stage of life.

Rachel (46, perimenopausal 2 years) experienced looking back on her younger self and reflecting where she felt she was with her physical activity, and comparing herself with how she used to be:

"I feel like I am more prone to give in easily, like if I feel tired, I would stop whereas when I was younger I would keep going. Now I have a walk or have a breather at the end of the lane whereas previously I would be like "no keep doing what you are doing"; I'm not sure why that is. I'm not sure if I've become lazy, but surely not as I'm not lazy in anything else I do, but I am just shattered all of the time"

Similarly, Charlotte (52, 8 years menopausal) also noted that:

"My physical ability and my physical strength has always been kind of who I am, and the sense of, I've always been in sport, I used to play netball at a really high level. You know, it's always been my thing, and to suddenly feel like I was a bit useless, I was getting more tired and I wasn't able to push myself like I had been."

Both Rachel and Charlotte described a phase of transition, from the younger self which would have been able to continue exercising without the need for a rest, to the

new self which appears to be less physically able. In the context of Phoenix, Smith and Sparkes (2007), it appeared that Rachel has left her former sporting self but has diligently worked to redefine her new identity, despite the challenges. For some women, such as Rachel, this process is particularly challenging, especially with the heightened awareness of their ageing bodies feeling "shattered all of the time." Similarly, Charlotte's remarks also suggested a loss of her previous sporting self, with her expression of feeling "a bit useless" aligning strongly with the reflective self as identified by Phoenix, Smith and Sparkes.

It is essential to acknowledge the societal expectations placed on women regarding health and physical ability. Women are expected to mitigate "health risks" through self-control and discipline, as highlighted by Ussher, Chrisler and Perz (2020). This expectation extends to adhering to exercise regimes, maintaining specific diets, and sometimes resorting to medication as a means to manage a perceived loss of control during challenging times, as Frank (1995) suggests. Considering Frank's work on the disciplined body, there is an emphasis on being physically fit to meet societal standards of beauty; bodies are organised, trained, and disciplined accordingly. Over time, these bodies become disciplined, and time itself becomes disciplined within the flesh, as discussed by Sparkes and Smith (2003).

Both Rachel and Charlotte are navigating this intricate interplay between societal expectations, bodily changes, and personal identity. They find themselves grappling with these social norms and striving to reconcile what feels attainable given their current circumstances.

Both women have embarked on a rite of passage journey, as described by Van Gennep (2019), acknowledging the departure from their former selves before establishing new identities. Rachel and Charlotte stories embraced a narrative of transformation, as outlined by Salis (2018). Despite the hurdles they face, they recognised that they have undergone significant change, and this transformation has impacted their physical abilities.

Work by narrative scholars Holloway and Freshwater (2007) examined the voices of vulnerable people in physical or mental pain, or of those who experience illness and disability, through stories told by nurses. Individuals are open to expressing their experiences because this provides an opportunity to justify behaviours and reactions to behaviours (Holloway and Freshwater, 2007). Rachel positioned herself as looking back on her younger self and feeling like she was failing herself by walking or stopping, whilst simultaneously feeling that she is tired. Like the participants in Holloway and Freshwater's research, Rachel was seeking to justify her behaviour (here her decline in physical capacity). Rachel can also be seen as developing the reflective self, analysing her own physical performance in light of her former capabilities.

Charlotte referred to the transition from her younger self who she perceived was more physically capable. This loss of performance ability coincides with menopause, albeit also with a lung condition and generally growing older. As with Rachel, Charlotte referred to a decline in her ability to "push myself like I had been"; this

might be considered a transitional change through menopause, with a gradual decline in physical performance rather than a sudden loss of ability.

Both of these women's perspective is retrospective, looking back at their more persistent younger selves and perhaps almost implying 'it's all downhill from there' (Anderson, 2021). Phoenix, Smith and Sparkes (2007) considered how the stories we tell can become the narratives that we live by, which builds upon Frank (1995) work which noted that stories are not only what was experienced, but also the telling of the experiences of those stories. Rachel's recollection of her younger self not giving up may not necessarily be how she experienced it at the time, but may be coloured by her memory. The conditions of storytelling and storytellers shape their stories of their self, which are actively crafted and constructed through what's culturally available, and which showcase their lives in recognisable ways (Gubrium and Holstein, 2008). Nonetheless, it is apparent that a number of the active women in this study recalled their capabilities and sporting achievements being of a certain standard prior to menopause, and now find themselves unable to perform to their own previous standards, clearly implying a transition in physical ability through the menopause.

Hofmeier *et al.* (2017) study found that some women felt taken by surprise by some of the physical changes during the ageing process, and found themselves trapped between the loss of their younger self and accepting the changes to their ageing body. The self was adapted through awareness, perception, experience, evaluation,

interpretation and identification of one's ageing body. Furman (2013) identified that everyone goes through a passage where they grieve their younger life, youth, energy, and significance, seen to an extent in both Charlotte and Rachel's comments. The way in which women perceive and viewed their bodies during ageing is influenced by a complex interaction of both internal and external changes, and through both physical, cultural and psychological aspects (Hofmeier *et al.*, 2017). The complexity of this self-reflection, and the myriad interacting factors, was seen throughout my research.

From the perspective of sport science research and considering work by Charmaz (1987), there are similarities between identifying changes associated with career-ending injuries and with changes in age and ability. Charmaz (1987) identified preferred identities and identity hierarchies. Preferred identities included aspects such as hopes, desires and plans for the future, which form identity goals. Charmaz noted that within identity hierarchies there are specific aspirations associated with each level of identity, which the individual might seek to achieve. Changes in women's identity hierarchies become visible as their description of their preferred self/selves changes over time. Within the injury literature, Moore (2021) considered the lived experiences of collegiate athletes living through a season or career-ending injury, reviewing specifically the changes in their identities with no longer associating themselves as "athletes" due to injury responses. There are parallels between both these samples of people (menopausal women and athletes) as they may both no longer be able to reach their preferred identity, nor match aspirations from a previous self. For athletes with injuries there are ongoing recommendations and coping

mechanisms, and if the athlete's physiological and psychological performance and ability can be re-established then these athletes can return to their previous identities. Contrastingly for Charlotte, an inability to meet certain performance standards (due to physiological changes) may have meant reducing her identity goals and aiming for an "inferior" identity level with lower aspirations. Women's identities are shaped by their hopes and desires, but this can also be juxtaposed with their expectations and recollections of a previous self. Failing to reach or maintain their proposed selves may lead to women bearing a sense of failure and internal conflict.

This was also echoed in Gaynor's creative map above, which Gaynor went on to explain:

"I think that's about the flames of insecurity. In my journey through the menopause, and I know for many other women as well, I think you just lose a lot of self-esteem, you lose a lot of confidence, you've become really insecure in what you can achieve and who you are and you get a bit of imposter syndrome as you don't feel like the same person anymore."

Gaynor identified the transitional sense of the menopause, describing this as a "journey" rather than a sudden change. She also acknowledged the psychological implications of the physical changes she is experiencing, which extend beyond the

words of Charlotte and Rachel who identified the physical implications but did not expressly consider how the impact of this makes them feel. In this sense we can identify that the menopause represents not only a physical transition (in terms of hormones, physical capacity etc) but also in terms of a transition of identity and the wider repercussions this can have on women. The impact of the physical changes associated with menopause can leave women not feeling "at home" in their own bodies which in itself can be seen as a further transition.

Another element of transition which Gaynor alluded to was a shift from feeling in control of the body (and self) to a feeling of loss of control. The examples presented here from Gaynor, Rachel, and Charlotte could all be inferred to reflect on such a loss of control, in the sense that their bodies were no longer able to perform in the way they had in the past. Like other participants in this research, these three women each previously felt control over themselves in the sense that they could urge their own bodies to persist and not give up, but this sense of control had faded as their bodies began to lose capacity. Menopause was experienced as a loss of control because of the menopausal changes but also because it was becoming an ageing body. Despite engaging in exercise regimes, all three women were experiencing a transition into a period where they felt a loss of self-control.

Frances (57, 3 years menopausal) also referred to experiencing a journey through the physical symptoms associated with the menopause, as displayed in figure 12 and in her subsequent comments:



Figure 12 – Frances' island map

"It is like a snakes and ladders board, you go through a period where you're facing different symptoms and you go through this and you think this is going to end, and then it kind of starts again. If you play snakes and ladders and you get to number 99 and then the symptoms come back, you feel like you've gone right back down the snake down to number one again and you are back where you started, no further forward."

Frances alluded to a sense of transition, albeit not in the sense of life "before and after" like Gaynor, Rachel and Charlotte. Rather, Frances used the image of the game of snakes and ladders to represent her journey, with the highs of periods of progress being eradicated by the lows of a return of symptoms. Through both the "journey" of the snakes and ladders board and the train tracks in her island map, Frances acknowledged a sense of movement and transition, albeit a non-linear transition with both forward and backward steps. This representation of a messy and unpredictable transition, characterised by continual progression and regression, contrasts somewhat with previous work by Grenier (2012) which identified that transitions with ageing are linear, stable and that individuals "ought" to experience certain changes with ageing. This sense of loss is also reflected in Frances' island map, with the train going "somewhere I can't remember". Frances' comments reflected the unpredictability of women's journeys with the menopause; women go into the unknown, not knowing when their symptoms may cease or continue.

It is apparent from these observations that several women in this study found menopause to be a time of transition. The women's stories support the notion not only of a transition in terms of physical capacity but also of a transition of identity and sense of self.

7.5 Concluding Comments

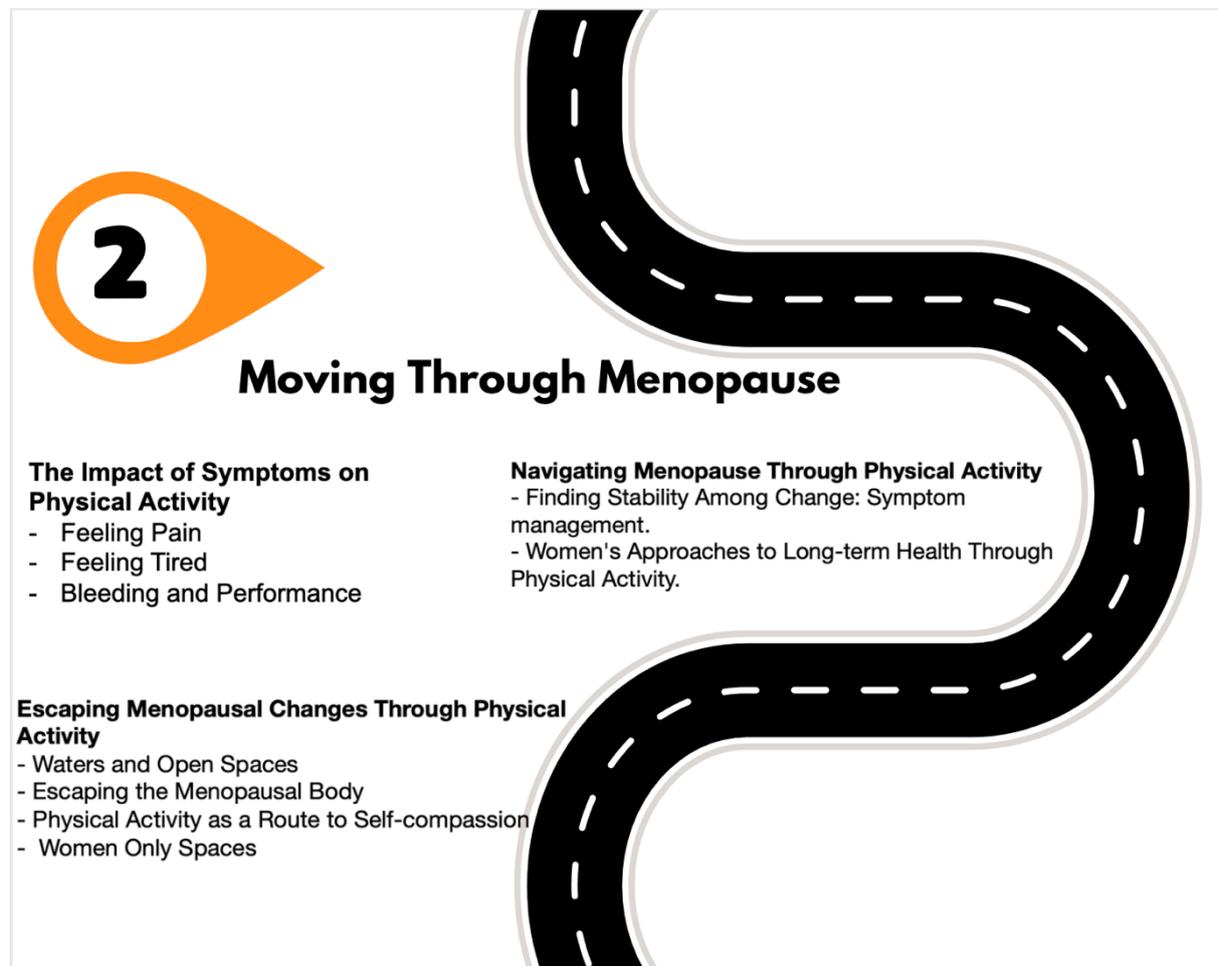
The women's stories highlight the realisation that menopause represents more than just physiological changes—it symbolises the passage of time and the transition into

old age. Despite feeling internally unchanged, women in this research become increasingly conscious of their ageing bodies as they navigate the complexities of menopause. This awareness is reinforced by societal expectations and cultural narratives, which often equate menopause with ageing and perpetuate stereotypes portraying menopausal women as "old" and less valuable. Consequently, many women experience internal conflict with their self-perception and external labels imposed upon them. Personal accounts, such as those of Patricia and Stacey, show how menopause, laden with shame and stigma, readily amplifies feelings of ageing through negative stereotypes. Moreover, it exposes societal bias favouring youth, leaving post-menopausal women feeling unseen and undervalued, particularly by men. These physical changes serve as tangible reminders of their advancing age, making them think more about who they are and their place in the world. In essence, women embody the coinciding experiences of womanhood and the process of ageing.

The second key finding, resistance, emerges despite the feelings of shame and silence perpetuated by societal narratives. Amongst most women, their stories reflected a narrative of empowerment and resilience that has been highlighted, often facilitated by engagement in physical activity. These stories illustrate how physical activity enables women to reclaim their bodies and challenge negative stereotypes. For instance, Ruby's joy and empowerment in her CrossFit training contrasts societal views of decline. Resistance is not always straightforward, however; Margaret, for instance, expressed her enjoyment of exercise, but nevertheless also acknowledged the notion that ageing reduces physical capabilities, prompting her to adapt her

approach to physical activity. Additionally, Patricia's struggle with physical limitations, such as sore knees hindering her activities with her son, highlights the clash between internal self-perception and external perceptions of ageing associated with menopause. These diverse experiences present how physical activity can transform women's embodied experiences of menopause.

The journey through menopause is a transition marked by a complex interplay of physical, psychological, and societal changes. The concept of transition is multifaceted, encompassing both fixed stages and fluid processes. As Grenier (2012) highlights, a transition involves moving from one condition, action, or place to another—a shift reflected in the experiences of menopausal women as they navigate the passage from pre-perimenopausal to post-menopausal. This transition is not linear but rather marked by twists and turns, akin to a game of snakes and ladders, as described by Frances. Just as Frances experiences periods of progress followed by setbacks, menopausal women face a similar ebb and flow, unsure of when symptoms may subside or reemerge. This nonlinear journey challenges traditional notions of ageing, which often prescribe certain changes and expectations. Instead, menopause emerges as a dynamic process, which is unpredictable and individualised. The women's stories show a narrative not only a transition in physical capacity, but also a shift in identity and self-perception. Thus, menopause represents not just a biological milestone but a deeply transformative experience, shaping women's lives in multifaceted ways.



8.1 Introduction:

The chapter presents findings on the theme of Moving Through Menopause. I begin by sharing my analysis that reveals women's perceptions and experiences of using physical activity as a way to manage menopausal symptoms (such as mental health, weight gain, muscle and joint pain), but also as a means to mitigate against long-term health outcomes such as the potential onset of osteoporosis, loss of muscle strength and loss of independence.

It is important to present women's stories on how menopause can hinder and enable participation in physical activity. Physical activity was experienced by many of the participants (particularly those who engaged in running, cycling and swimming) as a form of escapism from their menopausal symptoms and life demands. Furthermore, many women noted that they had found self-compassion in the realms of permitting themselves to engage in different aspects of physical activity during menopause. Additionally, exploring the spaces in which women move, and particularly what women-only spaces offer, reveals further insights into their experiences.

Reflection 1st December 2021.

I have been reflecting upon the current global Covid-19 pandemic and the time in which I am conducting this research. I think I would be naive to think that Covid-19 will not have any influence on women's experiences of physical activity and menopause.

I do feel women's routines, the way in which they move, act and view their bodies will have changed due to the pandemic. During this time a lot of people took up physical activity as part of a routine and invested in home gyms, which may have also changed women's experiences of and interests in physical activity.

Therefore I do feel that had this thesis been conducted prior to Covid-19, then many of the women's accounts may have differed from those presented.

Figure 13: Reflection

8.2 The Impact of Symptoms on Physical Activity

The stories women shared about their lived experiences of menopause emphasised the significant impact of their symptoms on physical activity. Pain, mobility issues, physical exhaustion, and fatigue affected their ability to engage in various activities. While many women used physical activity to manage both present and long-term symptoms, others faced challenges that complicated or even prevented their participation in their chosen activities due to these symptoms.

8.2.1 Feeling Pain

For many women, physical awareness (such as aching joints, declining ability, and general health issues) signalled the onset of menopause or ageing. This awareness often carried negative connotations, as it interfered with women's ability and motivation to engage in and maintain forms of physical activity during that time in their lives. These symptoms also caused women to face difficulties in continuing to stay active with the same intensity, duration, and within the same types of activities that they had enjoyed in the past.

For example, when asked about her experiences of physical activity since menopausal symptoms began, Caroline (41, perimenopausal) explained:

“ I love swimming and I do try really hard when I'm doing front crawl in the fast lane. I do keep going for the whole session. I do I get jelly legs and that kind of feeling, but I just don't feel the same reward as I do when I run. But I do find swimming is definitely better when I don't feel as good in myself, I go for a swim instead and it does change the way I feel about myself. With running, I just feel rubbish the whole time and if I have a run coming up I think "am I gonna feel rubbish on the day?". It's just about control and I feel like I can't control myself, I keep getting hurt and that's the big thing I guess this year, and I keep getting these injuries not because I'm heavier, but I am quite safe and I listen to my body, I don't do things that are crazy but I keep getting hurt on the simplest of things. It's annoying and this didn't happen before, I would have accidents but when I get injured and I think "argh here we go" and I fear if I get injured it stops me from doing things.”

Joint and musculoskeletal pain poses a heavy burden on individuals' quality of life and function (Watt, 2018). In a recent systematic review it was identified that in perimenopause there was a higher incidence of muscular pain (Lu *et al.*, 2020), however, tendon-related injuries such as hip pain (known more specifically as greater trochanteric pain) have also been identified to be more prevalent in menopausal women due to lower oestrogen levels (Cowan, 2022). Evidence suggests women should engage in more weight-bearing activities to prevent long-term conditions, especially those which are more prevalent in menopausal women such as osteoporosis, osteoarthritis, and sarcopenia (Khadilkar, 2019). Whilst swimming does not give Caroline the desired effects (combating weight gain) she

perhaps anticipated, particularly compared to running, she acknowledges that this is the better activity for her due to the risk of injury whilst running, a risk which appears to have increased since becoming menopausal. It is clear that menopausal symptoms in these cases can lead women to avoid certain types of exercise, such as running. In this example, the avoidance of running can result in the removal of weight-bearing activities, which are not always replaced, leading to long-term health consequences. While swimming reduces injuries and helps maintain overall physical activity levels, it does not support bone health.

July 2020. *I have made a conscious effort to retain a research stance, rather than shifting into "physiotherapist mode" such as providing advice and recommendations on their aches or injuries when hearing these women's stories. Each day at work I hear very similar stories from menopausal women coming in for treatment for different aches and pains that they pass off as "just getting old" or "it must be my hormones" so I have focussed on allowing women to speak and share why they feel they are experiencing these changes and to hear about their stories away from feeling judged or analysed. During the go along interviews I was able to be attentive and witness how people moved, which enabled me to further investigate their comments in light of their actual physical activity (for example, considering why some women wanted to stop and walk or stop for a sit down). Go along interviews were beneficial as I was able to allow the women to move in directions that they desired and follow routes that they wanted to explore, which lay the foundations for questions surrounding why they felt they wanted to go on a certain route.*

Figure 14: Reflection

Pain wasn't always simply attributed to menopause alone. Indeed, Abbey (51, 2 years menopausal) drew attention to the entanglement of how ageing and menopause was experienced simultaneously and, in her opinion, resulted in unavoidable pain:

“Menopause has made me realise that my body's getting older, my mobility is getting worse, so I am trying to concentrate on stretching my hips as they are bad with arthritis. So I try and look after them a bit. You know, take time to look after yourself really and realise things are getting older, that I don't want to skip at the gym, and I don't run because it hurts my joints. So try and protect what's left.”

Abbey's comments build upon one of the strands (sensorium) in Ellingson (2017) conceptualisation of embodiment where she highlights 'somatic senses', which refer to how we experience external and internal sensations. For Abbey, the tightness in her hips has led to a sensory complexity in her understanding of her body, as she moves differently due to this change within herself and has become more attentive to the mobility restrictions in her everyday life. Therefore, the menopausal changes Abbey experiences, such as her muscles not feeling as though they can fully lengthen, create a sensation of restriction and tightness in her movements and the positions her body can assume at the gym. She mentioned that, due to her symptoms and fears of hurting her joints, she was no longer able to run, similar to Caroline. Abbey found running uncomfortable and painful because of the sensations

in her joints. Despite this, she continued to engage in gym activities to strengthen her body and stay physically active.

Additionally, Caroline stated:

“Just my joints just feel like the ability is not as good as it was. I feel like an old person and that sounds terrible but that’s how I describe it; I’m not in control of my own body anymore”.

The dominant narrative surrounding movement positions the older person as ‘dependent’ and burdensome, reinforcing the ‘narrative of decline’ (Gullette, 2004). This is evident in Abbey and Caroline’s words through their experiences of reduced mobility and increased joint pain. Movement is portrayed as a process of inevitable deterioration, contributing to a perception that physical decline is a social problem to be solved or cured (Phoenix, 2011). Moreover, this narrative downplays the potential for fulfilling and active experiences in later life (Randall and McKim, 2008). Nonetheless, it was apparent through the stories told by the participants that physical awareness of the body, manifested through physical pain or reduced mobility and ability, was a key part of the menopausal experience and could have substantial effects on how and if they were able to participate within forms of physical activity.

In contrast to higher impact sports, but in a similar manner to engaging in swimming, women expressed finding comfort in stretching and yoga movements which offered relief from aching joints and pains. Stephanie (48, perimenopausal) in particular stated that although she enjoyed running and weight training, menopause had changed her perception to the type of exercise she should participate in:

“I think going through the menopause has made me more aware of the importance of activities as I get older, but also more aware of the right activities to suit me as I get older. That’s why I’ve been doing more Pilates and I’ve always enjoyed yoga”.

Stotland (2002) acknowledged that "menopause creates tension between women's expectations, social expectations, and the particular realities of each woman's circumstances" (p.5). Although Stephanie's expectations on what she should or shouldn't engage in changed, she found pleasure in engaging in different forms of movement such as Pilates and yoga due to her menopausal symptoms. Stephanie's physical awareness of her menopausal body and changing physical capabilities led her to reconsider the types of physical activity most suitable for her. Yoga employs a different approach, focusing on women "turning inwards" for guidance and seeking calm and connection through movement (Jeffrey, 2020), in contrast to higher-intensity sports such as running and cycling. Yoga, in particular, seeks value in slowing down and taking time to observe (Jeffrey, 2020). It provides a philosophical basis for understanding the functioning of the body and the mind, and focuses on

sensations, feelings, and emotions (Larson, 2013), thereby increasing women's consciousness of how they feel. As outlined in Stephanie's comments, yoga provides a different form of physical awareness for participants. Although menopause brought a direct consciousness of changes in their bodies and highlighted differences in their capabilities, with the blunt awareness conferred by pain or loss of mobility, yoga encourages a focus on conscious awareness of feeling and sensations in the body and its capabilities in a controlled environment.

8.2.2 Feeling Tired

Physical exhaustion was one of the main symptoms the women reported as having an impact on their ability to engage in physical activity. In this study physical exhaustion was referred to in relation to extreme tiredness and fatigue, especially when associated with being physically active. This sense of exhaustion had implications for women's participation in, and experiences of, physical activities. For example, Caroline stated:

"I find exercising more challenging than I ever have before. I have to think about how I feel that day before embarking on a run or class. The fatigue and joint pain, along with the self-doubt, can make exercising seem out of my reach. Overcoming this some days can be hard. To then feel weak and unable to keep up during the class just adds to the distress. Some days I feel

amazing. I remember how good it feels to exercise and what I get out of it.

Then it starts all over again on a cycle."

As Frank (2013) clarifies, the restitution story consists of those who are ill or injured expecting or assuming they will regain health and functionality. This is considered the most culturally desired narrative because those who are ill or injured want to be healthy again. Caroline constructs a story of the benefits she can get out of physical activity on her "good days", but also notes the consequences of the menopause on her "bad days" with fatigue and joint pain. By capturing the feeling of how she feels on her good days she constructed future narratives where she envisioned a restored self and body during menopause (Charmaz, 1987; Frank, 2013). Menopause can bring uncertainty and as Caroline had drawn attention to, some menopausal women may have many ups and downs, good days and bad days (Charmaz, 1991).

This was also reflected by Mary (48, 2 years menopausal), who shared how she perceived exercise to be crucial for maintaining her mental and physical well-being. Mary emphasised the profound impact of exercise on her overall health, explaining that it helps her maintain mental clarity and manage stress effectively. She believed in the importance of staying active even when feeling physically drained, as it allowed her stay grounded and resilient.

“I think without exercise I'd be in a really bad place now. Mentally, physically, you've got to keep going even on the days when I feel absolutely floored and I just want to lie down... be gentle with yourself.” Mary

Although many narratives denote physical activity as liberating and empowering (Sparkes 1999), the women above have voiced that although they would like to continue engaging in physical activity, at times fatigue or exhaustion can demotivate them and become obstacles. This experience can shape their narratives of menopause as a challenging period. Importantly, these women do not view slowing down in this context negatively; rather, they see it as an opportunity to adapt their physical activity routines.

