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# The menopausal subject at work: gendered embodiment and neoliberal management in the UK

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## ABSTRACT

In this paper, we examine five key UK policy documents that aim, inter alia, to address the concerns of ageing women in the workplace at a time when an estimated 900,000 women in the UK have left their jobs due to symptoms associated with menopause. Our analysis reveals that menopause has become a key site through which the contemporary struggle over how we (should) perceive gendered embodiment is being played out. This is evident in how these documents expand the menopausal subject: from exclusively cisgendered women to include trans, intersex and genderqueer people. Examining two key tensions that emerge—the invocation of menopause as natural and biological alongside a more inclusive menopausal subject, and the perceived naturalness of menopause alongside the construal of menopausal symptoms as abnormal, we maintain that expanding the menopausal subject is linked to a neoliberal managerial desire to address the challenges of *all* employees who experience menopause. Our findings thus point to a striking conjuncture between feminist and LGBTQI+ struggles to debunk binary understandings of sex and gender and the neoliberal State's desire to keep all older people experiencing menopause in the workforce, contributing to our understanding of the increase in menopause talk.

## ARTICLE HISTORY

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Menopause; gendered embodiment; ageing women; trans; workplace policies; gender-critical versus trans-inclusive debates

## Introduction

In recent years, menopause has received increased public visibility in the Anglophone world, with a sharp rise in media coverage and growing attention to the issue in both political and medical discussions (Atkinson et al., 2021; Jermyn, 2023; Krajewski, 2019; Orgad & Rottenberg, 2024a; Steffan, 2021). These developments have been crucial for helping to destigmatize public conversations about menopause. Yet, as *The Guardian* columnist Arwa Mahdawi suggests, rendering menopause more visible and challenging the taboo around it are not enough. Rather, we need to begin 'rethinking the female reproductive system' which entails adopting a very different lens to the dominant biomedical one, where ovaries are understood as 'the only organ in humans that we just accept will fail one day' (Mahdawi, 2024). Carrying out this change is no easy task, however, since it requires completely transforming society's perception of women's ageing bodies. Indeed, as feminist writers have argued for decades (e.g. Bell, 1987; Houck, 2006; Greer, ([1992] 2019); Lock, 1994), instead of accepting its historically negative and medicalized framing, menopause needs to be understood and approached as a natural stage in women's life cycle.

Mahdawi's article is just one of over 12,400 news articles about menopause that have appeared between 2001 and 2023 in the UK (Orgad & Rottenberg, 2024a). Yet it offers a useful entry point into

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an exploration of menopause's changing cultural significance, which has, to date, involved two important trends. The first is simply the exponential rise in media discussions about menopause in the UK, particularly since 2021 (Jermyn, 2023; Orgad & Rottenberg, 2024a). The second involves a notable representational shift: from a predominantly negative biomedical framing of menopause towards a less medicalized and more positive one (Jermyn, 2023).

In addition to tracking the surge in public visibility and the way in which media depictions of menopause have changed over the past few years, feminist scholars have also outlined some of the key factors facilitating the emergence of the contemporary 'menopause moment' (i.e. Orgad & Rottenberg, 2024b). These factors include changing demographics, where women over fifty are now the fastest growing population in the workforce, resulting in an increasing number of women experiencing menopause in their places of employment – with an estimated 900,000 women having left their jobs because of menopausal symptoms in the UK alone (WEC, 2023). Given that since 2010, successive UK governments have implemented austerity policies – eviscerating public coffers and severely scaling back public spending – all previous governments have endeavoured to find ways of keeping older people in paid work as a way of reducing the pressure on social security and pension funds (Fegitz, 2024).<sup>1</sup> This political agenda has led, among other things, to a range of 'extended working lives' policies alongside new menopause-related workplace recommendations and a rise in discussions around 'managing menopause' in the workplace (Fegitz, 2024; James, 2024; Steffan, 2021).

Other important and related factors helping to generate the heightened visibility and changing framing of menopause include shifting cultural attitudes towards ageing women, which has itself been linked to the growing number of middle-aged women in positions of power in both the corporate and political arenas (Orgad & Rottenberg 2024a, 2024b). Writing about the U.S. and the UK, respectively, Susan Douglas (2020) and Deborah Jermyn (2023) have shown that the increased presence of older women in public life has been accompanied by a rise in more positive representations of ageing women in popular and mainstream media.

Yet another crucial factor in menopause's increased visibility is the burgeoning pharmaceutical and well-being industry that has emerged around it – with a diverse range of economic actors now contributing to and profiting from this fast-expanding market, which is estimated to be worth between \$120 billion to \$350 billion globally (World Economic Forum, 2024). The menopause market, today, encompasses hormone replacement therapy (HRT), non-hormone therapies, alternative remedies sold in drugstores and health stores, and the promotion of menopause-related wellness programmes, specialized retreats and apps.

Finally, scholars have shown how the mainstream media's embrace of popular and neoliberal feminism (Banet-Weiser, 2018; Banet-Weiser et al., 2020; McRobbie, 2020; Rottenberg, 2018) as well as the impact of the #MeToo movement have all helped to pave the way for more acceptance and even encouragement of women speaking out about issues that were formerly taboo in public: from sexual assault and harassment (Banet-Weiser & Higgins, 2023) to 'period poverty' (de Benedictis, 2023), and now menopause.

Alongside these factors, there is another much less discussed one: namely, shifting social and cultural perceptions of the biological and gendered body. In this paper, we show that the newfound cultural preoccupation with menopause in the UK *also* needs to be understood in relation to the fractious and voluble contemporary 'gender-critical' versus 'trans-inclusive' debates, particularly surrounding questions of sex, gender, and the materiality of our bodily existence. While reductive essentialist views of sex and gendered embodiment—aligned with the gender critical camp—have often been mobilized against trans-inclusive positions, our findings reveal that when attempting to address challenges associated with employees experiencing menopause in the workplace, a much more inclusive notion of gendered embodiment is drawn upon.

Moving beyond an analysis of the media, we interrogate a series of key medical guidelines and policy papers published recently in the UK by different actors: the National Health Service (NHS), government working groups, and the charity sector. We demonstrate how these documents – seldom examined together – depict menopause as a natural stage of the ageing process while, at

the same time, significantly expand the historically narrow cis-gendered and heteronormative definition of the menopausal subject. Indeed, we show how the documents unsettle the binary heteronormative understandings of 'the female reproductive system' by including non-cis gendered women, genderqueer and other gender non-conforming people who experience menopause *as menopausal subjects*. This finding, we argue, points to a conjuncture between feminist and LGBTQI+ struggles to debunk binary understandings of sex and gender and the neoliberal state's desire to keep ageing workers in the workforce. By way of conclusion, we go on to discuss what these documents reveal about contemporary neoliberal managerial strategies, which in the case of ageing workers aims to find individualized solutions for the growing demographic of employees experiencing menopause in the workplace.

More specifically, following a brief overview of dominant historical framings of menopause, we outline our methodology and selection of the documents, turning next to interrogate the changing definitions of menopause in contemporary UK policy-related and medical discourses. We show that the illness-laden and biomedicalised frame that once prevailed in the construction of menopause in medical, policy, and popular discourses is shifting towards the framing menopause as a natural and biological stage in the life cycle. This occurs alongside a shift towards the inclusion of trans, intersex and genderqueer people as menopausal subjects, which, in turn, produces a tension between the menopausal subject and the invocation of menopause as natural and biological, given how these terms have historically and normatively been understood and defined. We then move to discuss how these documents register another tension, this time around the naturalness of menopause in relation to the construal of menopausal symptoms as abnormal and requiring medical intervention. Finally, we explore how these unresolved tensions are ultimately deflected through an emphasis on the individual management of menopause – regardless of who is experiencing it, pointing to a complex convergence between neoliberalism, feminist, genderqueer and trans-inclusive discourses.

## Historical framings of menopause

Feminist scholarship has documented the ways in which menopause has historically been associated with illness, decay and loss (Martin, 2012; Shoebridge & Steed, 1999; Throsby & Roberts, 2024). This medicalized framework emerged at the beginning of the 20th century when menopause began to be conceived as a hormone deficiency disease, precipitating the widespread promotion of oestrogen replacement therapy, which was made available on a large scale in the 1960s and 1970s in the United Kingdom, Europe, North America and Australia (Lock, 1994; Throsby & Roberts, 2024). A key text that shaped this understanding of menopause was the bestselling 1966 book entitled *Feminine Forever*, written by the American gynaecologist Robert Wilson. In his book, Wilson (in)famously cemented perceptions of menopause as a disease, detailing the horrors of female ageing and what he called 'the tragedy of menopause' (1966, p. 20). To prevent this tragedy, Wilson encouraged ageing women to commence oestrogen therapy, which, he promised, would help ensure that they maintained their feminine and sexual allure.