During one of the mapping workshops, Poppy (49, perimenopausal) described how fatigue felt for her when being physically active now she is menopausal (figure 15)

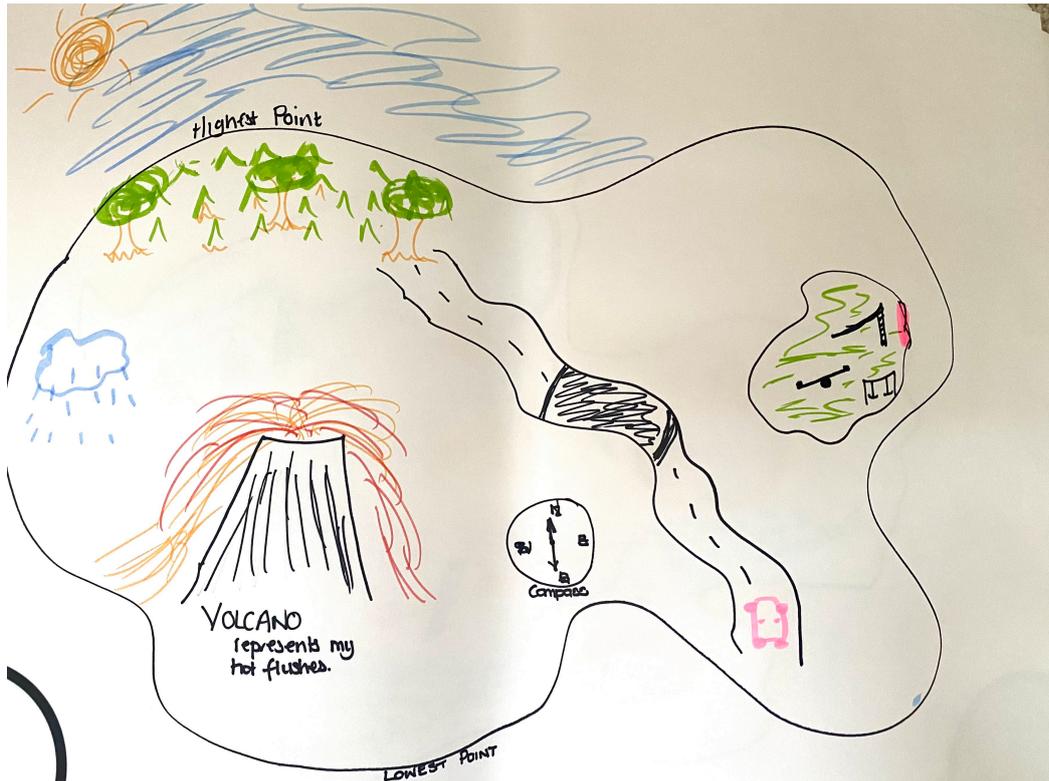


Figure 15 – Poppy’s island map

Poppy further explained:

“I’ve put the hills there like they are looking out and looking down on everything and sort of absorbing everything that’s going on in my life now. I put on some markers there about like fatigue, and the tiredness that comes with the menopause as well, and how that can kind of create barriers to doing all the things that you want to do and all the things that you used to be able to do there as well.”

It was inspiring watching Poppy reflect on her map: initially pointing to the metaphor of hills and trees, she later reconsidered their representation in light of her experiences with fatigue and tiredness, which significantly impacted her active lifestyle and exercise routines. Despite these challenges, which she attributed to menopause, Poppy emphasised that physical activity remained a priority for her. This perspective draws on insights from literature on chronic illness, such as Charmaz (2000) who explores how individuals normalise their conditions and adapt their lives to manage symptoms and maintain a sense of control. For Poppy, the hills and trees may symbolise the menopausal symptoms of fatigue and tiredness, reshaping her daily landscape. Although menopause is not an illness, it represents a significant life transition that can alter women's experiences and routines. Poppy's acceptance of this new landscape reflects her effort to regain a sense of normalcy while adapting to the changes brought about by menopause. This narrative aligned with the underlying values identified in stories of illness, including the desire for control, recognition of individuality, and maintaining quality of life (Sharf, 2003). Thus, In the women's accounts, particularly Poppy, there is a palpable longing for a return to a sense of normality in their ability to engage in physical activity and to reclaim what they once could do.

8.2.3 Bleeding and Performance

In addition to women grappling with challenges like fatigue, pain, and movement restrictions, a significant area of concern revolves around menstruation and its embodied experiences. I will delve deeper into these embodied sensations in

Chapter 9 – The Materiality of the Moving Body. In this section, I will showcase how women’s experiences with menstruation can influence their participation in physical activities.

The menstrual process often introduces uncertainty into women's lives, not only due to the physical act of bleeding but also because of associated issues such as discomfort and altered physical capabilities. Ceasing menstruation can alleviate some of this uncertainty regarding bleeding patterns, however during perimenopause women encounter fluctuations in the intensity, duration, and frequency of their menstrual cycles, which can further affect their performance and ability to engage in physical activities regularly.

Fiona shared her experiences of powerlifting competitions and the changes her monthly cycle had on her performance:

“I competed in the British Masters slap bang when my period started and this is when I was doing my heaviest squats. I made such silly, silly mistakes. I was kicking myself saying, why did you do that? But, you know, my head just completely went. I almost forgot how to squat. So if I am competing during my period it is just a case of getting up and doing the best you can and hoping that you don't drop something and injure yourself in the process.”

It is apparent that if Fiona competed during her period this would have had detrimental effects on her performance. Fiona associated being on her period with an array of other symptoms such as a lack of concentration and consciousness as well as forgetfulness which all accumulate together and can impact how she performs. She accepted that she is unable to do anything about this timing but to try her best. This is a clear indication of the limitation that menstruation might put on athletic performance, and by extension the freedom that a ceasing in menstruation might offer. Additionally, Samantha (49, 2 years menopausal) described how she felt during exercise at this time of the month:

“I had very, very irregular periods for absolutely years, and then, you know, when they got really, really heavy I would feel just uncomfortable and just really sluggish and have headaches, so exercise was a no-go at these times.”

The impact of menstruation is such that some women's bodies are continually in flux, there is no end point, and bodies are not experienced as straightforward and permanently fixed, it is an ever-changing process (Ellingson, 2017). Samantha spoke about the restrictions she previously faced before her periods ceasing which limited her ability to exercise. It might be inferred that the impact for Samantha is even greater than Fiona, with Samantha feeling unable to exercise whatsoever during heavy periods. As this might represent four or five days each month, it is apparent that particularly heavy periods or menstrual symptoms can severely limit women's ability to partake in exercise for significant portions of their lives.

Alice (53, 5 years perimenopausal) also highlighted the potential barriers that menstruation may bring to women who enjoy outside sporting activities:

“It doesn't affect me because I don't have a period anymore but a lot of the women from the cycling club say "I'm not coming on Sunday because obviously I'm on my period and I can't see how am I going to stop during the ride if I need to and if there is no toilet stop". So when there's a mixed ride, I always have to suggest let's stop for a coffee so it enables other women to use the toilets if they need too.”

Alice's perspective reveals how menstruation affects women's participation in cycling. As someone who no longer menstruates due to menopause, she empathised with the challenges faced by women in her cycling club who continue to manage their periods during rides. Alice's approach to suggesting toilet stops during mixed rides highlights the importance of building awareness and empathy towards menstrual needs in exercise settings. This practice contrasts with the standard assumption that restroom breaks are routine, highlighting practical considerations that can enhance inclusivity and comfort for all participants. Moreover, Alice's reflection on the challenges and barriers women face in sports due to menstruation emphasises the necessity for exercise settings to be adaptable and inclusive.

Alice takes a proactive approach to accommodating menstrual needs, whilst Samantha reflects on the freedom of menopause and its impact on her physical activity routines.

“It’s wonderful not having to wonder if and when my period will start anymore and I can just exercise as and when I want; I don’t have any barriers now and it’s great not having to plan ahead. I haven’t been swimming this much since childhood! I feel free! Yes I feel different exercising now I am older... but taking up swimming again has been amazing, I have swam over 26 miles since the last week in July and feel so much better for it.”

Samantha reported that the freedom of no longer menstruating has brought the opportunity to start engaging in different activities, particularly swimming, which had previously felt off-limits due to her periods. As Samantha has acknowledged, once menstruation has ceased this provides an opportunity for women to exercise away from restrictions on type, intensity and frequency of exercise. As with prior comments from women who have undertaken to participate in different forms of physical activity such as swimming, yoga and Pilates as opposed to high-intensity forms of physical activity, so in this instance it is apparent that no longer menstruating enables women to continue to, or in some cases recommence, participating in certain activities.

Samantha followed on to say:

“You know, if I was still having periods now I would have sat and worked out the likelihood of being on when I was canoeing, and I probably wouldn't have done that activity. You know, I would have not booked the time off. But actually, a lot of my life was like that, working out whether, you know, the likelihood that I would be on and if so then I wouldn't bother doing any of the sports or anything. But now I have no restrictions whatsoever. It's the best thing ever.”

This was also acknowledged in Caitlin's (55, 5 years menopausal) account regarding the freedom she felt once her periods stopped:

“if there's any benefit to all this, it's that your periods stop and you can actually kind of live a life without having to worry about that.”

In comparison to the empowerment discussed in the ageing body chapter, where empowerment often involved embracing bodily changes, maintaining physical activity, and redefining self-identity in the face of societal ageism, Caitlin considered empowerment through the cessation of menstruation to be more about the relief from menstrual management and the autonomy it brought to physical activity routines. This perspective views the menopausal body as experiencing newfound freedom and stability. Several women in the study echoed this sentiment, viewing menopause

as a phase that alleviated the daily surveillance and coping strategies required to manage menstruation, directly enhancing their physical activity routines.

From a feminist perspective, the cessation of menstruation can be seen as an empowering shift that allows women to resist the notion of being victims of their bodies and the unpredictability of menstrual bleeding (Chrisler, 2011). This freedom from the constraints of a "leaking body" opens up opportunities for personal growth and uninterrupted engagement in physical activities. Women could then focus on their own needs and the activities they enjoy, such as swimming, cycling, and other forms of exercise, without the concern of menstrual interruptions (Hvas, 2001).

Schaedel (2022) in *The Lancet* identified menopause as an "opportunity, a new beginning that could be lived richly, productively, fully, and in good overall health," which aligns with the observations of women in this study who perceive menopause as a stage that provides stability and the guarantee of uninterrupted exercise routines. Both forms of empowerment—in the ageing body and through the cessation of menstruation—involve a re-negotiation of one's relationship with the body, although these women start from different points: one from the acceptance and adaptation to ageing, and the other from the cessation of menstrual cycles and the freedom that it brings.

The menopause has given women more options to stay active as well as engaging in different activities. As noted, highlighting some positive elements of menopause such as additional opportunities to engage in different forms of physical activity, and providing freedom and liberation from plotting competitions or races around monthly cycles, might assist in counteracting the generally negative meta-narratives which surround menopause. It has been stated, however, that there may be a potential barrier for women exercising especially when entering perimenopause, due to the severe irregularity of their periods and changes to their cycle causing conflict with their exercising routine (Banole, Nagarwala and Dabadghav, 2022). Menstruating might also bring symptoms such as depressions, moodiness, breast tension and headaches (Schoep, 2019). Menopause can negatively and positively affect how women experience their changing bodies in different types of physical activity they choose to engage in.

8.3 Navigating Menopause Through Physical Activity

Previous research exploring perceptions of women's physical changes during menopause has shown that physical activity is often seen as a way of "dealing with" menopause, serving as a powerful ally to combat weight gain, reduce the risk of osteoporosis, and improve muscle and bone strength (Curta, 2020). This has been echoed in many of the women in this study who viewed their bodies to be in "working order" (Salis, 2018), yet when experiencing symptoms they view their body as something which needs to be treated (biomedically) and physical activity has been viewed as a tool for managing menopausal symptoms. These views are influenced

by a medicalised narrative surrounding menopause, which dictates how women should take action for their changing bodies (e.g. regular physical activity, HRT and support networks) (Krajewski, 2019; Thomas and Daley, 2020). From a feminist perspective, women have positioned themselves as independent and proactive in finding solutions to menopausal challenges through physical activity.

Women use physical activity to manage both the short-term, daily fluctuations of their menopausal symptoms, such as immediate relief from mood swings and hot flashes, as well as long-term health goals, such as maintaining bone density and muscle strength. This temporal dimension highlights how physical activity serves as a dynamic and ongoing strategy for women to navigate the various stages and challenges of menopause. By unpacking this temporal element, the research provides an understanding of how physical activity can be integrated into women's lives as both a short-term relief and a long-term health investment.

8.3.1 Finding Stability Amongst Change: Symptom Management.

Several of the women in this research shared how their menopausal body felt somewhat unpredictable but that physical activity acted as a means for them to regain power and control over their bodies, enabling them to feel grounded and secure when discomfort set in. Women place idealistic importance on being able to control and manage what they are experiencing, and they expect that not only is this possible but it must be achievable (Kittell, Mansfield and Voda, 1998). A lack of

control over when, what and how their bodies change when going through menopause thereby increases a sense of frustration and demoralisation for the women in this study.

For example, when I asked Victoria (50, perimenopausal) about what physical activity meant to her during menopause, she commented:

“One of the benefits of exercise is that euphoric high that you get when you come back from exercise. I think that really helps because with menopause you can get a little bit down and depressive, you don’t know what is happening to you and why it’s happening and why my body is like this. I think that’s scary, I don’t know how to describe it. It’s not scary. I just think it’s this unknown. But exercise helps you to just rebalance, it rebalances your brain, and that sense of control even if it is just for an hour or so. Again, being in control of what you do when you do it, how you do it and how you feel especially when the menopause was taking a lot away from me, dictating what happened to me. Exercise was quite important.”

A consistent sub-theme within this broader theme of moving was preventing or overcoming menopausal symptoms in the moment, whether that is mental health issues, feeling of loss of stability or mood changes through the act of different forms of physical activity. The menopausal body has been viewed as a site of decline and

unpredictability. Victoria's perspective highlighted this, illustrating how the unpredictable nature of menopause contrasts with the temporary yet empowering sense of control achieved through exercise. This dual role of exercise showed its ability to provide relief and empowerment amidst the challenges of menopausal symptoms.

Rachel explained the importance of physical activity during menopause, and how movement felt good during the activity:

“It's weight bearing which is good for you especially during menopause, helps me keep fit, keeps my weight down, it's obviously good for you, and mentally it's good for me... I like to get out in the fresh air on my own and just listen to music or a podcast and just to have that time ideally not to think about anything, to completely zone out and live in the moment. It is more enjoying exercise when I can, as I don't know if the next day my joints will be hurting and that will stop me from being able to go for a run even though I need to keep doing the weight-bearing exercises for my joints.”

Rachel spoke about doing exercise in order to keep her fit and that it is “good” for her, which reflects neoliberalist views. Within a neoliberal system, women are encouraged to engage in practices of responsible self-management to help themselves (Gordon, 2005). The feeling of achievement for Rachel is derived from

not only having adhered to her “good” intentions to exercise, but also from continued, improved exercise competence enabling continued participation (McArthur, 2014). Rachel enjoyed being in the moment during her exercise, finding liberation from her menopausal symptoms.

Another aspect of Rachel's story, echoed by several other women, is her adoption of a health-promotion narrative, focusing on weight-bearing training to maintain her overall health. This falls in line with work by Shilling (1993) on “body projects”. Gill, Henwood and McLean (2005) wrote “body projects are attempts to construct and maintain a coherent and viable sense of self-identity through attention to the body, particularly the body’s surface” (p.40). In many ways, women striving to stay active during menopause is the representation of Shilling’s body project model, with women striving to “work on” the body in pursuit of health and social capital. Work by Tulle (2008) has highlighted the underlying tension between fitness as a moral imperative and fitness as a moral good where women believe that fitness can be separated from anti-ageing techniques, although they are striving for the same outcome.

Alongside exercise being an integral part of women’s regimes in order to combat physical issues, many also opted to partake in physical activity in order to protect or improve their mental health. I asked Caroline, "have you found anything which has helped with menopause?", she alluded to exercise feeling "good" for her, although she admitted that it also sometimes creates a negative space for her:

"I know once I do exercise I feel good and it might not last the whole day but if I get up and do it on a morning, I feel like I've beaten it a little bit. It is my win for the day. But then, when I'm there (gym) if I can't do something or something is hurting and I feel crap and I battle that, I feel I am not as good as I should be. So just horrible. But mostly, it (the gym) makes me feel on top of the world. Like I can do anything."

Sharon echoed how sometimes through physical activity there could be undesirable outcomes:

"I definitely think physical activity helps with mental health, because if I was injured and I was not able to get out and do it then I would get down, which again, links to the menopause symptoms of feeling anxious and nervous about things that never used to bother me. But having said that, all this anxiousness and being worried about things could cause me to head down a path of hiding under the duvet and not wanting to come out and play. Sometimes when I am doing these activities it makes me really anxious because I am not as fit, toned or fast as I used to be... it's like a mental heaviness and a physical heaviness, I may be less motivated to go out and do it even though it's all I've been wanting to do for weeks; and then when I finally can, I think, oh, I don't want to as I know I will feel worse as everything will hurt, and I will be tired and just can't be bothered"

Like other women in this study, Caroline and Sharon's comments provide a useful additional insight into the potentially negative mental impact of exercise, rather than the usual focus on positive impacts. Caroline spoke about a sense of control when I ran with and interviewed her, and highlighted her priorities towards physical capacity and the sensations she felt when she could exercise to her full potential. Shilling (2016) proposed that human embodiment is the consciousness of how the fleshy physicality is sculpted by social and natural processes. The body is significant as it provides the ability to live but is also critical in constructing our identities and giving meaning to the world around us. Laz (2003) found that we understand our bodies through having, being and becoming a body, through experiences which shape and construct who we are today, and which continue to change over time. Like many, Caroline and Sharon's stories illustrated that they struggled to understand their bodies due to the turmoil of changes in how they felt day to day. Caroline highlighted the psychological wins as a tick in the box for achieving a task for that day as she found physical activity as an object of defiance against her menopausal symptoms, but draws upon a sense of dissatisfaction and disappointment that the benefit she experiences from physical activity can sometimes be temporary, or the times when her body doesn't perform as she wishes. Sharon experienced a more complex relationship with physical activity, noting that while she wants to engage and be active, she anticipated how her menopausal symptoms might affect her ability to participate consistently and comfortably.

Caroline shared how she coped with changes by attempting to reject the menopausal self as a temporary entity (on her bad days or when she is in pain) that

will eventually depart, allowing her to return to her real self and feeling able to participate within physical activity once again. In contrast, Sharon is unable to view herself as a temporary entity. Smith and Osborn (2007) concluded that in their research, individuals who experienced unwanted changes in self (in this research it was due to chronic back pain) followed the same process as the women of this study, in that they accepted changes to the self as temporary. Rejecting the unwanted self may preserve the preferred self, thus acting as a form of denial; Caroline stated that she felt like she wanted to run away from herself, with exercise providing a sense of escapism from her symptoms. Similar to many women, Caroline sought to find positives from a negative experience, which has been viewed as an attempt to regain coherence and meaning through narrative restructuring (Crossley, 2000; Williams, 2020) and as a way to enhance psychological well-being (Smith and Sparkes, 2008). Additionally, it has been acknowledged that accepting and understanding changes can at times enable individuals to move on from problematic experiences (Harvey, Weber and Orbuch, 1990).

It is apparent that whilst these women perceive a benefit from exercise (feeling "on top of the world") it is also clear that this does not always prove to be the case, reflecting the variability of menopausal symptoms and their impact on the individual. In *The Wounded Storyteller* (Frank, 1995), Frank posed the question "can I reliably predict how my body will function; can I *control* its functioning?" (p49) and acknowledged that people define themselves based on their capacity for control. The body is not predictable, but society expects adults to have full control of their bodies

and if this is lost they are expected to regain control or conceal the lack of control (Frank, 1995).

Although in a different context, Steffan (2020) research based upon menopause at work acknowledged that there is a gendered agency to “endure”, “hide”, “learn to live with” and to reluctantly accept the impact of the menopause. Women in Steffan (2020) study also voiced a strong neoliberal narrative around a sense of a “getting yourself together” perspective in a working environment, suggesting that women have to endure and manage these symptoms. Again, the notion of “getting yourself together” implies the pursuit of a regaining of control over the body, further reiterating the pervasive notion of the menopausal body and mind being an entity to battle against. Although this research is based upon menopausal women in the workplace, the underlying notion is transferable to all aspects of women’s life. Menopause stays hidden in mystery, a taboo topic and a “problem” that women “fight” against alone and in private (Grandey, Gabriel and King, 2020; Atkinson, Carmichael and Duberley, 2021; Atkinson, Carmichael and Duberley, 2024).

Caroline found a sense of control through exercise, despite occasional setbacks. While Sharon struggled with the challenges of staying active amidst menopausal symptoms, Iris articulated how regular training provided a sense of normality in her life during a tumultuous period of menopause, highlighting the contrast between feeling stable and facing unpredictability in physical performance:

“Doing that regular training gave me normality in my life when a lot of other things didn't feel very normal when going through menopause. I think when you have to do something, it's a chore... I can look back and say that I started going through perimenopause then, but at the time I just thought I was going insane. I probably would have thought I was going insane because there were weeks when I could lift that last week and I can't lift it now. You know when you do 12 week blocks and then you have a de-load week and I would go in the gym and I was like why can't I even pick the bar up today? You know, what's going on?”

Research has acknowledged physical activity during cancer rehabilitation offered women who had breast cancer the opportunity to adjust to their new bodies as well as attempting to overcome some of the limitations they were facing as part of their recovery process, and allowed women to adopt a narrative of “getting on with living” and moving forwards (Milne, 2007). Additionally, physical activity has provided cancer patients with a purpose and a sense of normality after a cancer diagnosis stating physical activity was “a good stepping stone to normality” (Dennett, 2019).

Moreso, in a disability context, individuals with physical disabilities felt exercising in a gym was something they could “get back to” which was a reminder of their previous life which provided a sense of normality, despite having a new identity as an individual with a disability and with barriers in regards to not aligning with cultural norms (Richardson, 2018). Against the backdrop of previous research in different

contexts, it is clear that physical activity can provide stability for a lot of individuals when aspects of their life have significantly changed, as with Iris. It is of course worth noting the slight contradiction in Iris' statement, as whilst she feels that her exercise regime provided her with stability, she also acknowledges the apparent instability of her performance levels, and how this led her to feel like she was going "insane". This illustrates that women's views around their bodies and menopause are complex and are constantly changing.

8.3.2 Women's Approaches to Long-term Health Through Physical Activity.

Moving on from how women utilised physical activity in the moment to manage their menopausal symptoms, I will discuss how women revealed their experiences of how physical activity was applied as a way to manage long-term symptoms or as a way to prevent age and menopausal-related conditions.

Physical activity has been promoted in the NHS (NHS, 2022) as a form of solution for women to help with menopausal symptoms and to maintain their health and independence as they age. This was observed in Sally's story regarding physical activity helping her with some of her menopausal symptoms:

"I started noticing my muscle tone in my legs was so much better. Then I thought "hang on". I'm not having stress incontinence as much as I did,

perhaps it is when I went back to Pilates after the first lockdown, I could do squats. I've never been able to do squats before. That's all because I needed to seek something out to solve my problems about weight gain that were caused by the menopause as well. So it's, it's just fantastic how it's all linked together and all helps other issues too”

Women have been viewed to observe their body as their very own “operating system” and see themselves as something which needs to be “fixed” which has been referred to in Chapter 7- The Ageing Body. Like several women in this study, Sally viewed her body as a problem to be solved which aligns with Western medicine portraying the menopause as a breakdown of a system (Niland and Lyons, 2011), which has supported the notion that women, like Sally, need to help or fix themselves with medicine, exercise or lifestyle changes as a way in which to meet the disciplined body (Frank, 1995). Initially focused on addressing weight gain, Sally discovered that engaging in physical activity also alleviated other menopausal symptoms and improved her physical appearance. Strength-based exercises have notably enhanced her overall body function and strength (Khadilkar, 2019), enabling more efficient movement than in her younger years, including improvements in bladder function and achieving a squat she previously thought impossible. Sally's experience illustrates how women often focus on managing specific issues like weight gain, yet physical activity can yield broader, coincidental improvements across various aspects of their health.

In addition to physical health, women have reported wanting to keep up appearances in order to look their best as they aged, as well as wishing to look strong and healthy rather than look like they are wasting away. This was illustrated by Abbey:

"But I think with the menopause, your oestrogen levels decline and you have to look after your muscles and your joints. I think exercise is good for weight loss and shapes you up nicely with the training and gives you the strong and not skinny look, and I want to be strong and I want my body to last and to be more functional"

Charlotte also believed:

"I think it's partly to keep my muscles strong for running. It's not like to look good or anything, it's to keep my muscle mass as I get older, to be able to still run and do the things I want to do; and I think, yeah, there's a bit of vanity in it, you know, if I could get my six pack back, that would be great, but it's not going to happen. But even just to feel a bit toned. It's more about the strength than what it looks like. I know that through menopause, you just lose muscle mass as you get older, so just trying to maintain that."

Research has shown that weight-bearing activities can maintain or increase bone mineral density in menopausal women (Zehnacker and Bemis-Dougherty, 2007; Pasqualini, 2019; Hoke, 2020). Numerous perspectives of women in this study, including Abbey, allude to engaging in physical activity to strive for body longevity. In this example, Abbey and Charlotte's main sport was running but they have introduced strength work in order to maintain their running, as well as for aesthetic purposes pursuing a "strong not skinny" look. Feminist scholars have been divided between oppositional understandings and narratives around women being muscular. For some, the "cult of muscle" (Mitchell, 1987, p. 161), has been perceived to be going against feminine embodiment through an obsession with muscle drawing attention to problematic practices of self-surveillance (Heywood, 2015). More recently, and as documented throughout this research, women's stories show that narratives are shifting to be strong, functional and independent.

There is an associated tendency to focus on what bodies 'look like' rather than how bodies feel, which can create alienating versions of female subjectivity and disembodied feelings (Hockin-Boyers, 2022). Contrastingly in this study concerning growing older, some physically active women have identified their bodies as an object of strength rather than passive objects, acting as a "protesting body" against ageing expectations (Ben Dori and Kemp, 2020) by remaining and wanting to feel strong and functional.

I asked Ruby "why do you enjoy exercise?" and she replied:

“Oh, goodness, I mean, just being strong and physically fit just changes everything. You're brighter. You have more energy, you have a more uplifting mood, you feel strong and independent. I just enjoy being fit and strong, and you don't necessarily have to have to think so much about maintaining your weight because it's just part of your lifestyle”

The sense of women wanting to stay strong for longevity in their chosen sports, so they are able to continue to enjoy and reap the benefits as they grow older, was a dominant theme throughout this research. This is again aligned with Bennett *et al.* (2017) research on active ageing individuals above.