*Feminine Forever* was formative in facilitating the medicalization of menopause and the menopausal body over the next few decades. While the popularity of oestrogen therapy decreased somewhat after 1975, and criticism of the medicalization of menopause and the prevailing misogynist perceptions of ageing women had already begun to emerge in the late 1960s, the dominant view continued to associate the menopausal body with deficiency, decay and lack of desirability. As Throsby and Roberts (2024) put it, from the 1960s onward 'female menopause came to be understood as the pathological degeneration of key elements of sexual difference and femininity [...] which were said to depend on oestrogen' (p. 24), the 'female hormone', considered responsible for triggering and maintaining secondary 'feminine' sex characteristics in puberty and beyond. Medical anthropologist Margaret Lock (1994) has argued that the medicalization of menopause in North America has been driven by 'a potent fear of aging' and 'a quest for immortal youthfulness and

sexual desire', an urge intimately linked to a North American 'insistence on an individual responsibility for a disciplined body and continued good health' (p. 367).

Importantly, menopause has not only been framed as a deficiency disease in the Anglo-American context, but public discussions about the topic have also been largely taboo (De Beauvoir, 2010; Friedan, 2006; Greer, ([1992] 2019); Segal, 2013). When menopause did receive public attention over the past half century and into the new millennium, it was discussed almost exclusively within the dominant biomedical framework and infused with negative stereotypes long associated with ageing women (Martin, 2012; Shoebridge & Steed, 1999; Throsby & Roberts, 2024). This dominant framing, portraying 'menopause in rhetorics of momentous failure and loss' (Throsby & Roberts, 2024, p. 22), prevailed until quite recently. Indeed, as scholars have shown, it is only in the last five years that menopause became much more visible in the Anglophone world – particularly in the media – and its portrayal has dramatically changed: from its historically negative framing to a process of 'self-transformation', 'empowerment', and even 'liberation' (Jermyn, 2023; Orgad & Rottenberg, 2024a).

Building on scholarship that explores the historical framings of menopause, and especially accounts that highlight the inextricable connection between medical, political and cultural constructions of menopause and women's bodies, in this article we set out to examine how menopause is construed in contemporary national policy and medical documents, and, what these construals might reveal about larger cultural debates around sex, gender, corporeal existence and new forms of neoliberalized self-management. We therefore analyse five key UK medical and policy documents, which, as we explain below, have been the most highly-cited in the national discussions about the issue, asking what these documents tell us about contemporary discourses around menopause, understandings of gendered embodiment, and the significance of the profusion of workplace policies focusing specifically on menopause.

## Methodology

To address our research questions, we examine two medical texts and three policy texts on menopause, using them as discursive sites that expose the contestations, tensions, and shifts related to the meaning of menopause and contemporary understandings of gendered embodiment. We conceptualize medical and policy discourse as being both shaped by, and shaping, popular and cultural beliefs surrounding sex, gender, biological processes and ageing (Lock, 1994; Houck, 2006). Rather than a deterministic relationship, knowledge and perceptions of the menopausal body are understood to be formed through the intertwining of scientific, cultural and popular discourses which are only rendered intelligible through exploring their specific social, political and historical location (Lock, 1994). Following Houck, we postulate that the discussions of menopause in these policy and medical documents can be understood to reflect, produce and support – as well as potentially challenge – broader cultural judgements about gendered corporeal existence and menopausal bodies (Houck, 2006, p. 13).

Our methodology was informed by a previous large-scale content analysis of UK news coverage between 2001 and 2021 carried out by one of us (Orgad & Rottenberg, 2024a), which was later updated to extend until 2023. Using the Nexis UK database – the most comprehensive online news database – we searched the eight major tabloid and broadsheet UK news groups, both print and online,<sup>2</sup> for articles about menopause which mentioned and/or discussed policy and/or medical texts. We collected all of the articles where the word 'menopause' appeared in the headline and/or the title paragraph alongside relevant keywords: 'NHS'; Policy; Government; Parliament; Parliamentary Select Committee; NGO; Fawcett Society; British Menopause Society; The Menopause Charity; Wellbeing of Women; Menopause Support; and Menopause Matters; NHS; GP; gynaecologists; obstetricians.<sup>3</sup> This sampling strategy sought to capture the key players, events and discussions around menopause policies and medical guidelines between 1 April 2022 and 1 April 2024.<sup>4</sup>

The analysis revealed the five policy and medical texts that were most frequently cited, constituted consistent points of reference, and thus have been central to shaping public discussion of menopause in the UK since 2022.

The five documents include:

- (1) 'NHS England Supporting our NHS people through menopause: guidance for line managers and colleagues' (NHS, 2022) (henceforth: NHS Guidance): Published in 2022, this is the flagship NHS England policy framework setting out how NHS managers should support staff going through menopause.<sup>5</sup> While the document focuses on NHS only, its guidelines have been used as a benchmark for numerous organizations to tailor workplace policy on menopause (Royal College of Nursing, n.d.).
- (2) NICE Guideline 'Menopause: diagnosis and management' (NICE, 2022) (henceforth: NICE Guidelines): This is the first, and only, set of clinical guidelines for NHS health and social care on menopause provision published in the UK.<sup>6</sup> Originally published in 2015, two updates in 2019 and 2022 have also received significant public attention, and so are included in our analysis as points of comparison.<sup>7</sup> While the guidelines set official procedures for NHS medical and care professionals, they also have an important role in raising public awareness, clarifying advice and treatment, and framing the agenda for future research (British Menopause Society, n.d.).
- (3) 'Menopause and the Workplace Report 2022' (Fawcett Society, 2022) (henceforth: Fawcett Report): Published by the Fawcett Society, the UK's leading membership charity campaigning for gender equality and women's rights, this is the largest representative survey of menopausal women conducted in the UK, with 4,000 respondents.<sup>8</sup> It has been widely cited by government policy documents and departments, and formed the basis for the widely watched Channel 4 TV documentary *Davina McCall: Sex, Myths and the Menopause*.
- (4) 'The Women and Equalities Committee First Report of Session 2022–23 on Menopause and the Workplace' (Women and Equalities Committee, 2023). (henceforth: WEC Report): The Women and Equalities Committee holds the government to account in its actions to reduce inequalities. This is the WEC's first report recommending policies on menopause, based on surveys and interviews with women, medical experts, academics, campaigners, lawyers, unions, business representatives, professional bodies and ministers. The most radical and controversial recommendation made by the report is for menopause to be a protected characteristic under the Equality Act.
- (5) 'The Government's Response to the Women and Equalities Committee's Report' (UK Parliament, 2023) (henceforth: Government Response): This document sets out what actions the government will actually take (in response to document 4). While the document rejects most of the recommendations made by the WEC Report, it supports the appointment of the menopause employment champion recommended by the report.

To examine how definitions of menopause in public policy have shifted and evolved, we compared current NHS and NICE definitions of menopause with earlier iterations dating from 2001. The analysis identified three central shifts within the texts regarding how menopause is being constructed: 1) from illness to a natural stage in life; 2) an expansion in the category of the menopausal subject; and 3) shifting focus from sick organs to troubling symptoms. We discuss each in turn, highlighting the discursive tensions that emerge alongside these shifts, before demonstrating how the tensions are ultimately deflected and subsumed in the over-riding concern with encouraging workers to manage their own troublesome menopausal symptoms.

## Findings

### *From illness to a natural stage of life*

Rather than defining menopause in terms of oestrogen deficiency or through an illness framework, all five documents consistently refer to menopause as a biological transition that occurs in women's later life due to changing levels of hormones and, most importantly, as a *natural* stage in women's ageing process. Similar to the shift observed in menopause's framing in the media (Orgad & Rottenberg, 2024a, 2024b), menopause in these medical and policy texts is neither cast as a disease nor attributed to ovarian failure or dysfunction but rather portrayed as a natural stage, even as the decrease in oestrogen production and the end of reproductive life are still highlighted.

In the WEC Report, for example, menopause is described as the time when 'a woman stops having periods and is no longer able to get pregnant naturally'. The text continues by stating that 'menopause is a natural part of ageing that usually occurs between 45 and 55 years of age, as a woman's oestrogen levels decline'. While this characterization still draws on multiple negatives — 'stop', 'no longer able', 'decline' — there is a notable absence of terms like deficiency or failure and the emphasis is on the natural end of women's menstrual cycle as a biological phase in ageing women's lives. Moreover, by suggesting that after menopause women are no longer able to get pregnant 'naturally' the definition can be read as leaving open the possibility that older women could potentially get pregnant through other 'unnatural' means.