As well as wanting to feel empowered, strong and functionally fit, alongside the work by Ben Dori and Kemp (2020), women in this study have expressed wanting to stay strong as a way to prevent loss of independence as they move through menopause. Similarly to participants in Ben Dori and Kemp (2020) study, Iris challenged the biomedical narrative that condemns midlife women to decline; although they have full awareness of the influence of biological ageing and cultural stereotypes, they do not repress or deny these ageing changes, but through their training they deconstruct the chronological assumptions about ageing and what these women should be capable of doing and should be doing:

"I can walk up the stairs without getting out of breath. I mean, on the plus side, the more you read into strength training, particularly through menopause, it is that which combats the osteoporosis and it helps your bone density.

Obviously having strong muscles helps your bones anyway. Oh and someone asked me why do you not do crazy stuff and I was like "because I don't want to be 75 and have someone help me get out the chair. I want to be physically active as I get on."

These women have reported wanting to stay stronger and functional for their own independence as they grow older. These women are experiencing their bodies as strong which is central in shifting the focus away from bodily decline or other embodied memories that were linked to the narratives they were holding around the menopause. Iris's descriptions echo a feministic narrative around using physical activity as a form of control over her menopausal body in order to enable her to stay strong for the future. In Iris' story, she hired a personal trainer to help improve her strength and to make sure she is doing weightlifting efficiently, and noted the following:

"It's kind of I'm choosing. Choosing to pay the rent. To keep my body going... if you get really strong muscles and ligaments and are in great shape from training, then the stronger you are. It is a much easier thing to deal with menopause if you've built that strength after you've had something like that [injury] happen, so yeah, that's my belief and I think I'll be training forever."

Davis (1997) and then more recently, Davis (2016) has explored the complex experience of taking control of one's body through forms of body modifications such as cosmetic surgery. Davis also outlined the complex dilemmas of problem and solution, symptoms of oppression and acts of empowerment, all in one (p.455). Davis's work shows similarities to this study as I believe menopausal women's exercise practices are bound up with feminine disciplinary norms, in which scholars are concerned with the ways women 'work on' their bodies to meet health ideals (Camacho-Miñano, Maclsaac and Rich, 2019). Feminist scholar's research on ageing is particularly concerned with common practices of self-surveillance (Howson, 2002; Ussher, 2004; Elias, 2018; Thorpe, 2018). In this conceptualisation, I can note from Iris's comments that she felt that if she does not train her muscles, they will disappear and her performance will decline, reflecting the narrative of bodily decline and weakness through the menopause. Iris shared feelings of achievement (increased muscle strength) through the continued improved competence and participation as well as adhering to her "good intentions" to exercise (McArthur, 2014). As mentioned in the literature review, Jeng *et al.* (2004) notion of "perceived continuous power" is seen in Iris's story as she expressed feeling the benefit from remaining faithful to her "good" intentions to continue to engage in physical activity (Lloyd, O'Brien and Riot, 2016). Another important enabler was accountability to others (McArthur, 2014) which is identified with Iris as she is accountable to her personal trainer.

Feminist scholars claim that women's internalisation of 'the male gaze' contributes towards normalising self-regulatory femininity (Duncan, 2016). In this regard, Iris viewed continual exercise as a form of maintaining her body, considering the body as a continual work in progress to stay stronger for longer. Her body was perceived as a project that required consistent work to meet the male gaze which is driving her to think she needs to continue working on her body. Frank (1995) has highlighted that many body-selves alternate between being a disciplined body and a mirrored body. This is observed in Iris's comments, where like many women in this study she spoke about the benefit of engaging in physical activity to maintain and achieve a disciplined body, but also to improve her physical appearance. Although Iris's main motivation was to stay strong, some women looked at alternative approaches such as lifestyle changes and physical activity as a way to ease some symptoms (D'souza, Haripriya and Krishna, 2021).

Scheper-Hughes and Lock (1987) conducted research on the body politic, which has been interpreted as a means of control and having strict confines in order to make people act, feel, give meaning to and experience situations in a certain way. It has been stated that women may struggle to interpret bodily changes and may feel conflicted between their own wants and those of society. Women may not vocalise their problems due to fear of not being accepted and may work so hard to fit in that they go along with the social tide and lose the ability to speak up (Mcbride, 2017). Iris's comments reflect the body politic as she suggested that she felt a need to continue to exercise in order to keep her body in working order due to her personal trainers' comments. This was reinforced by Iris's personal trainer financialising her

body (i.e. “if you don’t pay the rent”) which desexualises and degenders Iris’ body and views her body as a *thing* or as a *project*. There is a tendency to focus on what bodies ‘look like’ over how bodies feel, which produces alienating views of female subjectivity (Fredrickson and Roberts, 1997). Both Iris and Sally used physical activity as a tool to stay strong, but as noted the focus for both women was on a feeling of strength or increased capability, rather than on improving their physical appearance through exercise (although both did note this as an associated benefit).

8.4 Escaping Menopausal Changes Through Physical Activity

Escapism is where individuals seek escape and/or a distraction from reality or real-life problems (Hirschman, 1983; Woody, 2018). Escapism in psychology has included many definitions but most frequently may be understood as escape from the self (Baumeister, 1991) or escape from everyday life (Cohen, 1992). This theme contains stories of how women use spatiality as a way to escape and create specific spaces away from their day-to-day routines and responsibilities. This theme also considers how women use physical activity as a way to feel as though they are escaping their menopausal symptoms, and how they embody a sense of calmness when participating in different forms of physical activity.

8.4.1 Waters and Open Spaces

A number of women in this study have alluded to the impact of different environments on their experience of the menopause. Some women have referred to

a strong sense of connection to blue spaces and water and have alluded to a feeling of being pulled toward these spaces, whereas others have found they now prefer open outdoor spaces compared to exercising indoors. Women have expressed finding comfort in different environments away from the sensations and restrictions menopause has created for them.

Some women found themselves listening to their bodies, and adjusting routines and participating in different forms of physical activity, to lead calmer lives.

In a physical activity context, swimming was one of the forms of physical activity which the vast majority of women experienced being pulled towards since becoming menopausal; these women expressed the feeling of being weightless and gliding through the water, making the body come alive. This sense of women connecting with who they are, and different spaces being utilised as possible areas of escapism, was visible in Poppy's island map (figure 15). Talking through what she had drawn, she explained to me why the sea was such a big presence:

“When I'm thinking about this picture of the water, ahhh it has just come back to me, I've just come back from Cornwall, so when I've been in the water, it makes us feel quite invigorated. It makes us feel happy. And so it takes away the worry space in my head. When you're in the water, you just bodyboard, ideally you want to catch the wave but it's not like running where you are measuring it against time or speed or you know, effort levels or anything like that. You're just in the water, enjoying the water for being there and being

alive. So it's almost like there's just a beautiful, blue relaxing space, away from the pressures; "I'm happy, I'm alive" kind of feeling."

Hall (2007) stated that “middle age is a time when many women begin to explore what is out there in the world for them— what we missed and what we want to do, it is a time to get reacquainted with playfulness. Yes, physical activity is self-care, but it is also fun. And we deserve it” (p92). Physical activity can bring back many elements for women such as enjoyment, solitude, friendships, peace, sense of identity and an embodied understanding of where they are in space, and it is apparent that transitioning through the menopause may allow women greater freedom to move, in both the physical sense and because of changing responsibilities and duties. Poppy alluded to this through her experiences above, in which she highlighted her reconnection to water as a sense of peace. For example, Throsby (2013) notes how swimmers report that sea swimming was ‘better than therapy’ and acknowledged it as an ‘affectively transformative’ experience. Immersion in nature has been seen as a way to be present in the moment (Hartig, 2021). Work by Bissell and Fuller (2011) and Phoenix and Bell (2019) goes beyond an understanding of stillness and slowing down as resistance, by identifying a notion of escapism, resting and restoring energy and managing physical symptoms. In this study some of the women feel empowered to continue to engage with movement in various ways that don’t require intense effort, but instead viewing these as a chance to take in the surroundings and finding peace in movement. Poppy recalls being in the water as a sense of transportation, and in this sense stillness and slowing down. Being in the water for a lot of women in this research offered a means of enjoyment through immersion in soothing and open

spaces, away from modes of measure and quantifiable expectations such as a time or distance. It has been acknowledged that blue spaces create comfort and a sense of being alive, and that the sea can offer the power to be 'healing' and 'a way to escape'.

Daisy was involved in a women's wild swimming group in North East England that meet each morning on the beach. I met Daisy and swam in the sea with her on this particular Saturday morning, which was then followed by an interview sat in the car post-swim, warming up with the heating on. I was able to understand the steps she took to get into the water, the background noises, smells and conversations, the visual relief once the body was immersed into the water and the embodied experiences she felt during that particular morning. I asked Daisy to elaborate on how her body felt in the sea, and she responded:

"It is just weightlessness like I could go on forever. That's the thing I do usually, I normally put a timer on my watch, because I genuinely and nine times out of 10 do just go in my bikini and I think don't really want to be in any longer than 20 minutes, or maximum 10 minutes in those winter months, because the thing is you can you can stay in too long and get too cold. But when you're in it's just a lovely feeling of weightlessness."

I also asked Samantha, a keen swimmer, “how does your body feel when exercising?”, and she replied:

“The water makes my body feel more relaxed. My body feels more alive, maybe that’s just the exercise itself helping but swimming makes my whole body and mind feel better, the water itself feels silk-like and cool. It’s energising, keeps me focussed and helps me sleep well at night.”

As Ahmed (2008) notes, “pleasures open bodies to worlds through an opening up of the body to others... spaces are claimed through enjoyment” (p.164) suggesting different spaces can offer different benefits for women to enjoy movement. Both of these women attribute swimming to feeling relaxed, weightless and energised, with both alluding to the calming effect of gliding through the water as a sense of escapism from day-to-day life. The notion of gliding and weightlessness offers a powerful contrast to some of the comments made by women elsewhere in this chapter; the ease of moving through water enables women to feel as though they are not battling with their bodies, and allows a sense of achieving movement without hard work. By extension i might consider that the ease of moving the body through water, through the feeling of weightlessness, offers women the chance to escape from a feeling that their body has become an obstacle as they have progressed through their menopause journey.

Research by Walker (2022) explored the experiences of scuba diving in the positive transformation of ex-service personnel who had experienced trauma and had a diagnosis of posttraumatic stress disorder. Walker (2022) concluded that participants in their study found the sensation of weightlessness was inextricably intertwined with the sense of relief from physical and psychological symptoms. This was a similar finding to both Daisy and Samantha's experiences, with the sensations of being in water and moving without restrictions allowing them to feel alive and escape their menopausal symptoms. In both Walker (2022) study and this study, the participants referred to the embodied sensation of being able to move effortlessly in water due to the sensation of being weightless. This supports other research although in illness and disability contexts; Carin-Levy (2007) and Morgan (2018) findings revealed that participants felt "free from their impairment" underwater (Carin-Levy, 2007, p. 10). This opened up opportunities for these participants to establish new relationships with their bodies and inspired hope for continuing to enjoy physical activity away from their symptoms.

In contrast to the sensations of weightlessness experienced in water, many women in this study have voiced a preference for engaging in physical activity in outdoor environments due to the sense of space it provides. During a walking interview with Sally, she voiced her experiences of preferring outdoor spaces:

"It's all because I need to seek something out to solve my problems about weight gain that were caused by the menopause. It's just fantastic how it's all

linked together. This is why I'm struggling to get back to the gym. It's that feeling of being enclosed. It's the sweating you know and being around people you don't know, I don't mind being around you, see I'm quite comfortable today because we're walking and we're outdoors but put you and me in a small interview room and I probably wouldn't have enjoyed that as I would feel too confined and stuck."

How our body moves day to day does not require any awareness of the body and is not easy to describe (Gallagher, 2005). Understanding the interplay between the body and its environment poses challenges; nevertheless, research on weight gain and weight loss has reshaped understanding of how bodily changes can enable a heightened receptivity and curiosity towards surroundings (Warholm, 2014; Natvik, 2015). Weight loss or, as in the case of this study, weight gain, can evoke a sense of ambivalence connected to the changing body causing a discrepancy between the way the slimmed down former body and the present larger body is experienced (Natvik, 2019).

Furthermore, many of the women in this study noted how they preferred being outside and having the space to move rather than feeling enclosed; this was further demonstrated when me and Sally were walking along a footpath in the city, when Sally acknowledged that although she may experience menopausal symptoms whilst walking, because she was outside this offered her comfort through having a space to move. Longhurst (2012) research has argued that body size affects individual's

experience of space, acknowledging that most places are disabling and disempowering for women who are larger and trying to “fit” into certain physical spaces that have not been designed for one’s corporeality is challenging which has enhanced a sense of confinement and restriction. Longhurst (2012) stated that most spaces don’t accommodate for bodily difference whether it is a disability or fatness.

For Sally, being enclosed in the gym brings awareness to how her body fits in that particular physical space. According to Merleau-Ponty (2012), the lived space of an individual’s body is situational. As we take up space as lived bodies, situational spatiality has been defined as the “hold my body has on the world” (p.112). Our experience of space consists of the body and its immediate surroundings, and consequently the experience of being oriented in the world (Landes, 2015). Our existence is spatial in the sense that spaces or environments can be understood in a taken-for-granted sense. This means that for Sally, previously the environment is something she interacted with without noticing, yet now her body has changed she notices this interaction, and this change in body shape has interrupted her taken-for-granted being in the world.

Similarly to Sally, Maya (48, perimenopausal) expressed her preference for exercising outdoors.

“I like being outside. I don't like being in. I don't like classes, I don't like being stuck in a room, I feel like I need to be out in the fresh air. If it's raining, or snowing, or hot, that is so much better than being indoors. Getting out in the fresh air and seeing things, and feeling that open space, you can move without any restrictions.”

Body schema has been referred to as “a system of sensory-motor capacities that function without awareness or perceptual monitoring” (Gallagher, 2005). Body schema involves the tacit, conscious processes to maintain or change movement, posture and the lived body's dynamic day to day interaction with the environment. Natvik (2019) study used the example of an individual who had undergone bariatric surgery to understand space perception and movement adjustments in someone who had changed body size and shape. The participant incorporated new actions and movements into his body schema to change his body image, which in turn reworked his body schema. As the individual now inhabits a 'new' body, adapting to the lived environment and becoming accustomed to these changes in body shape and size may take time. Similarly, Sally and Maya both expressed a desire for more space and the chance to move openly, which alters how they move in different environments. For many women in this study, physical activity has directly impacted the way they move and also the type of movement they engage in, whether that is floating in the sea or walking outdoors.

8.4.2 Escaping the Menopausal Body

Throughout this research, the feeling of escapism has been a recurring theme. Women use physical activity as a way to 1) escape from daily life and 2) escape from the challenges of their changing menopausal bodies.

For example, during a go-along interview, Jade (52, 3 years menopausal) walked me through her usual running route in a woodland landscape on a beautiful autumn day. On this familiar path, Jade reflected on how running provides her with a sense of escapism from her daily responsibilities and from the symptoms of menopause:

“I find that my running helps clear my head as with menopause I was very anxious, I could feel my heart beating and you know my breathing like quicken when I’m having my anxiety attacks and things, and I feel that sort of my running clears things and helps with my anxiety. This might sound a bit random but it kind of calms me down, when I feel like I’m breathless, when I’m anxious, it gives me my lung capacity back. It just helps me, it calms me totally.”

Jade shared stories surrounding the embodied sensations she experiences with the menopause and how her body changes when running. Anxiety is one of the symptoms which affects a large proportion of menopausal women (NHS, 2022).

Running increases heart rate and breathing rate, yet Jade acknowledged that running increased the feeling that she had a greater lung capacity, which may appear to contradict most peoples' experience of engaging in physical activity whereby some can feel as though their lung capacity is compromised during a run. Jade's awareness resonated with work by Leder (1990) on the 'dys-appearing body', highlighting that in general individuals are not aware of bodily processes such as their breathing or heart rate until it is brought back to consciousness. The pain and discomfort of her anxiety attacks bring Jade an awareness and consciousness of her body, and focussing on running appears to help this awareness to fade. Running is something that brings calmness to Jade which softens the effects of the feeling of an anxiety attack.

Running had made Jade vividly aware of her menopausal changes. Similarly, Charlotte had experienced changes in her menopausal body and alluded to a sense of breaking out of the new, alien body she had inhabited.

"I mean, I'm much, much heavier, just physically heavier. That's just the fact which slows me down. I just feel every pound that I carry and I feel really sluggish and slow and frustrated sometimes. It's like there's a fast person, and they're trying to get out, and I really miss that feeling of just flying."

Weight gain has consumed Charlotte; she is more cumbersome and her bodily movements are distorted compared to her previous self, but has also brought a

deeper feeling of being trapped within her body due to the limitations caused by her weight gain. Charlotte drew my attention to the struggle she felt with these changes and expressed wanting to regain the embodied experience of flying that she once felt. These insights of changed bodies in conjunction with movement are important for us to be aware of when women are continuing to engage in their chosen activities whilst their bodies are becoming heavier, slower and different.

Poppy alluded to the "flames of insecurity" and a "rollercoaster of moods", highlighting the unpredictability that many women feel their menopausal bodies present:

"I also drew the flames of insecurity. I think it's because in my journey through the menopause, and I know many other women as well who have experienced this too, I think you just lose a lot of self-esteem, you lose a lot of confidence, you've become really insecure in what you can achieve and who you are really. You get a bit of the imposter syndrome and all those different things. So I've put the flames of insecurity on there because of that. I know I'm all over and a rollercoaster in moods and things and that affects my self-esteem in other areas of my life. But I've linked this on here with physical activity because even when you're feeling insecure, if I can go back to that physical movement, whether it's walking up a hill or something more taxing, it's quite reassuring, really, and it reminds me that I can do things still and I am able to do what I could. I think maybe the new me on this pathway needs

to accept the anxiety sometimes, the low moods and the flames of insecurity, because maybe that will never go away now”

Gill and Orgad (2018) encourage us to “treat the narratives, metaphors, images, exhortations, and technologies in these sites as powerful pedagogical resources that teach women how to think of and feel about themselves and their relationships to others” (p. 481). Through the act of creating her island map, Poppy recalled finding movement as a connection to her capabilities and as a reminder of what she can achieve, and how physical activity stopped her feeling overwhelmed and distressed by bodily sensations, thus switching from a narrative of distress to normality. Frank (1995), in his illness narratives of restitution, has stated that transformation comes from reflecting on the suffering of chaos and discovering meaning through these distressing experiences. In this instance for Poppy, although she stated these bodily sensations she experiences may never go away, reflecting retrospectively on the changes menopause has brought her and the impact physical activity has on these sensations allows her stories to change from a narrative of distress to one of managing these sensations and being able. Garland-Thomson (2011), in a disability context, stated that disability is not defined exclusively by embodiment or the environment but more in the relationship between both of them. This has been built upon by Salis (2018) who acknowledged how the menopausal body is observed as unstable and out of control, particularly in comparison to non-menopausal women (being youthful, fertile women). This notion is reflected in Poppy's observations, but whilst she acknowledged these bodily variations she experienced through menopause (insecurity, anxiety, changes of mood), she also noted how physical

“So do you see there, where I have drawn that island offshore, that’s the land of zen; I’ve never had any issues on the land of zen with all the meditation, swimming, running and yoga and things like that. I don’t feel like I’ve ever suffered with any menopausal symptoms when I’m doing exercise, or doing sort of meditation and yoga as well. That kind of all links in like, you know, the breathing, relaxing and things like that I’ve done as well. Yeah, as I say, I felt like that’s my happy and safe land, a safe place to be where my body feels secure and safe. Nothing is going to go haywire whilst I am there.”

This metaphor of the mainland and the land of zen sought to capture how shifting one’s perspective could also shift the relationship with the body. In Bobby’s experience, when immersed in forms of exercise such as meditation and yoga, she perceived her body as relatively stable. This consciousness of safety and security that Bobby found herself feeling when she was exercising was compelling; she associated this land of zen as her safe space away from her 'mainland' island, almost transporting herself away from the 'current' her onto this offshore island where her body was at one, together, and safe, and thus escaping the menopausal body.

8.4.3 Physical Activity as a Route to Self-compassion

The notion of self-compassion offers a useful lens to understand the work of Bennett *et al.* (2017), which analysed active women’s experience of their ageing bodies and

highlighted how women used self-compassion to manage ageing body-related changes. Self-compassion refers to “an emotionally positive self-attitude that should protect against the negative consequences of self-judgment, isolation, and rumination (such as depression)” (Neff, 2003, p. 85). Bennett *et al.* (2017) identified three different types of self-compassion: 1) self-kindness even when one is facing challenges; 2) common humanity; and 3) being mindful to the awareness of emotional struggles which are not ignored but not yet overcome (p.85). Self-compassion has been important in managing challenges and working towards reaching athletic potential for sporting individuals, and self-compassion can buffer against physical suffering and criticism when individuals' sporting identities have changed (Neff, 2003; Adam, 2021). Yet it also holds relevance to the women in this study who, despite their sporting performance changing on account of their ageing process and menopausal symptoms, told stories orientated to the notion of self-compassion, for example in finding pleasure with slowing down or being still.

For some women in this research, the onset of menopause has brought about a sense of reflection upon the body and an awareness of slowing down and allowing the body to rest. Ruby explained how she has given herself permission to slow down due to menopausal symptoms bringing awareness to her capabilities to engage in physical activity, rather than her enjoyment to continue or not continue:

“I'm listening to my body, you know, like, learning that, okay, I now have inflammation that I'm dealing with and my joints are now aching. I have to work with that. As long as I listened to that, I think that the exercise continues

to be very beneficial and helps. But it is a case of taking it easier and not doing what I used to do before, fast running and road races.”

Work by Fullagar and Pavlidis (2012) has been expanded upon by Phoenix and Bell (2019), bringing attention to how the speed and flow of movement are influenced by structural forces. Phoenix and Bell's research acknowledged that stillness often feels appropriate in response to embodied sensations of fatigue or discomfort, which may be caused by movement, illness symptoms, or loss. Therefore, it is significant to recognise that speed is not just about increasing pace and always moving forward but is something that can be adapted depending on the environment, time, and embodied feelings at any given moment. Acknowledging the power of speed as a consideration for self-compassion is crucial.

Self-compassion includes focusing on thoughts and feelings rather than over-identifying with them and responding to changes and suffering (Neff, 2018). It also involves appreciating inadequacy, changes and failure as part of being human (Young, 2022). This concept is exemplified by Ruby, who demonstrated self-compassion in her approach to exercise and health. She acknowledged her body's limitations and adjusts to a gentler exercise routine, reflecting a compassionate understanding and acceptance of her current state. Ruby's experience, like many women in this study, shows stories which reflect the importance of adapting speed and movement as an act of self-compassion.

Individual's acceptance of their body's functionality and awareness of their physical limitations shifts the focus onto health maintenance and physical functioning (Bennett *et al.*, 2017). Ruby showed awareness of her physical limitations and acknowledged having restrictions on what she was able to do, but found ways of having appreciation for these changes and finds that continuing to engage in physical activity helps to maintain her current capabilities. Ruby similar to many women, her stories adopted a narrative of normality to continue to engage, but acknowledged through the inflammation and changes in how her body felt that there may be changes in what she could do and couldn't do in relation to physical activity. Self-compassion enables individuals to alter their thoughts and feeling about their bodies through decreasing levels of mental distress, which in turn improves body image (Brown, 2016; Young, 2022).

Phoenix and Bell (2019) research illustrates the potential for deceleration, slowness, and stillness in relation to physical activity to be a positive, in comparison to the negative framing of stillness being weaved into sedentary behaviours and as a problem to be fixed (Tulle, 2015). Ruby's experience aligns with Phoenix and Bell (2019) findings, as she explained that while she still wants to engage in physical activity for its health benefits, she has slowed down and no longer performs to an athletic standard. Instead, Ruby accepts this as a different stage in her life:

“It's very common for women athletes that get to this age, they find their times are slowing down and I was finding that my Parkrun times were getting slower, and I was finding it harder to run faster. My general endurance was kind of feeling more challenged. The reaction that most people have is "I have to train harder now, I have to work harder"; but it's actually the opposite, you actually need to give your body a bit more time to recover. So I feel a lot more prepared to enjoy the slowing down now, rather than feeling like "Oh God, why am I not as fast as I used to be?”

Through the analysis a number of women commented on slowing down in regard to their pace or frequency in their chosen movements. Slowness facilitates spontaneous sensual and social engagement through a heightened perception of surrounding spaces, environments and individuals (Springgay and Truman, 2017; Adeyemi, 2019). The analysis showed that in certain contexts there was a real sense of women listening to their body and allowing slowness (i.e. slow walking), stillness and rest, rather than feeling like they need to engage in physical activity at high impacts, speeds and intensities. This resonates with Fullagar and Pavlidis (2012) findings that women can find joy in slowing down rather than viewing an activity as a “sport” and something they have to go as fast as they possibly can for a competitive purpose. Allowing women to make their own choices allowed women to move beyond what women felt they “should do” (Fullagar and Pavlidis, 2012). Although women in this research noticed a decline in their performances, both in quantifiable terms (in Ruby’s example, slower Parkrun times) and their perception that it felt

harder to run faster, Ruby for instance finds comfort in slowing down now instead of chasing her fast times.

Other women have found pleasure in slowing down for enjoyment and benefits in stillness and pausing during exercise rather than having to go fast and continuously. Bissell and Fuller (2011) framed stillness as “a departure from what is considered normal, expected and subsequently welcomed”. Ruby reflected resisting against the “norm” to run faster and described the benefits she found when changing the speed of her activities:

“it is not always pushing to run faster, but it is actually really, really relaxing letting my long runs be slow long runs, just really let that happen because you end up with more time on your feet anyway and it puts less stress on the body”.

For Ruby, there is a dual benefit to allowing herself to run slower, for enjoyment and to appreciate what is around her, as well as prolonged periods of weight-bearing which in turn benefitted her running. For Ruby, there is benefit in engaging in physical activity for longer at a lower intensity and slowing down instead of pushing her body to its full capacity for shorter durations.

Instead of referring to slowing down in terms of speed, Charlotte, a keen fell runner who spends extensive hours running multiple times a week, also found rest days to be beneficial:

"I'm giving myself permission just to have rest days and just to get up in the morning and think, "Oh, actually, I'm just not up to it today, I'm gonna just give myself a rest day". That's a big thing for me, because I was always really driven. So now, you know, if I get up, and I just don't feel like it or if I have had a bad night, or I'm just not loving my exercise, I just think "Well, okay, I'll just walk to work, because that's being outside and that's moving"; and usually, by the time I get halfway there, I think I should have just been running. But yes, it is about giving yourself that permission, just to back off a little bit."