The NHS Guidance describes menopause as 'when periods stop due to lower hormone levels'. Again, the framing attempts to centre the naturalness of menopause by depicting the cessation of menses as the result of a *lower presence* of hormones rather than as oestrogen *deficiency* or ovarian dysfunction. In the introduction to its guidelines for NHS line managers and employees — and as a way of underscoring the importance of the issue of menopause in the workplace — the document proceeds to deny the fact that women struggle to stay in paid work due to menopausal symptoms, positing that '[w]ith the right support, women do not need to press pause, struggle through, or leave their careers during this *natural* transition' (emphasis added).

Similarly, the Fawcett Society Report outlines how understandings of menopause vary somewhat in medical and common use, with menopause denoting

both the transition period as a whole and the point when periods have stopped for a year, and perimenopause being used to describe a varying duration of time between cycles beginning to change and the point at which periods stop.

Addressing the kinds of legal and institutional reforms necessary to ensure that women experiencing menopause are not discriminated against in the workplace — namely, the pros and cons of treating menopause as a disability for legal purposes — the report underscores that 'women may rightly have concerns about a natural stage of life being treated as a disability'. Here, not only is the emphasis on a *natural* transition rather than a disease or deficiency, but the report explicitly identifies and rejects the stigmatization of menopause and treating it as a disability. The report highlights that it is symptoms rather than the phenomenon itself that might require medical intervention or management, particularly in the workplace (more on this below).

Given its official status as the organization responsible for providing national guidance on health and social care in the UK, the NICE Guidelines is perhaps the most significant document that reflects and cements the shifting cultural frame for understanding menopause. Drawing on the official NHS England website's definition, NICE describes menopause as 'a biological stage in a woman's life that occurs when she stops menstruating and reaches the end of her natural reproductive life'. It is striking how, within this crucial document, the terms biological and natural have replaced menopause's historical depictions as a disease. This shift is reinforced by the definition's second part which emphasizes the process as 'gradual' rather than 'abrupt' — where the latter echoes earlier constructions of menopause as an unexpected and disruptive illness. Like the WEC report, NICE Guidelines also suggests that even after women's 'natural' reproductive life comes to an end, there might be other ways to continue reproductive life.

The importance of the addition of the term 'natural' becomes even more evident once we compare 2022 NICE Guidance with its predecessor from 2015, the first time that NICE Guidelines have ever covered the diagnosis and management of menopause (British Menopause Society, n.d.). While menopause is also defined as a biological stage in women's life in the NICE 2015 document, it proceeds to describe this stage as when a woman 'is no longer fertile . . . The changes associated with menopause . . . occur when ovarian function diminishes and ceases'. In contrast to the 2022 version, the word 'natural' does not appear in the definition of menopause in the 2015 document, where the changes that occur to women's bodies are ascribed to diminishing ovarian functioning – which are suggestive of organ malfunction and deficiency.<sup>9</sup>

In short, the documents, which hail from national medical, government policy makers, and the charity sector, reflect a shift in how menopause is being perceived and construed. The turn to the natural alongside the biological – and away from disease-laden language – is noteworthy and reflects the broader cultural trends that feminist scholars have already detailed. At the same time, the emphasis on 'natural', at first blush, appears to reinforce the notion that the biological body – and more specifically, the reproductive female body – is natural and unquestionable in its objective material existence and thus immutable; this depiction, as we outline below, is most often aligned in current debates with the 'gender critical' camp. Yet, our analysis of the five documents underscores a very different and much more complex – and we suggest ambivalent – discourse around femaleness and womanhood. This is where one of the key tensions – between dominant normative conceptions of the natural and biological body on the one hand, and the expansion of the menopausal subject on the other – emerges.

### *Expanding the category of 'menopausal subjects'*

A second notable shift we identified in the documents is their framing of menopause as experienced not only by cis-gendered women but by genderqueer and gender non-conforming people as well. This reveals not only a more inclusive and 'progressive' approach to gendered embodiment but also a significant expansion of who constitutes the menopausal subject. Judith Butler (2024) has recently argued that the contemporary debate around how we should approach gendered embodiment has manifested itself most forcibly in the UK in the fractious feminist discussions about biological sex, where the issues at stake have become a 'matter of intense public conflict, bullying, censorship campaigns, and claims to a hostile workplace environment' (pp. 134–5). In the run up to the 2024 UK general elections, for example, questions of biological sex and single-sex spaces were at the forefront of intense political posturing, with both the Tory and Labour candidates pressed to answer a slew of questions around sex, chromosomes, same-sex spaces, gender identity, women's rights and transgender rights.