When taking into consideration Bennett *et al.* (2017) three dimensions of self-compassion, the first element of self-compassion is reflected in Charlotte's comments, noting that if she had a day where her menopausal symptoms were challenging her then she found alternative activities such as a walk which helped ease the pressure on herself rather than her forcing herself to exercise. The final component of self-compassion was described as being mindful to the awareness of emotional struggles which are not ignored but not yet overcome. For numerous women in this study, Charlotte included, it is apparent that menopausal difficulties have not yet been overcome, but Charlotte showed self-compassion by acknowledging these and reacting through kindness to her body when her symptoms

are too great. Rather than acknowledging slowness as adverse to being active, Charlotte viewed slowness as something that enabled activities. These findings from Charlotte extend upon the current conceptualisation of self-compassion through self-care for her menopausal body and allowing herself a rest or a less intense alternative to running; it is apparent from her comments that Charlotte's self-awareness has developed over time through experiencing her symptoms.

Many women in this research have voiced a sense of permission, stating that they "allow" themselves to have rest day, in order to take the pressure off themselves now they are menopausal. Self-compassion has been seen to focus on self-acceptance instead of enhancing psychological health (Neff, 2003). Psychological health includes a complex interaction of the mental, emotional, social, and spiritual aspects of health (Jahoda, 1953). Neff (2008) definition of self-compassion focuses on self-acceptance, and involves women being kind and understanding to themselves through any instances of suffering or perceived inadequacy as well as recognising failure is unavoidable in experiences and having the awareness to be able to face difficult thoughts and feelings.

In contrast, numerous women have acknowledged slowing down, rest and stillness as a potential act of resistance to public health directives to "move more" (Phoenix and Bell, 2019). Whilst women are battling with changes, a sense of slowing down is often perceived by individuals as a step back, a decline from what they are used to. A number of the women involved in the study understood the notion of slowing down

as being “beaten” by menopause, and this was highlighted through Margaret’s stories:

“I am feeling really tired. I felt totally drained. Totally drained. I mean, I was forcing myself to do things like my training because that’s just it, you just continue to do things so you just crack on and you get it done no matter how you feel.. I was a little bit worried thinking I’ve got to come to a point where I admit defeat and I’m going to have to slow down.”

Margaret voiced her perceptions around moments of stillness and slowing down; Margaret emphasised the feeling of being drained and acknowledged that she should be more self-compassionate and easier on herself when she has this feeling, yet she still tries to continue to exercise rather than taking a step back and finding peace in slowing down. Similar to the findings in Bennett *et al.* (2017) research, in this particular example Margaret resists self-compassion but is realistic in accepting her changing body in the fact that she states she will have no choice and feels she will ultimately accept slowing down due to physical capabilities.

Another aspect reflected in Margaret’s words was the concept of forward momentum, which has been identified in qualitative studies identifying experiences of success and failures in athletes in competitive seasons (Gottwals and Tamminen, 2022). Forward momentum is the continual progress and focus towards upcoming

challenges (Gotwals, 2022) and failures have been viewed as moments of 'stalled momentum', following which effort towards future training has to be put in place to resume forward momentum. In Margaret's experience, she showed signs of potentially stalling momentum as she admitted she was struggling with the forward momentum in her training and with continuing to keep up the pace of her pre-perimenopausal life.

To further unpack this concept it is helpful to consider work by McLean (2015) based upon master narratives; she described a biographical narrative to represent how life should unfold relating to traditional expectations for women and these include common events which occur at a certain time and order which we would expect to observe in a life story. For Margaret, her stories reflect biographical master narratives which are concerned with how her life and physical activity participation would unfold as she ages, with her previous experiences collectively producing the meaning to why she feels she must keep moving instead of finding comfort in slowing down. For many of the women, forward momentum is embodied, and this continual progress and improvement increases bodily capacity, i.e. being able to continue to do what they previously could. Therefore, when there is a disruption to this forward momentum such as tiredness and fatigue, this can make them feel as though they are going backwards (ie; reluctance to slow down, take breaks), creating a fear of their performance failing. The forward momentum narrative has been identified to be a personal responsibility of the individual which can help encourage the individual to make progress and move forward, but this can also lead to

dissatisfaction and frustration when individuals are unable to meet the expectations they have placed upon themselves (Tamminen, 2022).

This research demonstrates how women give themselves permission to slow down, exploring the various reasons behind their conscious decision to do so and, more importantly, the comfort they find in this choice. The main reasons women in this study enjoyed slowing down were through self-compassion and putting their leisure and physical activity interests first, as well as moving more slowly providing an opportunity for connecting with who they are and different spaces. Women became aware of their capabilities and the limitations their new and changing bodies presented to them, and there was a sense of distancing oneself away from the push and pull and stressors of daily life, as well as finding pleasures in being in different environments.

8.4.4 Women Only Spaces

Women-only spaces bring the illusion that there is only one specific kind of space that serves a purpose for one specific group (i.e. women), whether that is changing rooms, sports, events, clubs, courses, gyms etc (Lawford-Smith, 2021). Women-only spaces have emerged through the role they played in the feminist organisation of the second wave of feminism (Jeffreys, 2018). This movement has previously been challenged with some resistance through separatism, gender, sexual orientation, difference, and identity policies (Leathwood, 2004). Women have referred to women-

only spaces as 'safe spaces', as these spaces enabled these women to feel safe and are a facilitator of self-compassion in these environments in a way that was not possible if men were present (Women's Voices Movement, 2022).

The characteristics of these groups included a space for women to exercise with other females in a secure environment where they could share experiences away from feeling judged by men. Women reported a sense of belonging, women felt as though they fitted with these particular women-only groups; although being perimenopausal or menopausal was not a pre-requisite, many of the women were a similar age and the vast majority of women stated that they were often drawn to speaking about menopausal experiences while in these groups. Some women described spaces in which trust had been built which they felt comfortable within and where they could discuss their experiences of menopause, which were either purposely created or arose circumstantially in the course of physical activity. Within these spaces women could simply be themselves away from feeling judged, having constraints of family or work, or feeling as though they were alone during this time of their lives.

Women-only spaces have brought a common ground for women to come together to share experiences of their menopausal journeys. Jess (45, 1 year menopausal) and Alice voiced how they found these spaces provided benefits whilst moving through menopause:

“Because there are other people there that I can talk to openly about the menopause if I want to speak to someone who is a similar age or slightly older. It's nice to hear other people's experiences, and although I get the impression everyone's going into the unknown, at least you're doing so with other people.” Jess

“So I think women-only rides are brilliant, I've made some really, really brilliant friends because you can talk about things and you can have a stop. Nobody queries or questions if you need to stop”. Alice

Women are able to tell their own stories through recounting their own experiences, and the process of sharing these experiences with other people can create empathy and bring the story to life, as evidenced through Jess and Alice's reflections. This builds on the communicative body in Frank (1995) four ideal body types. Instead of feeling silenced, women found that certain spaces allowed for comfort and safety, which helped women feel that an open discussion around hormonal changes and menopause could take place. The women could connect on a similar level and feel listened to and not alone, resulting in freedom from restraint.

These women's stories are embodied by menopause, and through the act of telling women are able to accept the contingency of menopause. Women-only runs or bike rides work as an alternative bulletin board in which things are discovered and

shared, enabling an alternative mode of communication. A demonstration of this free space was women-only sporting groups which some of the women from this study belonged to. Previous research has acknowledged that women-only spaces enable women to feel at home and to support each other while doing exercise and feel more comfortable, especially for women who have religious and cultural restraints where women are not expected to exercise in open spaces (Öztürk, 2017). Women-only spaces have encouraged women to exercise with women of similar ages who may be also experiencing menopause, providing the opportunity to speak and feel comfortable in different environments with their changing bodies, and allowing freedom from the "taboo" of menopause.

Additionally, these women-only spaces offer a chance for sharing of experience through a "respite" from male attitudes, expectations and behaviours (Lawford-Smith, 2021), which Jess and Alice alluded to above; both stated that they feel comfortable expressing their experiences and listening to others in the absence of men.

As well as these spaces offering the women of this study the opportunity to share their experiences with each other, they also created a sense of belonging for the majority of these women. Daisy explained how she felt a sense of belonging to her sea swimming group which meet each week:

“We all get in the water you know after a little bit of a chat. Some people will swim, come back together, then get dressed together. We all tend to bring a drink along and things like that. Then we just stand and warm up afterwards and have a good chat. Like this morning, some women will say they’ve had a rubbish week this week, so I don't think it's ever started off being about the menopause or anything but it is just the age of a lot of the people that do come along that it just ends up sometimes becoming the topic of conversation. I think it just makes you feel that I'm not alone, I think because there's so little out there on the menopause that people just plod along and don't talk about it an awful lot, but it is nice having this shared space where we enjoy sea dipping and it gives us the opportunity to speak.”

The routine of going in the sea and then coming together as a group offered women who were experiencing similar hormonal changes a safe space for discussion around their physical and emotional changes, benefitting from an open atmosphere free from judgement. This space reassured Daisy that she wasn't alone, and the fact that the conversation tended to result in mentioning the menopause reiterated how significant this life change was in women's lives, being regularly at the forefront of their minds. Sharing the sea with other swimmers has been viewed as one of the most common ways individuals feel a sense of shared space and belonging; this is especially prevalent in water as there are multiple ways of being; some of those moments of being come from women walking into the sea and how this sense of becoming and belonging is shared between and within water (Bates, 2022).

Women deal with many embodied experiences which they have in common with other women, but which differ from men. This wide range of situations, which can be embarrassing or even distressing, lead to there being comfort in being in a space with other women who are likely to understand these experiences and have the resources to potentially help (Lawford-Smith, 2021). Therefore there is the potential for shared bodily experiences in these spaces, as Daisy explained through the bodily interactions and the embodied experience of going into the sea, the experience in the water and the aftermath of getting dressed as part of a group of women who are going through similar experiences.

Research has acknowledged that women-only spaces in physical activity contexts offer a space for comfort and familiarity and a sense of belonging that they did not receive outside of women-only spaces (Lenneis, 2022). This is why women-only spaces in physical activity contexts are particularly important for menopausal women, as they provide women the chance to decide what it means to be a woman (if anything) and what they decide to do with their moving and changing bodies in different spaces.

A sense of camaraderie was reiterated throughout some women's experiences, through a shared love for certain movements as well as a space to be with likeminded women who are possibly going through similar experiences within their personal lives. Women can feel more comfortable and empowered in a women-only space compared to a male-dominated environment (Aspridis, O'Halloran and

Liamputtong, 2014). Moles (2021) identified that swimming can offer moments of togetherness and belonging drawing shared understandings, appreciation, and immersion into the social world of water. Within these practices bodies are welcomed, encouraging visibility and acceptance, rather than bodies being viewed as problematic and needing to hide away.

Swimming outdoors (also known as 'wild swimming') introduces a sense of nakedness which is not found in other social settings, and the lack of clear zones disrupts expectations around how people get changed as boundaries are often blurred (Bates, 2022). Within Moles (2021) research she drew upon a participant who acknowledged changing practices in a locker room were "protected by a welter of codes about how and where to look; nonetheless strangers dress and undress, wash themselves, lathering breasts and bums in close proximity" (p20); this participant acknowledged that in social spaces where nudity is governed it is normalised and unproblematic. Contrastingly, in outdoor swimming when the weather is less favourable people often change in a huddle of people; getting changed together has been viewed as welcoming as people work quickly to get warm, therefore bodies are viewed as visible and accepted rather than being hidden (Scott, 2009). The spaces which are identified before and after forms of physical activity, such as sea swimming, encourage a sense of togetherness through a women-only environment, away from the shame and stigma of nudity and the idea of control around bodies changing and unchanging in open spaces, especially against the backdrop of stigma and shame associated with menopause.

Charlotte made the following comments regarding the benefits of building trust within women-only spaces, specifically in a weightlifting / gym environment:

“But people don’t open up unless they feel comfortable, and I think unless it’s a women-only situation, then you’re not going to get people opening up. I’m not sure how it works so much with weight training or CrossFit which are more of an individual thing, but it’s building the relationships through the group and then hanging around afterwards chatting. I suppose that could come through mixed groups, as well as women-only groups, but it’s just much easier in a women-only group and people feel more comfortable, and you are able to be vulnerable.”

Whilst Charlotte is reflecting on her gym environment, in a similar way to Daisy's experiences, it is apparent that during exercise may not be the most appropriate time for discussions to take place, but it is more the spaces after these activities which create an opportunity for women to come together to share their experiences. Spaces after exercise offer a common ground to bring women together to feel vulnerable, but accept this vulnerability. Not only can different types of physical activity shape women’s embodied experiences of menopause, but so can the environment and people within those environments. Environments with males present can cause women to feel uncomfortable in sharing their menopausal experiences, and may thus change how they experience these situations. As Charlotte has alluded to, women may not necessarily disclose any information during

the exercise but feel comfortable afterwards when they feel supported in a group of women.

During speaking to Scarlett (55, 4 years menopausal) I asked her *“has being part of this women’s-only running group offered that space for women to speak about things like the menopause?”*, to which she replied:

“You wouldn’t speak about it if you were running in a group of men, especially men that you don’t know very well. Running in a group gives you a chance just to discuss things with like-minded women.”

Jess also shared her experience of running in women-only groups:

“The menopause, it seems nobody talks about it. So it’s like, is it a taboo thing? But then it happens to everybody, but nobody, even people that come through it, they don’t talk about it. It’s been good being in the women’s running group that I’m in because a few of them are quite open talking about it. The lady that actually runs the group is very open about talking about it, which is great, but it still feels like we’re all going into the unknown. There’s a group of women of a similar age to me, and I’m 45, and then there’s quite a few older as well. I just feel like we’re going into the unknown. So it’s like some of you

might say, "Oh, this happened", or "I had this happen the other day", but it's still like none of us can say much to the other person to reassure them because we are all still going into the unknown, really."

Scarlett and Jess acknowledged the benefit of running a women-only group, particularly with regard to the run leader who is very open in discussing the menopause. Nonetheless, it is apparent from Jess' comments that even in a women-only space there is still an element of concealment of symptoms, as well as a feeling of being unable to adequately support one another due to lack of knowledge on this venture "into the unknown". This latter notion reflects the generational silence and historical taboo which has surrounded the menopause, such that even though women are now ostensibly more open to discussing their symptoms and experiences, they lack the prior knowledge (which might have been handed down from previous generations) to help each other. Communication and hearing other menopause experiences can provide a greater sense of belonging to a community of women such as running or cycling groups, and can promote empowerment for women to make changes in their own lives (Edwards, 2021).

Women-only spaces provide a space for women to escape the backdrop of silence and taboo which is commonly associated with menopause and provide encouragement for women to speak about menopause due to the absence of a male audience. It is apparent that women feel supported and listened to in women-only spaces, particularly where other women are experiencing similar issues such as

feeling disheartened, confused and frustrated with how their body is changing and the wider implications on their physical activity performance and motivation, not to mention other women feeling as though they were going into the unknown and not understanding whether what they are experiencing is normal or should be happening. Additionally, these active spaces provide women with the opportunity to share the successes and pleasures they have experienced during physical activity since becoming menopausal. The potential empathy of a group of women in similar situations may enable women to open up and share how they are feeling to gain a shared understanding and consideration around this time in their lives. It is also notable that it appears that the time spent after partaking in exercise or activity seems to be the most beneficial to enable conversations for women to share their experiences; it is perhaps the relationships they have constructed during different forms of movements which build the trust in order to open up, as well as potentially similar changes which have been identified (but not spoken about) during the physical activity.

8.5 Concluding Comments

The women's stories highlighted how menopausal symptoms profoundly impacted their ability to engage in and enjoy various forms of physical activity. Symptoms such as pain, fatigue, and unpredictable menstruation were significant reminders of their changed bodies. Many adapted their exercise routines, opting for lower-impact activities like swimming, yoga, or Pilates to manage symptoms effectively. The cessation of menstruation brought by menopause was generally viewed positively,

eliminating the constraints and uncertainties associated with menstrual cycles and allowing women to participate freely in physical activities, thereby offering newfound freedom and stability in their exercise routines.

Physical exercise was seen as a means for women to regain control and agency over their bodies amidst the unpredictability of menopause. This was evident in various women's narratives where exercise served not only as a physical activity but also as a psychological and emotional anchor during significant bodily changes. The fluctuations of menopause, coupled with day-to-day variations in how women feel, significantly influence their experience of physical activity. Women like Victoria and Rachel expressed how physical activity provided them with a sense of grounding and security, helping them counterbalance the uncertainties and mood fluctuations that often accompany menopausal symptoms. For Victoria, exercise offered a temporary yet powerful sense of control, facilitating mental rebalancing and a restoration of agency over her body. Physical activity provided women with a tangible means to confront the uncertainties of menopause, reclaim control over their bodies, and maintain both physical and mental well-being despite fluctuating symptoms.

Looking ahead, women focused on strength training as a way to manage their sense of longevity, striving to remain strong, independent, and mobile. Physical activity was utilised as a form of self-control and stability during symptomatic periods. Although previous research often portrayed the menopausal body as in decline, through women's stories, this study proposed a counter-narrative: through physical activity,

the menopausal body was viewed as empowering and strong, aiming for longevity and independence to continue to stay active. Even on days lacking motivation or enjoyment, such as during strength training sessions, women perceived their bodies as sites of maintenance and growth.

This research highlights numerous instances of self-compassion among women, drawing on the framework by Bennett et al. (2017). Despite the challenges posed by menopause, many women found self-compassion in adapting their physical activities, discovering joy and benefits beyond competitive pressures while navigating emotional struggles and acknowledging their menopausal limitations. Furthermore, the concept of finding common humanity, also from Bennett et al. (2017), was evident in women's experiences within women-only spaces. These environments played a pivotal role in offering comfort and solidarity as women shared menopausal stories without fear of scrutiny or judgment. Many women described feelings of isolation and uncertainty before joining these spaces, where physical activity fostered open, supportive discussions about menopause. These conversations not only created a sense of belonging but also nurtured trust and support among women.

The Materiality of the Menopausal Moving Body

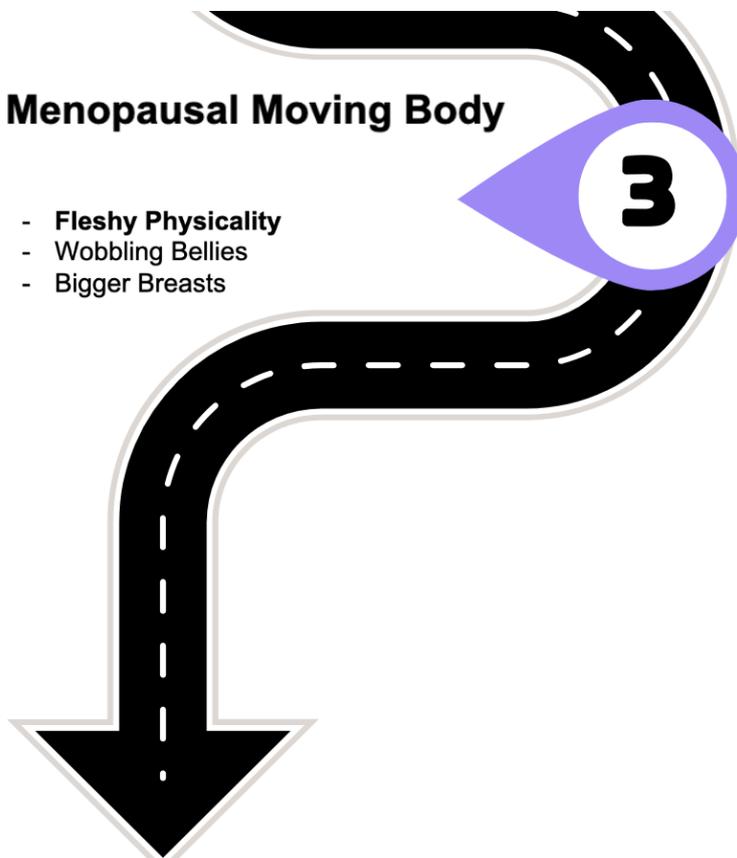
Bodily Secretions

- Blood
- Sweat

- **Fleshy Physicality**
- Wobbling Bellies
- Bigger Breasts

Beyond the Body:

- Interactions with Sports
Equipment
- Interactions with the Elements
 - i Water
 - ii Heat
 - iii Air
 - iv Earth



9.1 Introduction

All women in this study developed a heightened awareness of their menopausal bodies through physical activity, experiencing shifts in their body-environment relationship during menopause. This chapter explores several significant aspects that shape how women attribute meaning to their bodies, material surroundings, and the environments in which physical activity occurs. It delves into materiality by examining bodily secretions that blur the boundaries of the body, as well as the corporeal changes women experience—such as shifts in breast and belly size and

texture—during movement. Additionally, it investigates interactions with non-human objects like bike seats, lifting belts, and various surfaces.

To explore the messiness and dynamic shifts in women's bodies throughout menopause, the work of Ellingson (2017) is especially useful. She emphasises how the body is constantly evolving and changing, rather than being static or final - a concept exemplified in the menopausal body's transitional nature. Indeed, menopause transcends changes in the uterus and ovaries alone; understanding it requires acknowledging how its symptoms affect various facets of women's lives (Rothfield, 2013).

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All of a sudden it clicked, I had never consciously thought about this but when working as a physiotherapist with a lot of my job asking people to undress to reveal aspects of their body for me to assess and treat it is astonishing how the first thing 90% of women say to me is *“oh I am so sorry I haven't shaved my legs/armpit/forearms etc..”* and I always say *“oh don't be silly [if it is in autumn or winter] its winter it's fine it's an extra layer of heat for you”* but since reading about the materiality of the body and feminist research on menstruation and how women are viewed, why do we feel like we need to apologise for how our bodies look and act? Why do women feel the need to apologise for not shaving areas of their bodies when these areas are out in “public”? This has made me realise how much historical and cultural views have unconsciously affected the way in which we *be*. Hairs don't leak or provide any liquid substance yet are still observed as “dirt” if they are unkept on a woman.

9.2 Bodily Secretions

Western views of the female body's integrity have stigmatized the 'leaky body,' causing discomfort when internal processes become external (Shildrick, 1997; Dale, 2015). Elias (1978) concept of the 'civilizing process' and Douglas (1966) theory of 'pollution' have explored these ideas. Elias argued that Western societies shifted from managing bodily excretions publicly to privately, fostering shame and self-discipline, especially among menstruating women (Inglis, 2001). Douglas's notion of 'pollution' further suggests that menstrual blood is perceived as shameful and necessitates private management, potentially alienating women from public spaces (Greed, 2016).

Similarly, work by Lawton (1998) examines the 'unbounded body' in hospice care, highlighting loss of bodily control, which resonates with broader societal ambiguities around bodily boundaries. In Western contexts, bodily emissions are often stigmatised as disgusting (Fenercioğlu, 2017; Goodyear, 2018), reinforcing silence and stigma surrounding menopause. Drawing on Elias (1978) 'civilizing process' and Douglas's concepts, menopause is a neglected aspect of social life shaped by historical forces. Women's experiences with menopausal bodily changes challenge societal norms, revealing the burdens of invisibility imposed by societal expectations.

Historic beliefs surrounding menstruation have led to women concealing this natural biological process (Johnston-Robledo and Chrisler, 2020). Such negative preconceptions have shaped the way in which women experience their menstruating bodies. The following part of this thesis moves on to describe in greater detail the lengths women go to in order to conceal blood and sweat from the public gaze, especially when exercising.

9.2.1 Blood

Historic beliefs have led women to conceal menstrual symptoms due to feeling ashamed and embarrassed, and have led to fear of being “outed” as menstruating (Coutts, 1993). For example, several women in this research reported experiencing a loss of control over heavy bleeding and irregularities with menstrual cycles. These symptoms come with the unpredictability of the onset and duration of symptoms (Christoforou, 2018). Alice, 52 (6 years menopausal) shared her experience of the unpredictability of the duration of menstruation whilst exercising:

“I did a ride called Four Abbeys and it was with a group of women, so I was absolutely fine, but I was just heavily bleeding the whole ride and it was absolutely awful, I had no energy. It was a 50 miler around Northumberland for different abbeys like Dunston Abbey and Jedburgh Abbey. I just remember coming back and I was absolutely covered in, you know (blood), I had changed my clothes in the car, and I used to take towels everywhere just in

case. It didn't really stop me from doing my riding and cycling, but I can imagine the consequences of that would stop people."

Sang *et al.* (2021) study highlighted the interaction between material realities of the physical body such as blood and odour, and the associated social experiences which occur with the concealment of physical and psychological symptoms. This aligns with work by Laws (1990) whose study on menstrual etiquette highlighted the stigma associated with masking all aspects of menstruation. Menopause symbolises both material "dirt," such as a leaky body, and symbolic "dirt," marking the transition from leakage and fertility (Whiley, 2023). Historical narratives have framed female bodies as contained and non-leaky, contrary to natural bodily processes (Young, 2005).

Dale (2015) examined the ethical dimensions of embodiment and non-human materiality in the context of disability, specifically focusing on the stigma associated with externalizing hidden bodily parts, like catheter bags. Similar stigmas are evident in Alice's experience with menstrual bleeding. While menopause is not viewed here as a disability, both contexts reflect societal discomfort when internal bodily functions or fluids become visible externally. Goffman (1990) notes that individuals managing uncontrollable bodies, like Alice using towels for heavy menstruation, may face stigma for failing to conform to social norms of bodily control. Like many other women in this research, her reluctance to explicitly mention blood ("covered in, you know") highlights the ongoing stigma around discussing menstruation and the persistent desire to conceal the "leaky body."

Another way blood was considered in Alice's story was the impact bleeding had on her experience of cycling. Through movement our bodies are exposed to many elements and external aspects which may influence, shape, or change our experiences, and further consideration of the material impact of these activities and associated experiences is merited. Huopalainen (2019) research based upon the materiality of giving birth acknowledges that the body's flesh and the messiness of such "leaking fluids" disturb the body's usual senses. It was recognised that the materiality involved in women's experiences of giving birth came to shape and influence these women on a more personal level, and how materiality fundamentally shapes and influences their experience of birthing. For these women, the feeling of being covered in blood, heavily bleeding, and having no energy, alongside the conscious act to conceal these bodily actions, alters the experience of cycling to be more taxing and emotionally challenging.

Alongside the efforts to conceal these bodily outpourings, women contend with the additional burden of wearing sanitary towels and the physical sensations associated with them. Stacey reported her experience of bleeding when enjoying her powerlifting:

"Because I had so many blood clots, I was having to change every heavy deadlift or every heavy squat, I would be wearing a super plus tampon, plus three or four overnight pads, two pairs of underwear, one of which was period

underwear, so they were really tight. And there were times that I would have like trails of blood going down my leg at a commercial gym. So I always had to find the rack that was the closest to the gym door, and kind of do things like I would go into the squat rack backwards so that I could get out of there without being seen from the back. Yeah. So it's very much governed around hiding my body and I had to think about strategy, you know, bringing extra clothes which were always packed in a bag in my car and baby wipes. When you think about being in a commercial gym, for women, it should be a safe place, but it didn't feel safe. I really had to force myself to go and sometimes I just wouldn't go and miss a session."

The feeling of wearing multiple sanitary products could have felt uncomfortable for Stacey; she reported how her period underwear is tight but combined with multiple layers of underwear plus pads and tampons this interaction between the products against her skin brought a consciousness to how she moves her body. It is also important to consider the interactions between the fit, feel (feels dry or damp) and position of tampons which may move causing relief or discomfort. Stacey was aware of how her body had changed as well as how her body felt and moved against, with and without the interaction with sanitary products, exclusive of mentioning the complexity physical activity could potentially fetch.

Female footballers have reported feeling uncomfortable on the pitch if they were wearing sanitary products, especially pads (Pinel, Mehta and Okholm Kryger, 2022),

and another study found that Muslim women reported feeling discomfort from wearing a sanitary pad during brisk walking (Mohamed, 2014). In another context, women in the military also reported inconvenience when using sanitary products whilst being physically active during exercise (Powell-Dunford, 2003). Sanitary products and pads in particular can cause rubbing, chaffing and irritation to the skin when engaging in different forms of movement (Stadler, 2006; Morecroft, 2023). Although this finding was only mentioned in one of the women's stories in my research, it was an important aspect to consider when striving to understand women's experiences of physical activity whilst being menopausal. There appeared to be no research investigating the feel or the interaction between sanitary products and skin when moving, even more so in menopausal women. Therefore although this finding is small it could be a starting point for further research.

In contrast, Lev (2023) study stated that although women were bleeding they felt strong as this was an expression of 'latent resistance' (Sassatelli, 2000) which also fought against menstrual norms. Female distance runners in Lev (2023) study voiced that they felt empowerment, strength, and capability as they were able to continue to participate in running during menstruation. Nonetheless, a number of women reported that bleeding could prevent their participation in physical activity altogether during menopause, with their periods being unpredictable. It is clear some women face difficulties engaging in physical activity during heavy menstruation. This was seen in Alice's story:

“So for three months I had really bad bleeding but I don't bleed now at all. Which is really, really helpful to me, because of, obviously, the amount of exercise I do. But when I was bleeding I couldn't do anything, I couldn't go swimming because there was just so much blood, It just didn't stop and there was no tampon which was going to stop it.”

There is a marked contrast between the relatively inconspicuous nature of Lev's long-distance runners exercising outdoors and the highly visible context of women like Stacey in busy commercial gyms or Alice in settings such as swimming pools, where heavy bleeding while wearing minimal clothing could easily become visible. Despite this, Stacey challenged ageist and patriarchal norms of femininity by continuing to exercise even with blood trickling down her leg. This defiant act demonstrated resistance against societal expectations and a determination to persevere in physical activity regardless of her menstrual cycle.

Stacey's stories suggest a narrative which echoes findings from a study by Moffat (2019) on menstrual etiquette in public spaces, particularly workplaces, in Scotland. Moffat highlighted how adhering to menstrual etiquette involves constant self-surveillance, frequent visits to the restroom to check for stains or the need to change sanitary products, and managing stress and embarrassment caused by potential leaks. Stacey's experience emphasised the exhaustive mental and logistical efforts that she undertakes before each gym session to prevent bleeding incidents -

carefully considering her body positioning, proximity to toilets, choice of sanitary products, clothing, and even carrying baby wipes.

9.2.2 *Sweat*

Sweat carries diverse meanings across different contexts. Sylvanus (2016), describes it as 'dense,' while Archambault (2022) finds it inconspicuous due to its high water content and potential for odour neutralization when dry. Probyn (2000) notes societal perceptions of sweat as embodying visceral disgust and shame, associated with wetness, stickiness, and fragrance. Shove (2003) highlights sweat-free bodies as markers of respectable femininity and cleanliness, contrasting with views that link sweat to manual labour and issues of class and gender (Waitt, 2014). Douglas (1966) considers sweat 'matter out of place,' reflecting concerns about contamination, a theme Grosz (1994) expands on by discussing the gendered perceptions of bodily fluids, portraying women's sweat as dirtier than men's.

Contrastingly, within many fitness cultures sweat is considered as 'improving' rather than 'polluting' bodies; 'working up a sweat' is often seen as being a requisite to creating a healthier, fitter body (Maguire, 2008). Sweat during exercise is often perceived as representing a dedication to personal care and working towards an athletic ideal (Johnston, 2010). In environments such as nightclubs sweaty bodies are part of a sensuous and sexual experience (Misgav, 2014). As Waitt (2014) claims, sweat unites and detaches bodies in particular spatial contexts. Atkinson (2017) has summarised all aspects of sweat but concerning physical cultures and

Ashtanga yoga in particular, in what they named 'the ring of sweat'; this ring included areas of sweat being considered meritocratic, therapeutic, risky, erotic, shameful, commercial, existential, and connective.

As mentioned in Chapter One, menopause has been associated with many different symptoms, but the main symptom identified in this research was hot flushes and night sweats. Research by McChlery (2021) has brought attention to the visibility of the internal body with respect to how women felt the inner functioning of their perimenopausal bodies. Numerous women in this study explained the symptoms of internal workings of the body which can become visible to the world such as hot flushes and sweating; Sally described her experience of sweating as part of menopause:

"I now wear cotton clothes rather than the type of wardrobe I used to wear. Like today, I've got this strappy t-shirt on underneath a shirt because I know at some point, I'm going to have to take it off. So the layer of clothing helps so I can strip off if I have a hot flush and start sweating, especially when I'm out walking like we are now so I don't feel contained."

Whilst walking together during the go-along walking interview, Sally described the strategies she puts in place to feel comfortable in her body whilst walking to mitigate the impact of sweating and a hot flush. As we walked and chatted on a cool but

sunny morning along the river, Sally stopped abruptly and admitted that she had to remove one of the multiple layers of clothing she was wearing to negate excessive sweating and the intense feeling of heat and wetness trapped under layers of clothing. Sally's outfit choice had been designed to provide her with a means of shedding layers so she could feel more comfortable. These embodied feelings Sally felt in this moment during the walk are ever-shifting, and are specific situations that she experiences in her body-self and at any given time which are highly complex (Ellingson, 2017). For example, Sally conceptualised her body as contingent through identifying solutions such as changes in clothing materials and layering, reflecting the fact that her body is ever-changing. Sally stated the solutions she puts in place to help with the changes in her new changed/changing body due to heat.

Bodies are considered threatening when they leak into or onto other spaces and bodies (Wainwright, 2017). As one of their participants explained, there is a need to (re)learn and get to know their bodies again during menopause. Similarly, Sally came to understand her changing body, and implemented these strategies.

Archambault et al's study analysed the materiality, meaning, and the emerging workout ethic in Mozambique in association with sweat. In this study, one of the participants stated that they had found clothes and colours which concealed sweat and that polyester mitigated the visible signs of sweat compared to other materials, which contrasted with Sally's preference for cotton clothing (Archambault, 2022).

Although Sally did find a contrasting preference in terms of material, it was apparent that for her the greatest comfort was found in the knowledge that she would be able to remove layers in order to feel cooler and more comfortable.

Sally reflected on how she wore different layers to manage sweating, but then like several women in this research, stated she avoids certain forms of physical activity which causes her to sweat excessively as this mimics how her body felt during a hot flush:

“The sweats, they're horrible. There's no word to describe it. It starts in your upper body, and it just consumes your whole body and it's horrible, and you're uncomfortable. When you get ready to go out, you'll be all ready, then all of a sudden, one appears and you've ruined your outfit and your hair is stuck to your head. So in that respect, I don't like to do any activity that causes me to get really sweaty because I suffer enough with being sweaty. I would go and get changed and showered and cool my body down and I would feel great. But now, it's like, I know I'm going to expose myself to that sweat. I've sweated before I've gone into the gym and it's just awful. If you can get over the fatigue and get out to do some exercise then it is a mind over matter thing to just ignore the sweating and red face but I do think there is a link where it [menopause] perhaps may limit your physical activities. As I've described like the sweaty feeling in the gym, it's constant sweating where I am absolutely dripping.”

Similarly, Mary also voiced the similarities between physical activity and the sensation of a hot flush:

"It's almost like a burning sensation and then you sweat; it's embarrassing, as well, because you're like, "oh my god". You start to look for different clothes that are not going to show it (hot flush) and have spare clothes in your bag and things like that. I mean, the gym does bother me. You feel like you are burning, it feels like another hot flush, you feel like your cheeks are on fire and things like that. It's almost like when you're ill and you get a fever. You feel tingling on your cheeks."

Sally expressed how prior to initiating physical activity she experienced the embodied sensations of how sweating and heat consumed her body, and Sally and Mary both shared that the feeling of sweating during physical activity is associated with the sensations they felt when they experienced menopausal symptoms rather than the satisfaction that sweat is a representation of "working hard" (Waitt, 2015). Daley *et al.* (2007) stated in their study that physical activity does not increase vasomotor symptoms which is not inconceivable given that the process of exercise typically causes individuals to produce heat and sweating/perspiration. Yet Sally and Mary associated physical activity as comparable to hot flushes in their own individual experiences. Sally did state that she found she sweats more during physical activity now she is menopausal compared to prior, as was also found by participants in Weidner *et al.* (2017) research. It is evident that in a similar manner to the women

above stating bleeding could form a potential barrier for women engaging in physical activity, so could sweating in some instances. Rather than women not wanting to be identified as “leaking” sweat (as per blood above), however, it appeared that women in this study did not want to mimic the experience of having a hot flush and sweating as an outcome of engaging in physical activity.

Although the sensations of sweat reminded women of their menopausal symptoms, Mary described being uncomfortable with how she perceived herself to look based on her sweating appearance:

“I don't want to walk and usually I would love to but it's the fact that I get there, and I would be a big sweaty mess. I'm even at the point now where I think “do I wear an old t-shirt to walk to work” because when I get to work, I would be absolutely lathered. I would go for a walk to get my nails done and it's about a 20-minute walk and there is some uphill, some downhill. I mean I do that walk every day at work and I got there and I explained to Gemma who does my nails for me that I am fine I'm just having a hot flush. She gives me a fresh towel, she's really good but it is just a 20-minute walk and I'm not unfit, even though I think I'm unfit when I'm at the gym, but you look like you are unfit because you are sweating and burning.”

Mary's stories of discomfort with sweating reflects an ontological narrative where her bodily changes during menopause adjust her self-perception and daily routines. This personal narrative is influenced by the public narrative that views sweating, especially in professional or social settings, as undesirable and embarrassing. While sweating is often considered normal and healthy in health and fitness contexts (Archambault, 2022), it remains perceived as an irritant to many, as seen in Ciolfi Felice, Søndergaard and Balaam (2021) where participants found sweating in public embarrassing and indicative of uncontrollable bodily changes, especially during menopause.

Mary's experience aligns with the master narrative that dictates societal attitudes towards women's bodies and their control over bodily functions. This aligns with Lev (2023) study on distance runners, where women felt pressure to conceal bodily secretions to maintain their gendered identity. Many women who expressed concerns about being perceived as unfit due to sweating, echoing a sense of discomfort with how others see them reflecting broader societal attitudes (Coen, Davidson and Rosenberg, 2020; Coen, Davidson and Rosenberg, 2021). This sense of sweating led to a feeling of self-doubt and loss of confidence which in turn impacted the choice and attitude towards movement even in the sense of walking as a commute (Barbour, Clark and Jeffrey, 2019). Mary's stories demonstrates the interplay between her personal experiences (ontological narrative), societal expectations (public narrative), and overarching cultural norms (master narrative).

Given the stigma surrounding sweating, it is understandable that some women felt anxious and panicked about the increased sweating sensations they experienced due to menopause. Mary noted that her panic exacerbated the intensity and frequency of sweating:

“Even though you are sweating, you're not sure whether it's sweating because of physical activity or you are sweating because of a hot flush, but it makes me really anxious that I'm sweating because I am looking a mess, and I think, oh people must be looking at me.”

Mary followed on to say:

“It makes you feel sick a little bit. It's almost like a physical sickness because you panic about how you cool yourself down, but when you panic it makes everything worse, so you're internally talking to yourself all the time. It's really hard to describe, you kind of tell yourself to breathe, slow down, it's fine. The more you panic, it takes a handle on you.”

Numerous women in this research have shown vulnerability in that they do not wish to be seen as displaying these physical symptoms, and that they are powerless over their symptoms (Northrup, 2020). Throughout Mary's story she expressed how she attempted to “tell herself” that there was nothing to worry about; this worry and anxiety embodied her which made her hot flushes and sweating worse, which she referred to as her body's inability to regulate (Atkinson, 2017).

A number of women alluded to the similarity between sweating because of menopause and because of physical activity; Jade elaborated:

"I get a bit hot and sweaty when I run so I wouldn't notice the difference whether it's because of menopause or not. When I'm running and when I'm exercising, I do tend to dress down. I'm quite confident to go out in just a t-shirt when it's cold and wet."

It is important to remind ourselves that sweating has been acknowledged as a socially acceptable consequence of engaging in physical activity (Williams, 2018). In Williams (2018) study, participants described that sweat and "feeling wet meant '*you know you've done something*', by which they meant something 'good'" (p19), and that sweating was evidence of effort during physical activity. Nonetheless, the majority of women in this study did not view sweating as a result of working hard, instead they compared their experience of sweating against their menopausal sweating. Sweating due to the menopause may be concealed through the act of engaging in physical activity which was acknowledged in Jade's stories; nonetheless, it is apparent from a number of the women's recollections that sweating (or their own perception of themselves as sweating excessively) can have a significant impact on women's thoughts, actions, and in some cases ability or willingness to engage in physical activity.

9.3 Fleshy Physicality

When considering what I meant by materiality of the body I considered Huopalainen (2019) definition, who defined materiality as: “by flesh, we refer to the flesh and blood of the breathing body (Gherardi, 2019), the physicality and the matter of the subject, e.g. the softness of the belly, the thick walls of the uterus, the membranes of the placenta, blood, hormones, leakages, etc.”. Katila (2019) wrote ‘materiality enables us to make connections through time and space and it helps us remember’ (p334).

9.3.1 Wobbly Bellies

Pitts-Taylor (2016); Thorpe *et al.* (2020) research on feminist materialist perspectives has enabled me to identify and be reflexive in the entangled complexities of human and nonhuman bodies; this approach enabled me to acknowledge new questions and curiosities in relation to moving bodies and their entanglements with clothing, technologies, objects, human and nonhuman bodies and environments.

My analysis showed how this played out in the context of menopause by highlighting the potential that non-human materiality holds when attempting to expand understandings around embodied experiences for menopausal women engaging in physical activity as their fleshy bodies change, through considering the agency and influence of matter. Turning to feminist views that women’s lived experiences are

“beyond the confines of fleshy restrictions” (Shildrick, 2015) has led to key findings in this chapter including women’s stories surrounding the entangled complexity between their bodies, clothing and equipment when they are physically active.

Physical appearance is an important aspect of embodiment (Calasanti and Slevin, 2001) and women are expected to engage in routines such as beauty work, hair dying, dieting, exercise, make-up, and non-surgical and surgical procedures to maintain youthful body ideals (Furman, 1997; Clarke and Korotchenko, 2012). Women strive to continue to meet these beauty ideals of a slim and attractive body because this has been a dominant master narrative than women should look a certain way (i.e., thin and attractive), but declining oestrogen levels causes an increase in abdominal fat reserves (Lizcano, 2014). Weight gain through menopause can change the way in which women feel and move in their bodies and how they connect with non-human and human materialities. My analysis showed changes in skin texture and the position of women’s bodies in clothes can draw their awareness to fleshy changes whether their bodies feel softer, stretchy, bulging or toned. I asked Stacey during a walking interview strolling around a local park “has your body felt different when you have been physically active since the menopause?”, to which she replied:

“I’m a bit puffier, my body and tummy is softer... the weight is harder to come off, so it’s taking an awfully long time to cut weight... I think that’s probably something to do with menopause.”

Stacey went on to comment:

“When I gain weight, I gain it in my stomach. It's not chubby but I carry my weight, like Buddha does, right there on my stomach. So it impacts my centre of gravity and my levers and how I position myself in certain lifts when powerlifting.”

Stacey shared her awareness of how changes in her stomach considerably influence on the position she has to be able to maintain during powerlifting (which alters her centre of gravity), affecting her performance when she competes. For many of the women, including Stacey, weight gain was experienced by women as “belly fat”. Fleshy changes causing adaptations to how individuals physically and socially move have been observed in Rana (2022) study, although this particular population was young women entering menstruation. Rana acknowledged that physical changes come with social expectations and these women stated, “it felt “normal” and “natural” to stop moving the way that I had as a child” (p291). Stacey has expressed that fleshy changes to her stomach influenced how she moved which led to her consciously moving differently causing herself to position herself differently when powerlifting. By considering Somers (1994) framework, It is evident that master narratives dictate ideals of beauty and femininity, influence women's bodily practices and self-perceptions. Stacey’s adaptation in powerlifting illustrates how changes in

her body alter her engagement with non-human materialities (environment, weights) due to her centre of gravity changing.

In Stacey's story she viewed weight as a separate entity; by expressing the conscious action to "cut weight" in order to remove the additional weight she has gained and weight being "on my stomach" through menopause rather than the weight being an extension of herself, i.e. rather than viewing her weight gain as embodied. Referring to work by Crossley (2006) on reflexive embodiment and considering Merleau-Ponty (1962) argument that our being is embodied, and in and through embodiment individuals are intertwined with the world, such that there is no separable 'subject' and 'object', Stacey highlighted that she is her body (being) but sometimes she perceived her body as an object (weight gain) that she possesses (having) rather than a complete being.

Physical activity was a practice through which menopausal women reported feeling increasingly aware of the material changes to their body, including its fleshy physicality. In particular, Victoria explained how, like Stacey, fleshy changes such as weight gain impacted her embodied sensations of running:

"It was hard to even want to have the time to think about putting my trainers on. I think, certainly weight gain and physical changes. I felt a bit too heavy running... certainly the weight gain was an issue that I could feel I was

heavier when I was running... I was certainly feeling heavier and feeling I was carrying a lot more around the middle... It also made me not want to put on a swimsuit as there was a lot of bulk around my middle I'd never had before."

Both Stacey and Victoria experienced their bodies in two ways, firstly through the materiality of fleshy physicality and how this impacted how they moved in their preferred sports, and secondly through gym clothing or swimwear providing a reminder of any haunting body dissatisfaction, demonstrating and exemplifying how "objects become sticky, or saturated with effect, as sites of personal and social tension" (Ahmed, 2008, p. 11). The sensation of wearing a swimsuit which is fitted and sculpted around Victoria's body would bring attention to how her body shape, texture and tone have altered, hence her stating she had been discouraged from engaging in swimming due to having to wear a swimsuit. This sense of "thinness" and skin that should be "toned" is a public narrative intertwined with societal expectations of women's bodies which influences both Stacey and Victoria's self-image and physical capabilities. These embodied practices are shaped by broader cultural narratives on femininity and ageing. This reinforced that some women's experiences of their bodies are complex, and an ever-shifting experience which shapes and is shaped through social norms and relationships such as these feminine ideals (El Refaie, 2014).

Victoria shared her story surrounding how she felt when she was exercising:

"But even when I was running, I could feel like the middle section was moving and I was louder on my feet. Whereas before, there wasn't anything there to move. That was a bit of a bit of a negative. My tummy is no longer firm or flat, it feels as though it wobbles. So I mean, I've always worn Lycra bottoms anyway. So it wasn't like I started wearing them because I was going through the menopause when I went out running, but I think it's just having my confidence knocked a little bit from feeling as though if I was out running, you know, people would watch me run and think look at the size of her. I know I'm not massive. But I had that in my mind, because I was bigger than I used to be."

Victoria's response to her changing body mirrors Ellingson (2017) in that not only do our bodies change, but as do our responses to these changes. Victoria's experience of being heavier is enmeshed with sensorial aspects of corporeality as she felt the way she moved was different, and she touched and drew attention to her stomach whilst speaking about her bodily changes during the interview.

Public narratives regarding running being for slender, fit, athletic bodies have been produced through media representations of athletic runners with smaller physiques. These have fed into Victoria's ontological narrative, whereby she felt like she shouldn't be wearing Lycra when running as it emphasised the curves of her body. The materiality of the Lycra has thus made Victoria aware of her changing body, in terms of her feeling conscious of her increased size or through her body wobbling

more than it used to, as opposed to her body being firm or flat. This unwanted excessive movement made her feel that tighter fitting clothing could attract unwanted attention, as she felt her body was bigger than it used to be. In research by Gimlin (2007) a participant also took proactive strategies to continue to exercise, noting: “I have to wear two sports bras in order to avoid being the target of unwanted attention, but also to avoid the embodied discomfort, the ‘dys-appearance’ of my breasted body” (p23). Although this is based upon breasts, this also applied to Victoria’s descriptions of feeling that whilst the Lycra provided support and comfort, it also illuminated curves and bodily figures.

These findings are supported by Gailey and Harjunen (2019) work on the position of the fat (female) body in the field of exercise. Gailey and Harjunen (2019) write fatness is stigmatising for women and has been surrounded by negative evaluations, social affirmations and commentary, especially in situations where women are exercising as they are the focus of attention. Gailey and Harjunen (2019) further concluded that society has a narrowly defined idea of an acceptable body size which enforces this idea that there is only one type of body which should be seen to exercise and the fat body is not this; the fat body is observed as inactive, unfit, and ill. There are significant social and psychological barriers which might link this type of experience with body shaming, embarrassment, and feelings of vulnerability, and these may lead to fear of or avoidance of exercise in public. For many women in this study this additional weight gain, felt primarily around the stomach area, was dreaded due to how this was associated with fatness and the fat stigma in physical activity contexts. Even if women might not have objectively been considered “fat”,

they felt “fat” in contrast to how they used to look and feel within their bodies, and as observed in the women's reflections, the way women perceive the size of their body has had an impact on how and if they engage in physical activity.

As well as through excessive movement of flesh, changes in size have also made women feel differently in their menopausal bodies. I asked Nichola (52, menopausal 3 years) “could you explain how your body feels when exercising since menopause in more detail please?” and she responded:

“I have fat on my tummy which I never had before. In addition, my hips are definitely wider. This makes my clothes fit where they used to feel looser around the waist and bottom. My clothes, especially my exercise shorts and running tights, feel a lot tighter.”

Nichola followed on to say:

“I think my body shape has changed due to menopause. So that feels different. But in my exercise clothes, it feels different. I can feel uncomfortable during exercise, and it makes my body shape feel different which makes me feel different in the clothes when I'm doing a workout. So I feel like I've slowed down. I felt at times that I was heavier, I felt heavier. It's mainly about the

speed that it's had an effect I just feel heavier, some things feel like they are a lot more of an effort. I have put on some weight with menopause but I'm not overweight. But where the weight now sits is different. So it's very much around the middle, and around the hips. Yeah my body shape has changed but definitely sort of that middle portion of my body is wider. It is more the way the weight is distributed makes me feel heavier, that it's made my body shape feel different. So then I feel a little bit different about it in the clothes and things, like when I'm doing a workout.”

Caroline stated the fit of the clothing is different due to the menopause changing the shape of her body. She followed on to say:

“Menopause changes the shape of your body. So the things that I felt comfortable in before I don't feel comfortable in now... I feel big and heavy.”

This section of this thesis extends work by Williams (2018) who researched the embodied sensations of weight gain and acknowledged that weight gain and obesity stigma make people feel heavier as “an embodiment of moral individualism provokes a sensation we have conceptualised as the ‘*weight of expectation*’” (p22). The ‘weight of expectation’ is a misperception of weight as a feeling that has been shared by Nichola and Caroline; although they have put weight on through menopause, the *feeling* of being fat and/or heavy has impacted how their bodies felt during physical

activity making them feel larger than what they actually are (feeling heavier and slower). Not only do these women feel bigger, they feel like their bodies are wider.

Nichola's response aligned with a large portion of the women in this study who acknowledged that they have come to know their bodies are changing/ have changed through interplay with clothing, especially when considering sports-type clothing is usually made up of spandex and tight-fitting styles. Nichola, along with the majority of the participants in this study, felt the tightness of sports clothing caused discomfort and created a sense of feeling suffocated. Clothing and objects can feel in unison with the body, but individuals can become aware of changes in their body shape through an alteration in this unison, such as something not fitting as well or feeling different on aspects of the flesh. This can cause a feeling of alienation due to changes to how their body felt previously in connection to certain clothes such as sports bras and sporting clothing.

It is important to note that the way clothing "fits" can be experienced differently, as for some women the tightness of clothes can feel supportive and can stop the wobbly bits, rather than feeling suffocating such as in running shorts and leggings for Nichola. Following on from this, Victoria stated her preferred type of exercise is running but she shared how she considered other forms of physical activity due to changes in her body:

“I think that's another reason why the swimming has been good and I am enjoying swimming, I think because I know I am exercising, but I don't feel so heavy. Plus those Lycra swimsuits that hold everything in have felt good.”

Research has acknowledged that wearing a swimsuit can bring a greater sense of self-objectification as women may have a greater concern with their physical appearance, and can cause women to feel shame about their bodies (Fredrickson and Roberts, 1997). Moreover, other research has stated that menopausal women seek to avoid tight clothing as this makes them feel “frumpy” (Reynolds, 1999) or tight clothing can cause exacerbations of genitourinary syndrome symptoms (Shifren, 2019). Yet Victoria found comfort in the fact that she felt her body was more supported through the tight elasticated fabrics; although tight clothing did show her additional weight gain around her middle, she felt her swimsuit supported the additional weight gain as it “holds everything in”. The contrast between Victoria's comments and those of other women in this study in relation to tighter clothing highlights how complex and individualised women's experiences of engaging in physical activity during menopause can be.

9.3.2 Bigger Breasts

In addition to abdominal weight gain, a number of women in this study explained that they felt a change in the composition of their breasts. Specifically, breasts were found to feel fuller in response to changing hormone levels, which caused their

breasts to bounce, feel heavier, change shape and move differently. This was found to potentially cause some pain due to the movement of heavier and fuller breasts, and disrupted the boundary between sports clothing being functional as well as comfortable and altered how clothes felt on women's "new-found bodies". Sharon spoke about the impact taking HRT had on her body, by enlarging her breasts which felt different and produced new sensations as she ran:

"After starting the new HRT, my boobs have got a lot bigger, which means when I'm running, I've had to take into account different types of things, it's just another challenge to overcome. It's doable. But it's just something that has also been mentioned by a couple of other people that I've talked to, once I started the HRT, I have got fuller breasts. That's just another little challenge for ladies whilst doing physical activity, so things might fit them differently, so there may be finances involved in getting new equipment and new bras to make sure that you are comfortable."