The 'gender-critical' camp – often aligned with conservative political parties in the Anglo-American world – has insisted on the 'material reality of sex' in which sex and sex differences are understood in exclusively biological terms and, as such, immutable. This means that, for this camp, any designation of 'woman' is always and necessarily tied to a determination of *biological femaleness*. During his re-election campaign, former Prime Minister Rishi Sunak promised that if re-elected he would 'protect female-only spaces and competitiveness in sport' by rewriting the Equality Act to make clear that sex as a protected characteristic means biological sex (Lawrie, 2024). Conversely, the 'trans-inclusive feminist' camp, which is most often associated with left-leaning and more progressive voices, reject what they see as biological essentialism, challenging not only the woman/man gender binary and traditional ways of conceptualizing sexual difference, but also the reduction of the category of woman (or the identification as a woman) to any biological core or essence, reproductive organs, a set of chromosomes, or even a set of experiences. While the way in which these camps are portrayed in public fora often elide any nuance on either side, the media attention to these 'gender-critical-trans-inclusive debates' have undoubtedly generated intense discussions around who gets to count as a woman (or a man), and who gets to adjudicate this, as well as around how we understand



'femaleness' and 'sex' (see Cooper, 2024) – namely, as unquestionable biological facts or, alternatively, as always shaped by and rendered intelligible through historical context and cultural norms. Key to these oppositional positions, moreover, is how each perceives 'the natural body', female embodiment, and the female reproductive system, issues around which discussions and discourses about menopause inevitably revolve.

It is therefore noteworthy that trans and genderqueer people are explicitly included as menopausal subjects in three (namely, NHS, Fawcett Report and WEC) of the five reports we examined. The expansion of the menopausal subject in these texts is significant insofar as it broadens and troubles the historically narrow cis-gendered and heteronormative definition of the menopausal body. The NHS Guidelines state that 'The NHS recognizes and values its diversity and trans inclusive culture. We are aware people of diverse gender expressions and identities experience menopause, and it is therefore not just an issue for female colleagues'. There is an entire (if short) section that addresses non-gender-conforming people, with more details about how to engage in discussions about menopause with non-cis gendered individuals within the NHS. Interestingly, the very title of the Guidelines reads 'Supporting Our NHS People through Menopause' where the emphasis is on people and not specifically on women. In this way, the text highlights that one cannot assume that menopause is only experienced by 'female colleagues', disrupting the seamless association of menopause with a conception of an unmediated natural biological female body.

The Fawcett Society Report and the WEC Report also present a more inclusive definition of the menopausal subject. The Fawcett Society states that 'due to methodological constraints, our survey, focusses on women's experiences, but we recognize that findings will be relevant to many trans men and non-binary people'. The Report further discusses the methodological limitations, which, in turn, mean the findings are 'unlikely to include the menopause experiences of trans men and non-binary people'. Thus, while heteronormative bias is baked into the methodology, the analysis acknowledges this bias and attempts, however partially – and discursively – to address it. Finally, in the concluding remarks regarding the currently detrimental impact of those experiencing menopause in paid employment, the documents states that 'menopause had made half of menopausal women and trans men less likely to apply for promotion, and a quarter more likely to leave the workforce before retirement'. Again, the more inclusive address effectively renders the rubric 'women's experience' more capacious by unmooring menopausal experience from particular bodies.

Similarly, the WEC report states that '[s]ome trans men and non-binary people may also experience menopausal symptoms', dedicating an entire section to the way in which their experiences of menopause have been overlooked or elided in public discussions. Citing professor Joanna Brewis who observed that 'the majority of the research that focuses on the workplace is about professional or managerial white, middle-class, able-bodied women', the WEC report makes a point of stating that very little is known about women who identify as anything other than heterosexual, conceding that LGBTQI+ people have, to date, been excluded from the conversation about menopause. The fact that the WEC report – which was commissioned by the UK Government when the Conservatives were in power – also expands the boundaries of the subjects of menopause is perhaps the clearest indication that traditional binary notions of gendered embodiment, where the very categories of male and female are considered invariable and their designations to particular bodies unquestionable, have been profoundly shaken, and that discourses around biological sex and gender identity continue to be sites of struggle and contestation. In this way, the policy papers not only reflect but also contribute to the struggle and contestation over notions of gendered embodiment.<sup>10</sup>