Some runners have expressed the movement of running caused excruciating pain for women with larger breasts (Rana, 2022), and Allen-Collinson and Hockey (2011) acknowledged runners put strategies in place such as wearing multiple sports bras to control the up and down motions of running. It should be noted that in the latter study, the reasoning behind these strategies was women strived for a 'sleeker' running form, rather than reducing the movement due to discomfort. Sharon in particular had previously experienced running as enjoyable without any awareness

to how her breasts felt until she started taking medication for menopause which then had a physical change on her body, with her breasts becoming larger. This has led to implications on how she feels when exercising such as being uncomfortable and in pain due to the fit of different sports bras and heavier breasts. This finding is significant as these sensations are not familiar to these women; Sharon in particular had not been accustomed to experiencing the uncomfortable upward and downward motions of her enlarged breasts while running prior to menopause, whereas in Rana and Allen-Collinson's research above women had not experienced their breasts any differently as this is all they had known. This is another consideration women may face conflict with when striving to continue to engage in forms of physical activity whilst entering menopause, as they are experiencing changes in their bodies which can affect the pleasures and sensations of engaging in physical activity.

This compliments the work of many feminist scholars such as Brice, Clark and Thorpe (2021) who have explored the entangled process of knowing through fitness objects, and specifically the sports bra; their research focused on the sports bra as an important socio-material phenomenon which showed the entangled relationships that unfold between women's moving bodies and a sports bra, and attempted to discover the 'fine details' of women's everyday moving bodies. As Brice et al considered there are many aspects of the complex relationship between moving bodies and clothing that should be considered, such as the type of physical activity, shape, weight, space, climate and environment women move through and interactions with fabrics. As Brice has stated. "women's moving bodies have implications not only for what bodies can do, how and where they can move, but also

for how women feel in their bodies, for how women's bodies are read differently within and across time and space" (p 774). Sharon's example extends research to consider not only the materials women's bodies come into contact with (i.e. a sports bra, clothing etc.), but also how the fleshy adaptations can influence and affect how women's bodies feel and move in physical activity and non-physical activity contexts, which are where this study illustrates originality.

Additionally, Allen-Collinson (2015) argued that the reason a run may feel comfortable or not is influenced by whether the individual is aware of their own position and whether they feel comfortable in certain environments. In the scenario of Sharon, although she may feel comfortable in the environments she runs in, she may not have felt comfortable in her own position due to changes in how her body looks, acts and feels since going through menopause, which may have influenced her experience of running.

Some women (particularly those who engage in lower-impact activities) had different experiences of fuller breasts during physical activity. Daisy and Iris reflected on how their breasts felt when moving:

"I've had really sore boobs. It's been really noticeable. I would say nearly every day this month is really really sore but because I haven't got the biggest chest in the world I think it's more noticeable when I've been taking off my

sports bra or my bra, but if I was a runner or something then I would expect it would be painful when running, but I just do weights and swim so I don't move that much." Daisy

Iris reported how the changes in her breasts had implications every day, not just during physical activity.

"I think it's [menopause] made my boobs go saggy like they are down here, I take my bra off and they just fall down like spaniels' ears, hence having to wear an extra supportive sports bra to keep them up. I just want to put my tits back where they used to be. You know, just put them back up there instead of down there."

Pullen (2018) has described body flesh to be sexualised and perceived as sinful, fat, unpleasant, vulnerable, shock-ridden, and horrible. Flesh stretches, shifts, bounces, jiggles and it becomes. This view consumes our thinking towards our bodies if they do not feel taut or toned, with the objective being flesh that remains still when we move and anything other than this being seen as undesirable. As with flesh, objects can become entangled in people's lives and can construct individual narratives (Hoskins, 2006; Allen-Collinson and Hockey, 2009). Women's sense of self and worth has been inevitably related to their physical presentation, which has been observed in Daisy and Iris's experiences. Daisy stated that she does not experience

as much change in her bodily movements as she admits she “doesn’t move that much” but considered how other women who engage in more energetic forms of physical activity may find difficulties with changes in their breasts.

Everyone lives their own complicated relationship with their bodies past, present and future, which shapes our experiences (Brice, Clark and Thorpe, 2021). Daisy expressed how she did not have the largest breasts and is usually comfortable without a bra, but through menopause removing the support from her bra brings awareness to the soreness in her breasts. Iris reflected that her breasts have fallen down and are no longer how they used to be. Both these women’s experiences of how their breasts feel before and during menopause are very different, and therefore their experience when engaging in physical activity will too be diverse. These women have still continued to engage in physical activity, whereas Jess reported feeling there are days when she is unable to run due to the pain she experiences:

“I’ll get an outbreak of spots or tender breasts, I’m guessing that’s because of the hormones... if I’m feeling rubbish, I just won’t go for a run, because my breasts would be sore and I would feel rubbish and the best thing may just be to rest instead of trying to do anything, because it would make me feel worse.”

Many women in this study acknowledged bodily changes from menopause, but also alluded to the entangled relations that unfold between women’s moving bodies and

abdominal weight gain and enlarged breasts. Research by Young (1992) has showcased how a woman's breasts can form the centre of her being-in-the-world, with movement being liable to cause breasts to sway, jiggle, bounce, and ripple, even when the movement is small. For many women exercisers and, more specifically, runners or those who engage in high-impact sports, even those who are not particularly full-breasted, such swaying and bouncing can be intensely uncomfortable, even painful when exacerbated by the action of movement (Young, 1992). These physical changes have significantly affected how some of these women move, especially those who are not accustomed to having "wobbly bits" whilst at the same time feeling heavier and cumbersome. As Jess stated, bodies can feel different, making movement harder and forcing women to negotiate these changes as they move, and on certain days these bodily changes can have a significant impact on whether they can or cannot participate in activities due to pain.

9.4 Beyond the Body

In this section I think "beyond the body", drawing on embodiment in relation to wider material and social contexts (Violi, 2008). I consider perspectives that extend the traditional understanding that the body is bounded and explore the interconnectedness and entanglements of women's lived experiences, sporting equipment and the complexities of how these experiences have been shaped by and how they have shaped the world around them.

9.4.1 Technical Equipment:

Alongside sports clothing and fleshy bodily changes, several women's stories have included the relationship with exercise equipment and the entangled complexity with the surrounding world. Sporting equipment such as sports watches, weightlifting belts, bike seats etc. can alter women's experiences when exercising (Brice, Clark and Thorpe, 2021). Sally expressed the changes with menopause and how these changes have interacted with equipment during physical activity:

“Another friend was telling me about vaginal dryness. I hadn't experienced that until the last couple of years. When I'm on my cycle ride, that makes things very uncomfortable [with the saddle]. So I'm having to use a specific medication, and you just buy it over the counter to just give a bit of moisture to that area before I set off on the bike. So that helps.”

Similarly, Caitlin shared her concerns regarding feeling uncomfortable cycling whilst menopausal due to also experiencing vaginal dryness:

“I suffer from kind of pelvic floor issues and dryness in intimate areas, and there is probably some weakness there... Often women of my age, when cycling, are not comfortable in the saddle anymore. I think that's menopaus-

related as well, and putting pressure on intimate areas, which is a pity, but I am just kind of wanting to avoid anything which exacerbates that.”

Vaginal dryness is identified as one of the menopausal symptoms which is subject to the greatest discretion and secrecy (Haggan, 2019), which amplifies the stigma of this particular symptom. Previous research on pelvic floor dysfunction rather than the menopause has concluded that women employ a large range of coping strategies to minimise symptom provocation, in order to allow ongoing participation in physical activity (Dakic, 2023). Women in Dakic (2023) study described the frustration that exercise became less enjoyable because they felt they had to follow particular rules in order to avoid provoking symptoms, and because of the level of planning, problem-solving and attention which was required to be able to continue to enjoy exercise. These observations are echoed in Sally and Caitlin’s experiences when it comes to their vaginal dryness.

My analysis showed that changes in bodily sensations and the interaction with clothing and equipment can create tensions for women. This builds upon research from Thorpe (2020), who specified that mere matter is able to actively shape women’s meaning and experiences of their moving body. As presented in this research, interaction with “mere matter” (Coole and Frost, 2010) has brought an awareness to women’s consciousness on how their bodies have changed, be it through how they feel in clothes or in and on forms of sporting equipment, and how their body then feels when engaging in physical activity which then changes their

experience of physical activity. For Sally in particular, it was the irritation in her pelvic girdle region when cycling which has made her realise her menopausal symptoms may be affecting her experience of cycling. For both of these women there is a relationship of frustration between themselves and their sporting equipment (their bicycles); both women want to be able to engage in cycling, but participating in their preferred activity made them both feel more aware of their menopausal bodies and the changes they are going through due to increased levels of discomfort.

Through exploring experiences of the material body, I recognised the significance of focussing on the details of women's everyday movement experiences. Sally reported since going through menopause the positioning of her lifting belt feels different:

"I wear a lifting belt to squat, and I know that I've had to reposition my belt because my tummy is just different, so the belt almost feels alien to me now, it just sits weirdly. Even when I was a lot bigger, I was in a shape, I wasn't just (this is going to sound weird), I wasn't just round."

The positioning of Sally's weightlifting belt has brought attention to her bodily changes, altering the way she moved and felt in her body with the weight belt being positioned differently; Sally's equipment has brought consciousness to her fleshy body through the weightlifting belt feeling out of place and *"alien"* to her. Additionally, public narratives of what it means to be a powerlifter typically include women and

men who are strong, disciplined, and fit. This contrasts with Sally's new bodily experiences post-menopause. These societal stories impact how she perceives her body and her identity as a powerlifter.

Baxter (2020) work unravels the distinctions of subject-object-body to inquire into the materiality of boxing gloves. Baxter's research untangles the notion that subjects (women's bodies) and objects (boxing gloves) are separate, and considers the way that women's bodies work in and through objects in order to build embodied relationships. Instead of acknowledging them as separate aspects, Baxter considers how women's bodies and gloves exist in an entangled relationship with one another. This concept has been observed in Sally's experience; she previously perceived the weightlifting belt and her tummy to be entangled and in unison, now this relationship has been distorted and is no longer entangled, with the belt now feeling separate to her body through altered sensations in how her fleshy tummy felt when she wore her weightlifting belt. This highlights the distinct interconnectedness of objects and humans, but also how an alteration in this connection can change an individual's perception of themselves.

Considering the materiality of objects has provided a space to consider aspects of women's moving bodies which have received little investigation, through identifying sweat, blood, emotions, and objects (Thorpe, 2020). This research highlights a significant issue surrounding the considerations women may need to make when

engaging in different forms of physical activity and the influence different clothing and equipment can have in associating with their changing bodies.

9.4.2 Interactions with the Elements

For the purpose of this section, I consider the elements of nature which are water, air, heat and earth, and how these different elements influenced women's experiences of their moving bodies during menopause in their chosen forms of physical activity.

It is relevant to consider the work of Bell *et al.* (2018); Foley *et al.* (2019); Bell, Hickman and Houghton (2023) on the term "sensescapes", which makes up a set of experiences including "visual (aesthetic and representational), haptic (touch, immersion, flow), sonic (trickle to roar, attention-restoration), gustatory (fresh/healthy to musty/contaminated) and olfactory (healthy and unhealthy smells)" (Foley *et al.*, 2019, p. 5). These senses extend from the individual to the environment, enabling women to unfold and connect in different ways (Pink, 2011). The vast majority of women in this study acknowledged how their bodies felt in different environments and also how menopause changed how they felt in different elements.

9.4.2i Water

April 2021. Reflection: As I glide through the water when I am swimming, hearing nothing but bubbles surrounding me, my attention is brought to the heaviness of my arm as it lifts out of the water and reaches forward as it splashes down, but then turns light, smooth and silk-like now it's immersed. This is how women must feel in yoga when they are in silence, listening to the soft voice of the yoga teacher and focusing on each breath, their attention is brought inwards focusing on how each aspect of their body is feeling in that present time.

Figure 17: Reflection

Throsby (2013) research has observed that “the swimming body feels differently”, enabling individuals to enjoy the pleasures of swimming such as peace and a haven for calmness and quietness. This notion was reflected by a number of women in this study, including Margaret:

“So the menopause really affected me. I just feel a bit tight, everywhere. Like everything just seems to have tightened up and injuries that I would have shrugged off when I was younger seem to hang around, and I do feel totally drained. But with swimming I just like the weightlessness of it. Like how I glide through the water. Like feeling fast when going through the water.”

Margaret explained how being light is associated with moving freely and at speed as opposed to the generalised view of the menopausal body as frumpy, cumbersome and heavy. In this context, I consider that Margaret is drawn to water as it is an

opportunity for her to feel free within herself and her body away from menopausal symptoms. Margaret came to understand her embodied knowledge of her body through being in the world; being in the water enabled her to make sense of her body-self but also enabled the production of knowledge through the senses and sensations she feels when gliding in the water (Ellingson, 2017).

Work by Pink (2011) expands upon Howes (2005) in reflecting the notion of embodiment to consider the interrelationship of body-mind-environment. In Margaret's accounts above, I consider her body as part of the environment (i.e. the sea) and recognise that the body provides embodied knowing and skills that act on and in that particular environment. When on dry land she feels tight whereas in the water she floats, feeling light. This is demonstrated in Margaret's comment on how she glides in the water, she is connected to the sensory pleasures of feeling the "flow" (Wright and Dewar, 1997). Margaret experiences a sense of flow and movement, compared to the sense of feeling stuck. As referred to earlier in this thesis in Chapter 7 – The Ageing Body, women have repeatedly mentioned feeling stuck in their bodies and their identities have been intertwined as someone who is "menopausal" as opposed to that person being who they are and who they want to be; water is an environment which has offered freedom in all senses of the word, where women can move in the ways they want and feel like they can move away from judgement and physical restrictions.

Earlier in the chapter Victoria's stories included how her body felt in different clothing, whereas now she recalled how her fleshy body feels different in the water:

“My body definitely feels much more athletic, stronger, and toned in water.

When running, I'm aware of the bits that now move more when I run such as my stomach and rear due to the impact of running. This doesn't happen in the water. I just feel very together and coordinated.”

The experience of Victoria's body being enclosed by the water in the swimming pool offered an impression of coordination of her body. Work by Frank (1995) on the disciplined body is based upon the body being fine-tuned and productive on disciplined ritualism; here in the water Victoria felt her body as a disciplined body being fine-tuned when moving through the water. Victoria stated how powerful her body felt in different environments and how she felt within herself. In the swimming pool, Victoria imagined herself in the body of someone who is athletic and strong, providing a sense of re-enactment of her movement within the specific context of what she imagines a “swimmer” to look and act like (Pink, 2011). Additionally, public narratives of what it means to be a “swimmer” – athletic, coordinated, and strong – shaped how Victoria experienced her body in the water. These societal stories impact her self-perception of her body (Somers, 1992).

Victoria's body is the same body when she is running and swimming, yet Victoria described and experienced her body in different ways dependent upon the environment that she is in. For Victoria the water itself provided support as the parts of her body (stomach and rear) which now unexpectedly move during running remain stable in the water. This highlighted how the environment that menopausal women move within may impact how their bodies feel and how they perceive their bodies to move.

9.4.2ii Heat

Some of the women above expressed the satisfaction of being in water due to their bodies feeling unrestricted, whereas other women reported finding satisfaction in being in water due to the contrast in temperatures. Throughout the interviews and creative mapping, women in this research reported the embodied sensations that menopause can bring, and one of the main aspects is changes in bodily temperatures through hot flushes, night sweats, and when engaging in different forms of movement. Alice in particular stated:

“It feels amazing to be in the cool water, feel the cool water on your face as it's the total opposite to being hot, it feels refreshing and as you glide through the sea you feel the goosebumps on your skin and the soothing sensations of the water.”

Alice expressed that the embodied coolness in the water was sought to counter the sensations of hot flushes. When hearing these comments concerning the contrasting temperatures that women experienced, this draws upon the stand of sensorium by Ellingson (2017). Ellingson states that the somatic sense highlights that sensations felt outside and inside the body cannot be separated and that bodies are entangled in surrounding temperatures, environments, and other bodies. Therefore, although these women felt the coldness on their skin which produces goosebumps and cause the hairs on their limbs to become erect, these sensations are also felt deep within the body creating a sense of satisfaction, comfort, and relief (in the case of Alice).

Additionally, Patricia shared her stories regarding embodied sensations of exercising and her menopausal symptoms:

"I didn't have a hot flush when I was exercising. The water kept me lovely and cool, so I didn't have any hot flushes but then I got a hot flush immediately when I got out of the pool and got changed. I would then be sweating. For two hours in the water, I felt fine. Similarly on the bike, when I am cycling, and I am working hard; you're hot, you're sweating, but because you're exercising there was a nice cool breeze on your face, it's not hot flushing just sweating through exercise and the same running. I'm always bright purple and very sweaty. But again, it was just a completely different sensation from having a hot flush. When you exercise and you're working hard, you are hot and you sweat to cool yourself down, whereas the hot flushes come from almost in

your core, and it was suddenly built up and it comes up your neck and you just get really hot.”

Patricia shared a comparison of how her body felt when she was exercising and when she experienced a hot flush; although she stated that they both made her feel red and sweaty, she explained the different sensations with the heat of exercise compared to the heat of a hot flush. Patricia expressed that heat and sweatiness was a positive reaction as this meant she was working hard when exercising but considered the same outcomes as unwanted when associated with a hot flush. It is again interesting to note Patricia's comments regarding the coolness of being in water; although not identical to Sally below (who had a cold body but hot head), for Patricia immersion in water allowed her to escape her menopausal symptoms, but these appeared to then be exacerbated when she left the water. This is further evidence of the different responses and reactions women may have in different environments and again reflects the need to acknowledge that a "one size fits all" approach is not appropriate in this context.

In describing her time in the water, Sally stated:

“Whilst the water kept my body cool, I had this very hot head above the water and didn't enjoy the sensation of it as that is what happens when a hot flush

occurs, my cheeks sting with the ferocity of it and it takes a long time to subside”.

Whilst Sally enjoyed the cooling effect of the water on her body, this contrasted with the feeling of heat in her head above the water, which mimics how she felt when she had a hot flush. For Sally, therefore, being in the water presented a reminder of her menopausal symptoms and acted as the opposite of an escape, in direct contrast with many of the other women. This is an example of menopausal women's embodied experiences varying from each person; whilst all of the women in this study have a shared understanding, their embodied experiences may differ.

Merleau-Ponty (1962) has defined intersubjectivity as “each body/subject participating with other body/subjects, comingling and interpenetrating each other. Bodies bring other bodies into being without losing their own specificity” (p.69). Therefore to understand others' experiences we have to take our imagination beyond our own experiences (Ellingson, 2017). Sally stated that the environment (such as weather, temperature or the coolness of the water) could have negated these symptoms.

Samantha recognised the impact of differences in the temperature of the water on her swimming ability and how this has had an effect on how her body felt:

“If it's hot water, it just zaps your energy. Whereas if it's a cold pool, you don't feel this way. That sounds really bizarre. But if it's a hot pool, you're very sluggish going through the water. It seems as though it just wears you down, but in cold water you can swim a lot longer because you're a lot more comfortable. You're not as hot and flustered.”

Women associated different temperatures of water to mean something physical such as warm water being taxing on their bodies (and comparable to a hot flush), whereas cold water is invigorating. Samantha explained how different temperatures changed the speed at which she could move and how the influence of different external environments can have on the way she moves.

For menopausal women water has become a haven away from feeling hot, sweaty and restricted. Water provided a contrast to feeling a wave of burning heat, offering a sense of liberation which the women have welcomed during this time in their life. Whilst a lot of women welcomed the water, for some it reinforced hot flush symptoms. Some women stated how feeling hot made them feel lethargic and unmotivated to continue to engage in physical activity, therefore it is important to be mindful of not only the impact of women's menopausal symptoms on their participation in physical activity but the impact of the environment they exercised in and how this can create the sensations of their symptoms.

9.4.2iii Air

As well as the water being cooling, a few of the women expressed that the sensation of wind had been advantageous to how their bodies felt when engaging in physical activity. As mentioned above regarding bodily secretions, sweating was one of the aspects women drew upon in association with menopause and being physically active. Sally reported:

“It [menopause] made me restart my cycling. The cycling has now taken the forefront and I enjoy that more because I've got that easier access and I'm not in an enclosed space. Even though you are sweating, you're not sure whether it's sweating because of activity or sweating because of a hot flush. But the reason I love cycling is because the breeze just helps you.”

Atkinson (2017)'s work explores awareness and attention to sweat whilst engaging in Ashtanga yoga; she expressed the relief for being in open places where the smell of sweat is able to dissipate into the open air. Sally similarly noted the benefit of open spaces allowing sweat to escape, creating a more pleasurable exercise experience.

Sally further elaborated:

“This is why I like cycling best; the breeze cools the body, and you can’t tell if the sweating is from effort or hot flush – you just forget about it all”.

This thesis showcases contrasting and similar embodied experiences that women experience when engaging in forms of physical activity. Sally experienced the heat on her face when swimming and associated this with the sensation felt when facing a hot flush, whereas with cycling because she was gliding through the cool air and wind the relationship with her warm skin was a more enjoyable and comfortable sensation. Sally endeavoured to experience the sensation of "coolness" in the same manner as Alice and others above, but for Sally this was best achieved whilst cycling rather than swimming.

These feelings, sounds and sensations become integral to movement and our bodies, especially bodily changes which may occur during menopause and the interactions of these sensations. This multisensory experience of the wind keeping the skin cool is what may unconsciously or consciously be pulling women towards activities which negate the experience of their symptoms, such as hot flushes or night sweats, offering them comfort away from any symptoms of menopause whilst still having the opportunity to enjoy engaging in movement.

9.4.2iv Earth

As well as the different weather conditions, several menopausal women who are runners and/or cyclists spoke about the sensations of their moving body as it encountered different surfaces or textures. In previous descriptions, the women emphasised the sequence of running and the impact of weight gain and belly movement (jiggle) and also in more high-impact activities especially at the point of foot planting causing jarring of joints and pain.

This was primarily seen in running, and Natalie (48, 2 years menopausal) reflected on pounding on different textures of surfaces:

“I would say I exercise more off-road because as I said my joints and back are not great. It's better if I run on a softer surface. So last night I was doing 200 metres on the track. Like I wasn't very good but I gave it a go but the terrain definitely makes an impact.”

Women's lived experiences are suggestive of tactility of changes in temperature as their body comes into contact with many elements and environments (Hockey and Allen-Collinson, 2017), such as Victoria's trainers slapping on the hard pavement. Merleau-Ponty (2001) has described the intertwining of mind-body-world, in which running bodies are linked and through the elements they come in contact with, i.e. the surfaces Victoria placed her feet upon when moving. The softness or smoothness of tarmac when running has been acknowledged to make a rhythmical

cadence (Hockey, 2006). Louder footfalls can make women more aware of weight gain, influencing their running experience and drawing attention to changes in auditory feedback. This effect is amplified when combined with the kinaesthetic awareness of body movement.

Patricia reported how she felt running and the impact of the surfaces that she came into contact with:

“I've always ran and I've always absolutely loved running. But as I'm a bit older, and I hit the menopause, and I've had problems with my joints, and I would say the running probably takes a bigger toll on the health of my joints. I am carrying a lot more weight so when I do any of these activities like running I can feel I'm heavier and the impact this will be having. Running in particular is a lot harder being heavier”

Bodily jolting is more prevalent on rugged terrain which can interrupt and reset bodily rhythms, which can include continuous looping of negative thoughts (such as their bodies feeling heavier with the awareness from their bodies wobbling and jiggling more as they move) (Throsby, 2013; Brown, 2017). This has been identified in Natalie's stories on the perceived expectation that running on hard surfaces can cause jarring of joints as she ran, causing deterioration.

Research has acknowledged therapeutic touch can include the interaction and the sensations of sand, grass or the difference in texture of leaves (Bell *et al.*, 2015; Windhorst and Williams, 2015; Doughty, Hu and Smit, 2023). Patricia alluded to the fact this is worsened through being heavier due to weight gain. Similar feelings of bodily awareness against harsh environments were apparent in Wu (2021). Wu (2021) research focused specifically on skiers and how skiers gained self-consciousness through the interaction with surrounding environments such as being tentative on ice and how they handled the association between body and place, and how this brought self-awareness. The women of this study also find a similar self-consciousness but through the impact of the surface (hard ground) when running. This has drawn attention to bodily changes and this awareness of how their body (joints, muscles, bones) feels when experiencing impact with different surfaces, and how this has affected their participation in certain activities.

Additionally, interaction with a surface felt quite different altogether for women who swam, as Victoria explained being in water:

“Moving through the water I definitely feel more streamlined than I do when standing upright on dry land.”

Water washes over these women, around them, buoys them, weighs them down, and produces the resistance that moves with and against these women (Olive, 2022). Victoria reflected on how her body felt against different surfaces. Water enabled women to feel at peace as water created a calming experience when they glided through the water. Britton and Foley (2021) acknowledged that the sea can provide a space for allowing the self to be captured by the water, which has been observed in these women when they are immersed in water, feeling alive and letting go. Victoria recalled her experiences running above but, in this quote, she provided a comparison for how her flesh felt against different surfaces; again water made her feel streamlined and together as she floated, whereas the impact against harder surfaces when she is on dry land created an opposing experience.

Furthermore, this research draws upon Foley *et al.* (2019) concept of haptics involving touch, immersion and flow; as women touch different surfaces (road, water, soft paths) this changes women's kinaesthetic (sense of movement) and proprioceptive sense, as well as their whole-body tactility (Paterson, 2009). These encounters also bring a consciousness to menopausal women on how their body feels when they came into contact with different surfaces and how the firmness or feeling of this contact makes their flesh move or be experienced differently.

Additionally, work by Straughan (2012) (focused on whole-body touch in scuba diving) concluded the somatic tensions, fluctuating temperatures and pressures, as well as textured environments of the sea, heightened participants' awareness of the body in space. When colliding with hard ground in running women experience their bodies as uncontrollable and moving excessively, whereas touching the surface of

water alters women to feel light, supported, and supple. This section showcases how different surfaces can alter women's experiences of their menopausal bodies.

9.5 Concluding Comments

The women's stories highlight how menopausal symptoms like heavy bleeding and excessive sweating shape their lived experiences of physical activity. The unpredictable and uncontrollable nature of these symptoms significantly impacted how participants engaged in physical activities, prompting them to develop strategies to manage the additional challenges that arose. These adaptations often became integral to their exercise routines, influencing their spontaneity, how they positioned their bodies and their enjoyment of physical activities. Moreover, the constant need to anticipate and manage symptoms sometimes heightened anxiety and self-consciousness.