Reflecting on the shifts from framing menopause as an illness to a natural transition and the move towards expanding the category of menopausal subjects, an interesting and unresolved tension emerges. If menopause is a natural biological stage in women's life, and yet non-cis gendered people also experience it, then these natural and biological processes are, even by default, no longer linked only to bodies historically understood as normative or normatively female, raising questions about what exactly 'natural' and 'biological' signify. Moreover, the category of woman is also rendered unstable, given the avowal

that trans-men, gender non-conforming and inter sex people also experience menopause. The emphasis on the natural and the biological occurs at the very same time that traditional heteronormative understandings of the female reproductive system are challenged by the inclusion of non-binary and gender non-conforming people as menopausal subjects, a topic we return to below.

### *From sick organs to troubling symptoms*

In addition to the significant shifts in the recasting of menopause from disease to a natural stage and alongside the tension that emerges from the expansion of menopausal subjects, the documents reflect a third shift: from framing the menopausal body as the source of the problem to a focus on the troublesome symptoms and the need to target them. This shift registers another tension: between presenting menopause as a natural transition in the ageing process and presenting menopausal symptoms as requiring medical intervention.

Historically, as we detail above, menopause was medicalized and conceived as a biological ‘problem’, which was often identified as ovarian dysfunction leading to oestrogen deficiency. The lack of oestrogen, the so-called feminine hormone, was deemed abnormal, leading to a host of unwanted symptoms. The solutions offered thus have been primarily if not exclusively directed to ‘rebalancing’ the unruly female menopausal body (and psyche) through medical interventions – from the most popular remedy of HRT to more marginal surgical interventions aimed at (supposedly) preventing menopause, such as ovarian tissue freezing.

In the documents we analysed, there is a noticeable shift in emphasis: rather than the problem being located in a woman’s sick and unruly body, where menopause is cast an internal process that ‘destroys’ a woman’s organs (to use Wilson’s language), in current medical and policy discourse menopause seems to be framed primarily in terms of its debilitating or ‘troublesome’ symptoms which require medical or alternative intervention.<sup>11</sup> The paradox is, then, that while menopause is framed as a natural process, the focus turns to the many symptoms, which are cast as extremely disruptive of a woman’s ‘natural’ state – and thus ‘unnatural. For example, in addition to symptoms such as ‘effects on mood’ and ‘sexual difficulties’ the NICE report includes vasomotor, musculoskeletal, and urogenital symptoms on its list, each of which require further explanation in parentheses given their technical language. Symptoms are also linked to potentially serious – and even fatal – disease and injury, including ‘evidence that the fall in hormone levels can increase vulnerability to heart disease and strokes’ (Government Response). Moreover, symptoms are the very basis for the survey that informs the Fawcett Society Report, which excludes respondents who have not experienced these symptoms regardless of whether they were in or had gone through menopause.

While the Fawcett Society Report hails HRT as a ‘magic bullet’ of sorts, highlighting that ‘for those who take it, HRT offers life-changing alleviation of symptoms, and all women who are struggling with menopause symptoms should be able to access the healthcare they need’, the NICE Guidelines suggest three different potential approaches for treating problematic symptoms. The first is hormone replacement therapy (HRT), the second is non-hormonal therapy (for example, clonidine), and the third is non-pharmaceutical, namely, cognitive behavioural therapy (NICE). Examining the British Menopause Society’s recommendations, Roberts and Throsby (2024) have also noted that menopausal symptoms are similarly depicted as a raft of unpleasant physical effects, long-term health risks and physical vulnerabilities, which should be treated by hormone replacement therapy (HRT) as well as ‘lifestyle’ interventions such weight loss, smoking cessation, reduced alcohol consumption and increased exercise (p. 22). Thus, although the documents register a move away from framing menopause as an oestrogen-deficiency disease or within disease-laden language, in the discussions of menopausal *symptoms*, there is a forceful re-inscription of biomedicalised language which frames the menopausal body as an unwell body that requires medical treatment.