A further key finding discussed in this chapter was the interaction between physical changes - such as alterations in breast and belly size, texture, and tone - and movement. These changes can cause discomfort and alter women's perception of their bodies in motion. The interaction between flesh and clothing becomes pronounced during menopause, heightening awareness of changing bodies. For instance, sensations of heaviness and increased flesh movement can affect performance and how women's bodies feel in activities like running or powerlifting. Sportswear, whether supportive or constricting, plays a crucial role in either

alleviating or exacerbating these bodily changes, emphasising how material objects actively shape women's bodily experiences.

Additionally, the environment significantly influences how women experience their menopausal bodies. Water, for example, can provide freedom and relief from symptoms, enhancing coordination and reducing restrictions, whereas heat exacerbates fatigue and menopausal symptoms for some women. Coolness and wind have helped mitigate against the sensations of hot flushes and sweats as this provides a contrast for women to experience cooler sensations, highlighting the environmental factors at play. Interactions with surfaces while running or cycling highlight the potential for heightened bodily awareness and discomfort due to joint impact and weight gain and the friction of weight and the ground.

Women's experiences of their menopausal bodies are deeply intertwined with both their physical environment and the material objects they interact with. By examining these dynamics through an embodied lens, this research shows the unique ways in which menopausal symptoms reshape women's engagement with physical activity, offering insights that can inform more tailored support.

10.0 CHAPTER 10- CONCLUSION

This research examined the experiences of menopausal women who engage in physical activity in North East England, United Kingdom. This topic is highly relevant given menopause has recently been identified as a priority in the 2022 UK Women's Health Strategy for England. It is important that research in women's health, and more specifically in menopause, is conducted to highlight women's experiences but also to break down silences and taboos that continue to surround this natural stage of life.

As the topic of this thesis is novel and has been subject to limited academic input, it was important to reflect upon my positionality throughout. First and foremost, my main aspiration for this study was to move beyond focusing solely on biological aspects and symptoms, aiming instead to understand women's subjective experiences of transitioning through menopause. To achieve this, I sought to address two key research questions:

1. How does menopause shape women's embodied experiences of physical activity, and vice versa?
2. What role do women-only recreational sport groups play in shaping women's experiences of menopause?

This research adopted a feminist perspective to give voice to women whose journeys with their changed/changing bodies speak to something specific about living in and through a female body in this cultural moment, or what's been termed the 'menopause moment'. According to Sparkes (1997), bodily changes have implications for how individuals experience their bodies, and these implications are contextually and historically shaped. In this research, recreational sport and physical activity provided the contextual setting for understanding women's body-self relationships whilst undergoing the changes menopause can bring. This study makes an original contribution to existing knowledge of menopause in physical activity contexts by analysing women's embodied experiences; it expands the understanding of how physical activity manages menopausal symptoms, empowers women, helps maintain and/or gain strength during menopause, and serves as a site for forming friendships. The meanings women ascribed to their menopause have been consequential for their emotions, selves and how they move in different spaces and within different forms of physical activity.

10.1 My Contribution to Scholarly Knowledge

This study has illuminated the multifaceted experiences of menopausal women engaging in physical activity in North East England, United Kingdom, within the evolving landscape of women's health priorities as outlined in the 2022 UK Women's Health Strategy for England. By adopting a feminist perspective and focusing on women's subjective experiences, this research addressed questions regarding how menopause shapes women's embodied experiences of physical activity and the role of women-only recreational sport groups in fostering support and community.

At the broadest level, the research demonstrates the significant role physical activity plays in raising awareness among menopausal women about the changes in their bodies. This awareness is intricately linked not only to the activities themselves but also to the interaction with various material objects and environmental factors, which significantly influence how these women navigate their menopausal bodies to stay active. Items such as bike seats, sanitary products, and clothing have a substantial impact on their comfort and ability to participate in physical activities. Additionally, the environment in which physical activity takes place, such as well-ventilated gyms and supportive community spaces, plays a crucial role in encouraging consistent participation.

Theoretical contributions include challenging traditional biomedical narratives by centring women's lived experiences. Women's stories in this research may act as counter-narratives to challenge master narratives around menopause in connection with menopausal women engaging in physical activity. This study has advanced knowledge of how women experience menopause in the context of physical activity by investigating how menopause and ageing intersect with physical activity and challenging dominant biomedical narratives. By sharing alternative stories that emphasise resilience, adaptation, and acceptance, women reveal the tension between societal stereotypes and their lived experiences, showcasing their resilience and diverse responses to menopause. Furthermore, this research demonstrates that many women feel stronger and more empowered through physical activity, rejecting the notion of being victims of ageing. This study ultimately challenges the dominant

narrative that impairment is inevitable with age, showing that women can maintain physical activity and strength despite changes in their abilities.

Methodologically, hearing women's embodied experiences provided rich insights into the nuanced ways menopausal women perceive and interact with their bodies during physical activity, highlighting the importance of context, wider aspects of women's lives, and personal meaning in understanding their experiences. Additionally, the use of island mapping workshops and go-along interviews provided another valuable perspective. These methods enabled women to reflect on their experiences, pause and think, and articulate their experiences in a creative and meaningful way.

The practical implications of this research include educating healthcare providers about the specific challenges women face during menopause and promoting physical activity. It is important that healthcare professionals emphasise the benefits of regular physical activity in managing symptoms and improving overall health. To support menopausal women, sporting organisations should consider implementing frequent toilet stops, ensuring adequate temperature control such as air conditioning, and offering both indoor and outdoor activity options to enhance comfort and participation. Additionally, educating coaches and fitness instructors on adapting exercise programs to meet the specific needs of menopausal women is crucial. This includes modifying intensity levels, incorporating flexibility exercises, and understanding the potential impact of menopausal symptoms on performance.

Sporting organisations can contribute by creating inclusive environments that accommodate menopausal women's needs, enabling comfort and participation through accessible facilities and supportive groups. Women-only spaces, as described in this study, have provided common humanity and promoted open, shame-free conversations about menopause. Many women described feeling secure, trusted, and valued within these groups. These spaces not only create relationships and offer support but also create a sense of normalcy and acceptance, countering societal pressures to conceal menopausal experiences. This recognition enables a shared understanding and validation among participants, affirming that they are not alone in their experiences.

Providers consider actively involving menopausal women in the ergonomic design process. By working closely with this group, designers can gain valuable insights into the specific challenges and needs that menopausal women face. This collaborative approach would not only lead to the creation of more inclusive and comfortable sports equipment and environments but also enhance the overall participation and well-being of menopausal women in sports and physical activities. Providing alternative bike seats designed to alleviate discomfort from vaginal dryness and ensuring that gym equipment is ergonomically designed to accommodate the needs of menopausal women can make physical activities like cycling and gym workouts more accessible and comfortable. Furthermore, incorporating awareness campaigns to highlight the benefits of physical activity during menopause can encourage more women to stay active.

By implementing these recommendations, healthcare professionals, sporting organisations, and further research can play essential roles in supporting menopausal women in physical activity. Ultimately, enhancing support and understanding can empower menopausal women to lead active, healthy lives.

10.2 Cross Cutting Themes

Throughout the three findings chapters, this research highlights women's embodied experiences, whilst acknowledging the social pressure on women to stay silent about the potentially debilitating symptoms associated with these experiences. It was apparent that there was a spectrum of experiences, but there was nonetheless a distinct overlapping of narratives throughout, such as the narrative of struggle and decline as well as the narrative of transformation and empowerment. Throughout these chapters, it was clear that women's views of their menopausal body were infused with historical and cultural views of what a "menopausal woman" is, which has shaped their preconceptions of what menopause should feel and look like. In several cases this preconception or expectation did not align with how women perceived themselves to be or feel during their own menopause.

The way bodies feel, including changes in weight, temperature, fleshiness, tone or sagginess, stickiness, or dryness, have all influenced how women feel in themselves as individuals. These changes have created a separation from what they have known their bodies to be previously, but also in how their body feels and moves when entering physical activity contexts. All of these changes have brought a striking

awareness to the fact women are changing/changed, and the role of physical activity itself may change, whether as an objectionable marker of change, struggle, and decline, or as a means of fostering new opportunities, belonging to different groups and spaces or having the realisation for self-care and compassion.

Throughout all of the findings, the notion of control was an entangled thought; the vast majority of women felt alone during this period leading to confusion regarding what was happening to them and whether these sudden changes were meant to be experienced. Ageing and menopause symptoms were experienced simultaneously and, in my opinion, cannot be separated, which resulted in several women feeling as though the changes they experienced also impacted their ability to control how their bodies were acting, feeling and being.

The unpredictability and visibility of menopausal symptoms is one of the main aspects women brought awareness to. Aligned with Leder (1990) the notion of the dys-appearing body, it has been acknowledged that women negotiate an in/visibility paradox in which they are seen but at the same time not seen (Pilcher and Martin, 2020). For many of these women, a common story arose concerning women striving to hide their bodies when participating in forms of physical activity; some women found water as an opportunity to hide their changed bodies, whereas others altered and made conscious decisions on where they placed their bodies in a gym environment, demonstrating a sense of shame.

10.3 Praxis

A lack of research in this area emphasises the injustice and inequity faced by women, inspiring a deeper connection with feminist principles. It is too early to suggest praxis was central to this research, but the need for theoretical knowledge to produce practical actions that drive change was acknowledged (Rafii, 2022).

Through sharing women's experiences of menopause and physical activity I aim to enhance knowledge that makes a difference in the world, particularly by being aware of women's thoughts and feelings towards their menopausal body and how physical activity can create an awareness around these bodily changes. Praxis was practiced by inviting critical friends and individuals who are menopausal and actively engaged in physical activity in order to provide feedback and ideas throughout the research process. This collaborative approach ensured that the research was grounded in the lived experiences of menopausal women, fostering a community of shared knowledge and mutual support. In my role as a physiotherapist and educator, I am more aware of and make consideration of prioritising empathy and a deeper understanding of menopausal women's physical experiences, taking into account the wider impacts of menopause.

Another act of praxis was included in the creative mapping workshops. These workshops facilitated the integration of theory and practice as well as promoting

critical reflection, empowering participants, promoting transformative potential and fostering community and collaboration. Through this workshop, women were not only able to learn but also apply their knowledge in ways which are meaningful and which could lead to meaningful change.

Influenced by feminist researchers such as Butler and Harding, this research challenged dominant narratives by highlighting the complexity and multi-faceted nature of women's social realities. This study, therefore, not only focused on the voices of women in physical activity contexts during menopause but also sought to expand our understanding of their lived experiences, bringing previously ignored and marginalised aspects to the forefront.

10.4 The "Goodness" of this Research

In conducting this research, I utilised Tracy's (2010) eight criteria for qualitative rigour, as it provided a suitable framework for assessing the 'goodness' of the study (Sparkes and Smith, 2014). This decision was informed by the recognition that a traditional narrative study framework, such as that proposed by Holman Jones (2005), was not entirely appropriate for this research. I argue that Tracy's criteria were particularly suited to my study because they emphasise credibility, resonance, and significant contribution, which align closely with my research objectives and methodology. Unlike the traditional narrative framework, Tracy's approach allowed for a more flexible and comprehensive assessment of qualitative rigour, ensuring

that the study's findings are robust and meaningful. By adhering to these criteria, I argue that the research achieves a higher level of rigour and reliability, ultimately contributing valuable insights to the field.

A narrative stance and embodied perspective were chosen to align with the study's research questions, utilising biographical interviews, go-along interviews and creative methods such as mapping to capture nuanced insights into women's thoughts, feelings, and experiences. These methods allowed for rich, detailed data that provided a comprehensive understanding of the subject.

Sincerity was maintained through self-reflexivity, acknowledging and addressing my own biases and values such as keeping a reflective research diary and having supervision meetings in which main findings and study directions which could influence the research findings were considered and discussed.

To ensure credibility, the research has included thick descriptions and rich, detailed quotes from interviews, supplemented by visual maps that captured women's lived experiences. These elements provided a robust foundation for the study's findings. Resonance was achieved by presenting a variety of women's experiences, enabling readers to connect with and understand the diverse and complex realities of menopause. An example of this is Mary, who shared how she felt absolutely floored, detailing how the heaviness and lack of energy significantly affected her participation in physical activity. In contrast, Daisy described feeling light, weightless, and floating

in the cold sea, a stark difference from how she feels outside the sea when her menopausal symptoms overcome her.

Finally, meaningful coherence was achieved by integrating a broad literature base, spanning sport and exercise sciences, health studies, anthropology, popular culture and disability studies, alongside conceptual thinking regarding embodiment, narrative and feminism to contextualise the study. This approach ensured that the study was comprehensive, coherent, and aligned with the broader context of women's health and menopause.

10.5 Limitations and Future Research

This study has provided valuable and unique insights into the experiences of menopausal women but as with all research, this thesis is not without limitations. In addition, from adopting a feministic lens for this thesis I am aware that the generalisation of experiences is not fully compatible with feminist research due to women's lives and experiences being unique and independent. I viewed each woman's story as authentic and demonstrated this throughout the research by providing as much information as possible about their experiences and highlighting their own words. This approach has certain limitations, however, particularly concerning societal, ethnic, and geographical attitudes that I could not gather within this specific project.

The participants of this study were typically white, middle-class women who live in a reasonably affluent city where access to the internet and health care is easy and affordable. Women from diverse racial, socio-economic, regional, and cultural backgrounds face disparities in access and privilege, leading to varied menopausal experiences. Cultural factors may also influence their willingness to discuss menopause openly. Future research should explore the diverse embodied experiences of women from various cultures, regions, backgrounds, and ethnicities. Additionally, exploring ethnic and racial differences in menopausal embodied experiences and considering the intersection of menopause with other identity aspects, such as socioeconomic status and occupational roles, can provide a more unique understanding. Such comprehensive research will offer a clearer picture of menopausal women's experiences and inform and support active menopausal women.

Additionally, none of the women in this research described themselves in relation to other forms of gender identity. There are very few studies regarding the experience of nonbinary people experiencing midlife hormonal transition and Throsby and Roberts (2024) has highlighted that the dominant historical framing of menopause has excluded trans and gender-diverse people, therefore more research in this area would provide invaluable information on the experiences of these women.

In the process of this research, attention has been brought to the impact of other voices in the development of these stories, including family members. Future research may consider listening to family members' voices and exploring their

experiences of the women in their lives and the role of physical activity in these stories.

Throughout this thesis I have captured women's stories surrounding physical activity, providing a snapshot of their experiences at a particular point in their menopausal journey. These experiences may have evolved over time due to changes in their menopausal symptoms or chosen physical activities. To gain deeper insights, future research should include longitudinal studies with follow-up interviews at different intervals. This approach would help track changes in women's stories and attitudes, especially among those classified as "perimenopausal." Informal conversations and rereading transcripts have already indicated shifts in perspectives, suggesting an abundance of evolving stories as menopause progresses.

Although I do not want to draw excess attention to the implications Covid-19 had on many of us, I should acknowledge that I started this PhD in 2020 in the middle of the global pandemic. This had direct implications on this study, most apparently in the way in which I conducted data collection. I conducted many of my interviews over Zoom or Teams due to women shielding or feeling more comfortable in the safety of their own homes. On reflection I did feel I gained much richer and deeper insights into women's lives during the go-along and creative workshops as the interviews were less formal, which allowed for conversation to flow due to being highly dynamic, fluid and continuous in nature. This gave women more chance to reflect and then relay their experiences, which brings me to consider whether taking a more

participatory approach to face-to-face data collection may have developed different and new findings. Go-along interviews sparked more decisions surrounding physical activity such as women deciding certain routes and spaces, which sparked a memory of a certain experience; I found that women felt more comfortable with this method, rather than being sat on a laptop and talking on Zoom (Thompson and Reynolds, 2019).

Additionally, Covid-19 impacted some of the results due to women mentioning their movement activities had changed or altered in response to the pandemic, which may in turn have changed women's experiences. A few women were conflicted as to whether a lot of their experiences were down to Covid-19 rather than menopause, and I therefore acknowledge that my study may have revealed different analyses if these interviews and research were conducted prior to the pandemic.

10.6 A Personal Reflections on Moving Through Menopause Research

There were many surprises for me in this study. Firstly, I was overwhelmed by the number of women who wanted to tell me their stories and came forward to participate in this study. This reinforced the extent to which women felt isolated, silenced, and often had limited opportunities to share their experiences. Their willingness to discuss their deeply personal experiences of menopause also reflects the explosion in media coverage and cultural awareness in recent years, with more

women feeling comfortable with speaking out about what they may be experiencing and breaking the generational silence which has persisted in this area.

Throughout my research journey, I've been fortunate to have a strong support network comprising my supervisory team, PhD cohort, family, and physiotherapy team. This support system was crucial as I navigated the emotional challenges inherent in this study.

The profound suffering and grief expressed by women regarding their symptoms and the impact on their daily lives caught me unprepared. The emotional weight of this research process presented significant challenges. Engaging deeply with participants' stories was often therapeutic for them, yet it meant I absorbed their emotional experiences. To manage this, I structured my analysis into smaller, focused sessions, analysing one transcript at a time. This approach ensured each narrative received the necessary attention while mitigating emotional fatigue. In addition to my support network, physical activity served as a personal outlet, providing a vital balance to the emotional intensity of my research. This self-care practice helped me maintain clarity and resilience throughout the analysis process. Witnessing the resilience of these women, despite the profound disruptions caused by menopause, was both humbling and inspiring. Their strength and determination reinforced the importance of my research in shedding light on their experiences and advocating for better support systems.

This research draws directly from the experiences of menopausal women themselves, highlighting women's lived experiences and practical implications for them to continue exploring new forms of physical activity, irrespective of any limitations encountered during menopause. My aim with this study was to illuminate cultural and historical narratives that have marginalised menopausal women, perpetuating feelings of invisibility, confusion, and uncertainty regarding their physical capabilities. Beyond shedding light on these narratives, I hope this research inspires further studies that amplify the voices and experiences of menopausal women within the realm of physical activity. By promoting greater understanding and awareness, my aspiration is for this work to empower menopausal women to reclaim their physical autonomy and promote inclusive practices within physical activity groups. Ultimately, I aim for this research to contribute to a future where menopausal women feel validated, supported, and encouraged to engage fully in physical activities.

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APPENDIX 1: ONLINE ETHICS SUBMISSION FORM.

Online ethics form – Jo Ann Long:

Please provide a summary of the project, including its purpose, rationale, design and methods, making clear any expected benefits (this should be written in a way that would be intelligible to non-specialists)

Purpose: This research seeks to investigate women's experiences of movement during the menopause. This topic will explore women's thoughts, feelings, and experiences of different forms of movement during the menopause.

Rational: Research investigating menopausal women's experiences in relation to physical activity and physical activity is scarce. Vast amounts of research surrounding menopausal women's symptoms and physical activity has been conducted (Karacan, 2010; Canario et al, 2012; Kim et al, 2014; Moradpour et al, 2020; El Hajj et al, 2020) but no research has explored how women's bodies feel, move and act during physical activity whilst going through the menopause. This research will make a significant contribution to the literature from a feminist perspective by addressing this issue. The benefits of this study are to give women the opportunity to express and tell their own experiences of movement through this life transition. This study gives women the chance to reflect and explain their own narratives in order to showcase any similarities or differences between women during physical activity.

Design: The research design will adopt a narrative approach to elicit rich accounts of women's embodied experiences and the meanings they give to those experiences.

Specific Methods include: what is it? What does it involve (REF), why is it useful, rationale? And where?

- Individual interviews: This approach includes asking open questions surrounding menopause and physical activity which are then guided by the participant (Papathomas, 2016). It offers the opportunity for participants to explain their own stories in their own words (Anderson and Kirkpatrick, 2016). This approach enables the researcher to hear women's own narratives of what they have experienced to gain understanding around this stigmatised area. Interviews will be performed at a place of convenience to the participant.
- Go-along interviews: A go-along interviewing is an innovative approach to gather different women's perspectives by conducting mobile interviews which is navigated by the participant (Garcia et al, 2012). This approach allows for conversation to roam freely and allows the participant to express sensations and feelings during different activities and in different environments (Carpiano, 2009). The movement of physical activities such as swimming or running may create opportunities for embodied self-expression which may produce different elements for the interviews (Thorpe et al, 2020). A subsample will be identified by the researcher from the original interviews and invited to

participate within go-along interviews which will be carried out in a location of convenience to the participant.

- Creative workshops: Creative methods are an art-based method which encourages creative actions. They focus on a variety of aspects of creativity, in order to encourage idea generation and thinking (Tarr, 2018). Creative methods can include creative presentations, body or island mapping, poems, practical demonstrations, and many more alternative art methods. Creative methods offer a different way of knowing the world as well as offering new dimensions to sensitive and taboo topics such as the menopause as well as giving women an alternative way to express how they are feeling (Papathomas, 2016). A subsample will be identified by the researcher from the original interviews and invited to participate within creative workshops which will be carried out in a workspace within the university.

What are the intended methods for dissemination of project findings, e.g. Dissertation, Academic Journal, Conference?

The results of the research will form part of my PhD thesis and along with conference presentations and journal publications.

Please describe how potential participants will be

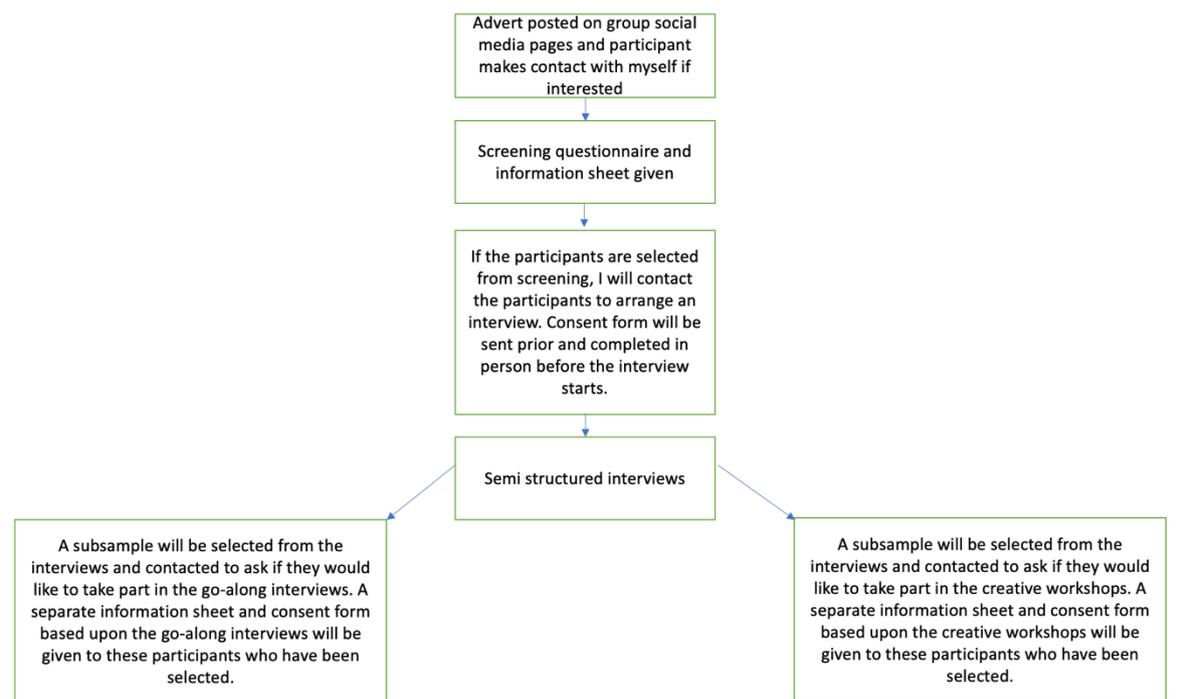
a) identified, including how you will select them (your sampling strategy) and any criteria for selection e.g. inclusion / exclusion criteria;

b) recruited, including who will contact them and method of contact.

The participants will be recruited with the assistance of gate keepers who have been identified. For example, gate keepers include: a head coach from Durham Mums on the Run, an organiser of a women’s only sea swimming group. These gatekeepers will be able to direct me to social media pages where I would be able to communicate the purpose of this research and what it will include for any potential participants to get in touch with myself.

The inclusion criteria will be:

1. Self-identified as menopausal or peri menopausal (ie: no medical diagnosis required)
2. Physical active and engaging in regular activity within a women’s only group.
3. Be based in the North East of England



Appendix figure 1: Flow chart of data collection.

When referring to appendix figure 1, from the screening questionnaire the aim is to collect a diverse group of women of different ages, stages of menopause and engagement in physical activity.

Please describe what the participants will be required to do. Please include:

- **what is the activity (e.g interviews, questionnaires, other activity);**
- **where this will take place;**
- **how long are the sessions (for multiple sessions: how many sessions and total duration of participation in the study);**
- **any reward or remuneration for participants.**

If the activity involves a sensitive topic or any risk to participants, please make clear what this is and how any risks will be mitigated.

- *What is the activity:*

The study includes individuals being invited to take part in either interviews which will be guided by the participant around topics of the menopause and physical activity or go-along interviews or a creative workshop.

- *Where this will take place;*

Interviews and creative methods will be conducted at a time and place of convenience to the participant, allowing them to select a place of familiarity to enable a comfortable and relaxing environment (McGrath, 2019).

- *How long are the sessions (for multiple sessions: how many sessions and total duration of participation in the study);*

Individual interviews will roughly last between 60-90 minutes. The go-along interviews will last no more than an hour depending upon the length of the activity they would like to participate within. Equally, the participant will not be expected to participate within the movement practice for a whole hour. Island mapping may last up to 60 minutes in order to provide enough time for participants to explore their creative flare and delve into their experiences in order to create their own island.

- Any reward or remuneration for participants.

No rewards or remuneration will be provided for participants. A summary of project findings will be sent to all participants after the study has been completed.

- *If the activity involves a sensitive topic or any risk to participants, please make clear what this is and how any risks will be mitigated.*

The most significant risk to participants during the interview process is the potential for psychological distress if they have had any negative experiences with the menopause or physical activity which may elicit any emotional distress. Therefore, before every interview, participants will be asked to say pass on any questions they would not like to speak about and a form including signposting for psychological

resources will be provided post interviews. The interviews are guided by participants, and I will build upon any answers they have given. A technique called “ongoing consensual decision-making” which was developed by Ramos (1989) will be used. Through this technique consent is gained throughout the interviews on any sensitive topics, and if any participants disclose that they are struggling and feel like they need any additional support, signposting for the appropriate support will be provided and it will be made clear that I am not qualified to offer this support.

Please indicate how you will ensure confidentiality and security of personal data, including at what stage your participants' data will be anonymised. NB. If non anonymised personal data will be released e.g. attributed verbatim quotes, then the circumstances and methods for obtaining consent must be highlighted.

All participants will be given pseudonyms and any identifying information evident in the interview transcripts will be removed. Identification to pseudonym will be stored on a password protective Durham OneDrive account in case any participant would like to withdraw from the study, then the researcher will be able to locate the participants information in order to remove. In terms creative workshops, any resources participants have used will be coded on the front and kept in a safe in a locked cabinet for confidentiality. All data (transcripts, consent documents) will be stored securely as digital files on my Durham OneDrive account. Any documents that are printed for the purposes of analysis will be stored in a locked locker and shredded after use.

What will happen in the event that a participant withdraws their consent (and what will happen to the data for that participant)?

Data will be removed from the study without any explanation required. Audio files and any paper resources from creative workshops will be deleted and shredded.

APPENDIX 2- PARTICIPANT INFORMATION SHEET

Participant Information Sheet

Part 1: Interview Study

You are invited to take part in a research project. Before you decide if you would like to take part, please read this information sheet carefully. You can also ask myself, the lead researcher (Jo Ann Long) if you have any questions (please see contact details at the end of this sheet).

Title of Project: Menopausal women's embodied experiences of physical activity.

What is the purpose of this research?

I am interested in looking at how your body feels or changes when going through the menopause particularly during physical activity. This will include hearing how you feel and experience physical activities in woman only environments.

Why have I been invited to take part?

You have been invited to take part because you are experiencing peri-menopausal or menopausal symptoms (you do not need a medical diagnosis) and you participate in a form of physical activity which is in a woman's only environment.

Do I have to take part?

The decision is completely up to you whether to take part in this study. If you decide not to take part, you are free to withdraw at any time without giving a reason. To withdraw from this study, please contact myself (Jo Ann Long) on Jo.long@durham.ac.uk.

What will be involved if I decide to take part in the research?

There are three aspects to this study, but you will choose to be involved in one of them. If you are invited to participate in a further you will decide at that time whether you would like to continue your participation.

For biographical interviews you will be invited to complete a screening questionnaire and from the screening questionnaire I will be in touch to invite you to participate within interviews if you are still interested. Interviews will last between 60-90 minutes but if you wish to stop the interview at any point please let me know. These interviews will be at a location of convenience to you. The interview will include questions around how you feel about your menopause, have you noticed any changes during the menopause, has any of these changes affected or changed your engagement in physical activities. Interviews will be recorded.

What are the benefits and risks of taking part?

Prior to the interview I will ask you if you are still happy to participate within the study and if you are experiencing any unwell feelings. If you decide you would not like to participate or feeling unwell the interviews will not go ahead.

The only risk to you during the interview process is the potential for psychological distress. If you have had any negative experiences with the menopause or with any physical activity which may cause any emotional distress, please say pass on any question(s).

How will confidentiality be assured?

All your information will be hidden, and your name will not be used during the interview. All your interview quotes, consent forms will be stored securely as digital files on my Durham OneDrive account. Any documents that are printed for the purposes of analysis will be stored in a locked locker and shredded after use.

What will happen to the results of the research?

The results of the research will form part of my PhD thesis and go on to be presented in conference presentations and journal publications, however any quotes from your interview which are used in any documentation will not use your name and no one will be able to trace it back to yourself. After the completion of this thesis, a summary of key findings will be sent to you. If you would like to withdraw your interview from the study at any point, this can be accomplished without any explanation.

If you have any questions related to the project, please contact myself:

Jo Ann Long

Jo.Long@durham.ac.uk

Supervisors name's: Cassandra Phoenix and Jane Macnaughton

Address: Department of Sport & Exercise Sciences.

Durham University

Email address: cassandra.phoenix@durham.ac.uk and
Jane.Macnaughton@durham.ac.uk

If you would like to take part and are happy with the answers to your questions, please complete and sign the enclosed Informed Consent Form.

Part 2: Go-along interviews

You are invited to take part in a research project. Before you decide if you would like to take part, please read this information sheet carefully. You can also ask myself, the lead researcher (Jo Ann Long) if you have any questions (please see contact details at the end of this sheet).

Title of Project: Menopausal women's embodied experiences of physical activity.

What is the purpose of this research?

I am interested in looking at how your body feels or changes when going through the menopause particularly during physical activity. This will include hearing how you feel and experience physical activities in woman only environments.

Why have I been invited to take part?

You have been invited to take part because you are experiencing peri-menopausal or menopausal symptoms (you do not need a medical diagnosis) and you participate in a form of physical activity which is in a woman's only environment.

Do I have to take part?

The decision is completely up to you whether to take part in this study. If you decide not to take part, you are free to withdraw at any time without giving a reason. To withdraw from this study, please contact myself (Jo Ann Long) on Jo.long@durham.ac.uk.

What will be involved if I decide to take part in the research?

For part two of the study, this includes a subsample of go-along interviews. From the individual interviews, you have been invited to join me for a go-along interview. Go-along interviews include myself asking you questions whilst performing a particular physical activity (ie: running, sea dipping etc). These questions will be directed by you as I will ask opening questions and then ask questions surrounding your answers. These go-along interviews will explore some of your reflections and stories from the initial interview. Prior to the go-along interviews, we will set an agreed pace and if you would like to stop, rest or take a moment at any point during the go-along

interview you can inform me. Go-along interviews will be at a place, day and time of convenience to yourself.

What are the benefits and risks of taking part?

A level of fitness is important for the go-along interviews. If you don't feel comfortable participating within the go along interviews please let me know. We can make alterations such as minimising the duration of interviews and agreeing on a pace (using the talk-test or perceived exertion rating scale for intensity of exercise) can be set prior to starting the interviews. I will ask you prior to starting the interview if you have any current injuries or if you are experiencing any unwell feelings, if this is the case the go-along interviews will not go ahead.

Another risk to you during the interview process is the potential for psychological distress. If you have had any negative experiences with the menopause or with any physical activity which may cause any emotional distress, please say pass on any question(s).

How will confidentiality be assured?

All your information will be hidden, and your name will not be used during the interview. All your interview quotes, consent forms will be stored securely as digital files on my Durham OneDrive account. Any documents that are printed for the purposes of analysis will be stored in a locked locker and shredded after use.

What will happen to the results of the research?

The results of the research will form part of my PhD thesis and go on to be presented in conference presentations and journal publications, however any quotes from your interview which are used in any documentation will not use your name and no one will be able to trace it back to yourself. After the completion of this thesis, a summary of key findings will be sent to you. If you would like to withdraw your interview from the study at any point, this can be accomplished without any explanation.

If you have any questions related to the project, please contact myself:

Jo Ann Long

Jo.Long@durham.ac.uk

Supervisors name's: Cassandra Phoenix and Jane Macnaughton

Address: Department of Sport & Exercise Sciences.

Durham University

Email address: cassandra.phoenix@durham.ac.uk and
Jane.Macnaughton@durham.ac.uk

If you would like to take part and are happy with the answers to your questions, please complete and sign the enclosed Informed Consent Form.

Part 3: Creative workshops

You are invited to take part in a research project. Before you decide if you would like to take part, please read this information sheet carefully. You can also ask myself, the lead researcher (Jo Ann Long) if you have any questions (please see contact details at the end of this sheet).

Title of Project: Menopausal women's embodied experiences of physical activity.

What is the purpose of this research?

I am interested in looking at how your body feels or changes when going through the menopause particularly during physical activity. This will include hearing how you feel and experience physical activities in woman only environments.

Why have I been invited to take part?

You have been invited to take part because you are experiencing peri-menopausal or menopausal symptoms (you do not need a medical diagnosis) and you participate in a form of physical activity which is in a woman's only environment.

Do I have to take part?

The decision is completely up to you whether to take part in this study. If you decide not to take part, you are free to withdraw at any time without giving a reason. To

withdraw from this study, please contact myself (Jo Ann Long) on Jo.long@durham.ac.uk.

What will be involved if I decide to take part in the research?

For part 3 of this study, creative workshops will be organised. As well as the individual interviews, you have been invited to be part of a subsample to be part of a creative methods workshop. These workshops invite you to communicate your feelings, thoughts and experiences surrounding menopause and physical activity in a different way to traditional interviews. Creative methods can include island mapping which is where you draw a picture of an island on paper, you are then invited to fill inside the island with words, colours or pictures that you associate with your experience of menopause and physical activity. This is a different way of representing their own experiences. Other creative methods can include creative presentations, body mapping, poems, practical demonstrations, and many more alternative art methods.

There are no right or wrong answers, I invite you to a space for you to reflect on your experiences whether you explore and unravel these experiences through interviews or through island mapping workshops.

What are the benefits and risks of taking part?

The only risk to you during the creative workshops is the potential for psychological distress. If you have had any negative experiences with the menopause or with any

physical activity which may cause any emotional distress, please let me know and we can stop the workshop immediately.

How will confidentiality be assured?

All your information will be hidden, and your name will not be used during the workshop. Any quotes or visual reflections you may will not use your name, consent forms will be stored securely as digital files on my Durham OneDrive account. Any documents that are printed for the purposes of analysis will be stored in a locked locker and shredded after use.

What will happen to the results of the research?

The results of the research will form part of my PhD thesis and go on to be presented in conference presentations and journal publications, however any quotes or pictures from the workshops which are used in any documentation will not use your name and no one will be able to trace it back to yourself. After the completion of this thesis, a summary of key findings will be sent to you. If you would like to withdraw your interview from the study at any point, this can be accomplished without any explanation.

If you have any questions related to the project, please contact myself:

Jo Ann Long

Jo.Long@durham.ac.uk

Supervisors name's: Cassandra Phoenix and Jane Macnaughton

Address: Department of Sport & Exercise Sciences.

Durham University

Email address: cassandra.phoenix@durham.ac.uk and
Jane.Macnaughton@durham.ac.uk

**If you would like to take part and are happy with the answers to your questions,
please complete and sign the enclosed Informed Consent Form.**

APPENDIX 3- PARTICIPANT CONSENT FORM

Consent Form: Individual interviews.

Project title: Menopausal women’s embodied experiences of physical activity.

Researcher(s): Jo Ann Long

Department: Sport and Exercise Sciences.

Contact details: Jo.long@durham.ac.uk

Supervisor name: Cassandra Phoenix & Jane Macnaughton

Supervisor contact details: cassandra.phoenix@durham.ac.uk and
Jane.Macnaughton@durham.ac.uk

This form is to confirm that you understand what the purposes of the project, what is involved and that you are happy to take part. Please initial each box to indicate your agreement:

I confirm that I have read and understand the Information Sheet dated [dd/mm/yy] and the Privacy Notice for the above project.	
I have had sufficient time to consider the information and ask any questions I might have, and I am satisfied with the answers I have been given.	
I understand who has access to the personal data I have provided, how the data will be stored and what will happen to the data at the end of the project.	

I consent to being audio recorded taken and understand how recordings will be used in research outputs.	
I understand that my words may be quoted in publications, reports, and other research outputs but my name will be changed for confidentiality purposes.	
I agree to take part in the above project.	
I understand that my participation is entirely voluntary and that I am free to withdraw at any time without giving a reason.	

Participant's Signature _____ Date _____

(NAME IN BLOCK LETTERS) _____

Researcher's Signature J, LONG Date _____

(NAME IN BLOCK LETTERS) Jo Ann Long.

Consent Form: Go-along interviews.

Project title: Menopausal women's embodied experiences of physical activity.

Researcher(s): Jo Ann Long

Department: Sport and Exercise Sciences.

Contact details: Jo.long@durham.ac.uk

Supervisor name: Cassandra Phoenix & Jane Macnaughton

Supervisor contact details: cassandra.phoenix@durham.ac.uk and
Jane.Macnaughton@durham.ac.uk

This form is to confirm that you understand what the purposes of the project, what is involved and that you are happy to take part. Please initial each box to indicate your agreement:

I confirm that I have read and understand the Information Sheet dated [dd/mm/yy] and the Privacy Notice for the above project.	
I have had sufficient time to consider the information and ask any questions I might have, and I am satisfied with the answers I have been given.	
I understand who has access to the personal data I have provided, how the data will be stored and what will happen to the data at the end of the project.	

I consent to being audio recorded taken and understand how recordings will be used in research outputs.	
I understand that my words may be quoted in publications, reports, and other research outputs but my name will be changed for confidentiality purposes.	
I agree to take part in the above project.	
I understand that my participation is entirely voluntary and that I am free to withdraw at any time without giving a reason.	

Participant's Signature _____ Date _____

(NAME IN BLOCK LETTERS) _____

Researcher's Signature J, LONG Date _____

(NAME IN BLOCK LETTERS) Jo Ann Long.

Consent Form: Creative workshops.

Project title: Menopausal women's embodied experiences of physical activity.

Researcher(s): Jo Ann Long

Department: Sport and Exercise Sciences.

Contact details: Jo.long@durham.ac.uk

Supervisor name: Cassandra Phoenix & Jane Macnaughton

Supervisor contact details: cassandra.phoenix@durham.ac.uk and
Jane.Macnaughton@durham.ac.uk

This form is to confirm that you understand what the purposes of the project, what is involved and that you are happy to take part. Please initial each box to indicate your agreement:

I confirm that I have read and understand the Information Sheet dated [dd/mm/yy] and the Privacy Notice for the above project.	
I have had sufficient time to consider the information and ask any questions I might have, and I am satisfied with the answers I have been given.	
I understand who has access to the personal data I have provided, how the data will be stored and what will happen to the data at the end of the project.	

I consent to my island maps being used in publications, reports and other research outlets, and understand how the maps will be stored.	
I agree to take part in the above project.	
I understand that my participation is entirely voluntary and that I am free to withdraw at any time without giving a reason.	

Participant's Signature _____ Date _____

(NAME IN BLOCK LETTERS) _____

Researcher's Signature _J, LONG Date _____

(NAME IN BLOCK LETTERS) __Jo Ann Long.

APPENDIX 4- STANDARDISED RECRUITMENT MESSAGE (SOCIAL MEDIA)

****POSTED WITH PERMISSION****

Hello,

I am completing a PhD at Durham University. My PhD is going to be looking at peri/menopausal women's experiences of physical activity. This topic is important to me as it is an under researched area especially when it comes to women talking about their own experiences.

You may see me hanging around at your weekly meetings as I learn more about the culture of running groups and what its like to exercise in women's only groups.

I would like to interview some people, it would be great if you would like to be involved, im particularly looking for people who self-identify as experiencing peri-menopausal or menopausal symptoms (you do not need a medical diagnosis) and who engage in a form of physical activity.

Please have a think if you would like to be involved then please do make contact if you are interested in being part of this study. I can arrange a telephone call or talk over email (whichever is easier for you) to go through any questions you may have and to go through some screening questions to make sure I am recruiting a diverse sample.

Please contact me via my email address Jo.Long@Durham.ac.uk or via Facebook
on here

APPENDIX 5: PRIVACY NOTICE

Title of Project: Menopausal women's embodied experiences of physical activity.

Type(s) of personal data collected and held by the Researcher and method of collection:

Personal data will be collected through interviews and creative workshops. This will include data to be collected such as name, date of birth through the consent form and participant information form. Through the data collection methods (interviews and creative workshops) I (Jo Ann Long) will explore your experiences and views on physical activity during peri-menopause or menopause.

Lawful Basis:

Your data will be processed in accordance with the consent you give for the use of your data, should you agree to participate in the project. If you do not consent to your data being used in this study, it will be destroyed and removed from the study without hesitation.

How personal data is stored:

All data will be kept strictly confidential to the research team.

Confidentiality will be maintained through anonymisation. Coding will be used to retain personal information if you require to withdraw from the study. You will be allocated an anonymous number for data collection which will not be connected to your name.

All personal data in electronic form will be stored on a password protected computer on my university drive, and any hardcopies will be kept in locked storage. Data will

not be available to anyone outside the research team. Creative workshop paper resources will be coded on the front and kept in a safe locked cabinet for confidentiality.

Withdrawal of data:

You can request withdrawal of your data at any time during the study, coding will be used to link participants personal information which will be held with the research team alone.

Who will the researcher share your personal data with?

Personal data will only be shared with the research team, for the purpose of the study and any publications all quotes and creative workshop resources will be made anonymous.

How is long personal data is held for?

I will hold personal data for six months, after which it will be anonymised.

How to object to the processing of your personal data:

If you have any concerns regarding the processing of your personal data, or you wish to withdraw your data from the project, contact myself on Jo.long@durham.ac.uk.

If you require further information, please contact:

Researcher: Jo Ann Long.

Email: Jo.long@durham.ac.uk.

Supervisors: Cassandra Phoenix and Jane Macnaughton.

Email: cassandra.phoenix@durham.ac.uk and Jane.Macnaughton@durham.ac.uk

APPENDIX 6: DEBRIEF FORM

Research Ethics Debriefing Form:

Project title: Menopausal women's embodied experiences of physical activity.

Researcher: Jo Ann Long

Department: Sport and Exercise Sciences.

Contact details: Jo.long@durham.ac.uk

Supervisor name: Cassandra Phoenix & Jane Macnaughton

Supervisor contact details: cassandra.phoenix@durham.ac.uk and
Jane.Macnaughton@durham.ac.uk

Thank you for taking part in this study. Your contribution will help other women to understand a under researched area through hearing different women's thoughts, feelings, and experiences of their moving body during different forms of physical activity. This research provides some clarity and reassurance for some women who are or would like to participate within physical activity during the menopause.

Results of the study:

You will be sent a summary of the findings from this study. The results of the research will form part of my PhD thesis and be presented at conference presentations and published in journal publications.

If taking part in this study has raised any specific concerns about any psychological or physical distress, please contact your GP or contact one of these helplines below:

- **Mind:** mhp@rcmind.org.
- **Samaritans:** 116 123 for free.
- **NHS mental health helpline:** <https://www.nhs.uk/mental-health/nhs-voluntary-charity-services/charity-and-voluntary-services/get-help-from-mental-health-helplines/>

If you would like more information regarding the menopause, please seek more information on the below websites:

- NHS menopause: <https://www.nhs.uk/conditions/menopause/>
- Menopause support: <https://menopausesupport.co.uk/>
- Support network for menopause: <https://healthtalk.org/menopause/support-networks-for-menopausal-women>
- Other menopausal information websites: www.themenopausecharity.org, www.menopauseandme.co.uk, www.balance-menopause.com)
-

Complaints:

If you would like to make a complaint, please contacting the chair of the Ethics Committee for research conduct issues or the Data Protection Officer for data protection issues. Please contact them on: Carolyn.summerbell@durham.ac.uk.

Any complaints regarding myself or the study process please contact my supervisors:

Supervisor name: Cassandra Phoenix & Jane Macnaughton

Supervisor contact details: cassandra.phoenix@durham.ac.uk and

Jane.Macnaughton@durham.ac.uk.

APPENDIX 7- INTERVIEW GUIDE

Screening for participant recruitment:

Name: _____

Best way to contact _____

Email: _____

Age: _____

Current/last occupation: _____

Ethnicity: _____

Are you currently going through the menopause (including perimenopause)? _____

Have you experience any menopausal symptoms and what do they involve?

-

Approximately how long have you been experiencing these symptoms for?

Have you had a medical peri/menopause diagnosis?-

Do you take part in regular physical activity?-

Are you involved in a women's only group?

How long have you been engaging in this activity?

Employment status (Natural England MENE survey):

- *Full-time paid work (30+ hours per week)*
- *Part-time paid work (8-29 hours per week)*
- *Part-time paid work (under 8 hours per week)*
- *Retired*
- *In full-time higher education*
- *Unemployed (seeking work)*
- *Not in paid employment (not seeking work)*

Educational attainment e.g:

Which of these best describes your highest level of education qualification?

- *Degree or higher degree*
- *Higher education qualification below degree level*
- *A Levels or Highers*
- *ONC/BTEC*
- *O Level or GCSE equivalent (Grade A – C)*
- *O Level or GCSE (Grade D – G)*
- *Other qualifications*
- *No formal qualifications*

Interview questions:

Interviewer introductions:

- Hello, my name is Jo Ann, just to say a big thank you for taking part!
- As you know, the study is about understanding your experiences of menopause and movement, from topics surrounding your experience of menopause, participating within physical activity and any changes you have observed since going through menopause in relation to participating within different forms of physical activity.
- There are no right or wrong answers – I'm just keen to hear about you and how you feel your everyday life and forms of physical activity has been influenced by peri/menopause.
- The session will last for approximately one hour but do shout if would like to stop or break or reschedule or anything.
- It may seem at times like I'm asking questions about the obvious, or they might feel repetitive – but I want to be sure that I don't make any assumptions and fully capture your in a detailed manner.
- Recording – to help me remember and analyse what is said, I'd like to record the interview. I think this was mentioned in the info sheet but shout if you'd like to discuss it further... **[TURN RECORDER ON]**
- Confidentiality – all transcripts will be anonymous when the recordings are transcribed into written form, so there'll be no names in final reports and nothing linked directly to you.
- Happy to provide more information about the research if you'd like, either now or towards the end.

- Are we ok to start?

PA involvement.

- Can you begin by telling me about what type of *movement* do you currently participate within? (probe: how often, duration, different forms of movement, how long have you been participating? your experience / relationship with PA? Your involvement with PA throughout your life so far, What role does it play? (why do you do it?).

(Moving into menopause!) General menopause Q:

- Prior to experiencing any symptoms, what were your expectations of peri/menopause?" (Probe: What did you know? How did you know this? What did you think it would be like for you? / Involved?)
- Can you please describe your experience of the peri/menopause to date? (Probe: Memorable occasions, Day-to-day, Management of, Is there anything that has surprised you? – not what you had expected? Why?)
- What changes has this time in your life brought if any?

Movement & Menopause questions:

- Can you tell me about any forms of movement that have become particularly meaningful to you since the onset of peri/menopause? (Probe: Explain why you might think this? what type? Why is that?)
- What's it like to exercise during peri/menopausal? (Probe: any changes? Differences in how you participant? – times, duration/frequency).

- Can you tell me about any impacts you think that this transitional period had – and continues to have – on your relationship / involvement in [name main activity]?
- Talk to me about how these two dimensions of your life have impacted each other – or not. (Probe: specific symptoms, relationships, health & wellbeing?)
- Can you explain how it feels during this exercise? (Probe: is it easier/harder, body feel any different? Same motivation?).
- How has your body changed during the peri/menopause when it comes to exercising? (Probe: Based on what you've just said, how does this exercise make you feel? What body changes have you experienced)
- Is there any particular motivators that motivate you to do *this type* of exercise? (probe: if so, what motivators?)
- What thoughts, feelings, physical sensations do you experience during *this movement*? (Probe: does your body feel differently during these activities compared to before peri/menopause? What are they?)
- Does the environment or group setting you participate within have any influence on your menopause or how you participate within physical activity (Probe: what environment? What has the group setting brought to your life?).
- Has being in a women-only space had any influences on your experiences of [said exercise] or your peri/menopause?
- Does engaging in exercise change any aspects of your menopause? (Probe: symptoms, duration, severity, different symptoms).
- What impact has regular physical activity had on yourself?
- Has anyone commented on any changes in you during *this activity*?

Seeking support:

- Who do you speak to, if anyone, about your experiences of the peri/menopause? (Probe: if not – how come you haven't spoken to anyone? If have: what did they say/respond with? Have you valued their input?)
- Have you spoke to a family member? Female? If so have you spoke to them about your experience?
- Have you enquired in any medical attention? (*Probe: Experiences of symptoms (frequency), what did they feel like? How did they make you feel? What were you thinking at this time? Are you referring to a specific episode here or an extended period? What was happening in your life when?*)

Closing

- Is there anything that we haven't covered in relation to your experiences of peri/menopause and PA that you would like to add?

During go-along (use main topics from the guide above)

- How has your body changed during the peri/menopause when it comes to exercising? (Probe: Based on what you've just said, how does this exercise make you feel? What body changes have you experienced? Are you finding anything easier or more difficult? Thinking about this *this activity*, what have you noticed about your body, your mood, changes in your thoughts).
- What thoughts, feelings, physical sensations are you experiencing during this movement?

- What have you become most aware of when you're doing exercise / this activity since entering the menopause?
- Has being in a women-only space had any influences on your experiences of movement or your peri/menopause?

Covid-19 Academic Impact Statement

Postgraduate Research Thesis (Masters by Research/Doctoral Programmes)

Student Name	Student ID number	Department
JO ANN LONG	000918987	Department of Sport and Exercise Sciences
Did Covid-19 prevent or impede you from completing part of your research project as originally intended?		<u>Yes</u> / No
<p>If 'Yes', please state what Covid-19 prevented you from doing (maximum 200 words). For example, limitations to the data set or other primary sources due to travel restrictions, inability to run/replicate certain experiments due to restricted access, cutting short aspects of research due to additional caring responsibilities etc.</p>		
<p>Covid-19 prevented me from conducting all of my interviews face-to-face due to lockdowns, travel restrictions and social distancing measures. Some women may have opted for go-along interviews or the creative workshops if Covid19 had not being present.</p>		
Please state the dates over which the impact occurred	From: OCTOBER 2020 onwards	
<p>Please use the space below to provide a brief statement (up to 500 words) on any choices you have made and actions you have taken in response to anything you were prevented from doing as identified above. For example, reduction in the scope of the research, changes to the research design or revised research questions.</p>		

As a result of the COVID-19 pandemic this may have affected my recruitment and conduction of findings. Some women may been interested in attending the creative methods workshops but due to Covid-19 still being prevalent during 2020-2021 when I was conducting my research for some they were shielding and some women preferred being socially distanced outside which could not be conducted for the workshops. Go-along interviews had to be adapted to move 2-m apart during running and walking which affected the recording ability and in a few instances I have had to refer back to participants to understand what they had stated during the interview due to issues with recordings and hearing because of the 2m distance.

I declare that the work submitted with this form was completed to the best of my ability in the light of the impact of Covid-19 as described above.

Candidate signature	JALONG
Principal Supervisor signature	
Date	23 rd June 2023

APPENDIX 8 - COVID-19 IMPACT STATEMENT

Guidance Notes

The University recognises that the Covid-19 pandemic has, to a greater or lesser extent, affected the work of many postgraduate research students. Access to

laboratories, secure databases, libraries and workplaces conducive to effective study might have been impacted by the closure of University premises. Access to data subjects, field studies and archival sources might also have been significantly disrupted by travel restrictions, social distancing measures and closure of resources. For others, caring responsibilities, illness or employment circumstances might have impacted on research productivity.

The University's approach has been to encourage researchers to:

- (i) reschedule research activities where possible so that researchers carry on elements that are feasible given restrictions to access to resources;
- (ii) alter the scope, objectives or research methods of research projects;

Where it has not been possible to fully mitigate the impact through (i) and (ii) extensions may have been granted.

If you wish to make your examiners aware of the academic impact that COVID-19 had on your thesis and the choices you have made in response please download the Impact Statement here and complete this in consultation with your supervisors.

Then return the statement with the Higher Degree Entry form when you submit your thesis.

Please note while examiners may take into account impacts in examining the thesis (or other research output) all candidates must still satisfy the minimum award criteria as set out in the University's [Core Regulations for Research Degrees by Thesis or Composition](#) (para 24). It is the responsibility of the examiners, using their academic judgement to determine whether the award criteria have been met