Exploring this tension between the definition of menopause and the description of symptoms associated with it – as well as the way these documents unsettle notions of the ‘natural’ female body

detailed above – exposes some further and important discursive tensions. First, the documents register the difficulty of creating a non-medicalized model of menopause, even as our analysis suggests that there have been concerted attempts to do so – in part due to ongoing feminist push-back against the dominant medicalized model. This echoes Robert and Throsby's claim that given the long history of how menopause has been figured in terms of health decline and increasing risk of serious illness, it is extremely hard to look beyond this entrenched biomedicalised model. While we concur with this claim, we suggest below that the emphasis on medicalized symptoms also turns out to be crucial for encouraging neoliberal managerial strategies in the workplace.

Second, although menopausal symptoms are still framed in biomedical terms, these symptoms are no longer attached exclusively to 'female' bodies or to cis-gender women. In a sense, then – given that the documents already unsettle the historical correlation between 'femaleness' and menopause – the disconnect between natural menopause and medicalized symptoms can be read as further loosening the tethers between 'female' bodies and a host of normalized menopausal symptoms. This loosening not only helps to queer the lens through which menopause is understood, but it can also be seen as challenging the assumption that the 'treatment' of symptoms with oestrogen – the 'female' hormone – should be about taming and managing the unruly 'female' body. The treatment of symptoms now appears to have another overriding objective.

In short, despite these shifts in the construal of menopause and menopausal subjects – owing, again, at least partly to the influence of feminist and LGBTQI+ movements' advocacy – the dominant message portrayed in all of the documents is that while menopause is natural, menopausal symptoms need to be managed, particularly in the workplace, *no matter who is experiencing them*. After all, the explicit goal of four of the five documents is to enable women and others experiencing the 'change' *to remain economically productive*. Thus, we argue that the more capacious definition of the menopausal subject and the policy recommendations involving the management of *symptoms* need to be read as part of a neoliberal strategy aimed at achieving this goal.

### *Managing menopause at the workplace*

The majority of the policy papers and medical guidelines we analysed are primarily concerned with keeping ageing women in the workplace and thus provide recommendations on how to tackle the effects menopause, primarily emphasizing the responsibility of individual workers to educate themselves and find solutions that would address their symptoms. The NHS Guidance encourages all employees to read their guidelines carefully so that they have 'have key information on how to support people to have open and receptive conversations'. In its checklist of how to make organizations menopause friendly, the NHS's second item (after ensuring clear guidelines are in place) is making sure that there is an 'open and receptive culture around menopause'. In a similar vein, the Government Response rejects one of the key recommendations put forth in the WEC Report, insisting that the Workplace Menopause Pledge is sufficient to guarantee good practice around menopause, since it requires 'organizations to commit to recognizing that the menopause is a workplace issue, and that women need support, as well as talking respectfully and openly about the menopause, and actively supporting and informing colleagues'. Encouraging more open conversations about menopause is a consistent theme, underscoring how women are being encouraged to speak up about this formerly taboo issue.

Directly related to this recommendation, the documents encourage increasing employer and employees' awareness and knowledge, mostly through a range of educational initiatives. The Government Response states, for example, that, 'The government's ambitions are that everyone is educated about the menopause from an early age, and that women going through the perimenopause and menopause can recognize symptoms and know their options, including self-care and where to seek support'. Among its more specific recommendations, the Government Response suggests establishing 'a small lending library of books on menopause' and that employers make

a 'factsheet to empower women to understand and self-manage their perimenopause and menopause, and to point them towards further sources of credible good information'. This kind of factsheet is also one of the key resources listed on the NHS guidelines.

A central if implicit goal of these reports – by encouraging employees to have frank discussions about what they are going through and providing clear guidelines and information about menopause – is to help workers educate *themselves*, often drawing on (popular/neoliberal) feminist-inspired terms of empowerment and self-care. Their recommendations position individual workers as responsible for self-optimizing their productivity by successfully managing their menopause through informed decisions. Indeed, a number of studies have already documented how 'managing' menopause through more open conversations (such as menopause cafes) and educational initiatives has, in the past few years, become a burgeoning new area within workplace policy, mostly within existing EDI (or DEI) frameworks (Carter et al., 2021; James, 2024; Steffan, 2021). Considering that women over 50 are the fastest growing demographic in the workplace and that according to various reports, hundreds of thousands of workers are leaving their jobs due to menopausal symptoms, it seems uncontroversial to claim that these new policies are informed by a clear economic logic.

This is made explicit in the Government Response. On the one hand, the Government Response expresses concern about 'the existing and considerable costs to society, the economy and individual women, of menopausal women leaving the workplace prematurely' (p. 37), while, on the other, it commits to appointing a national Menopause Employment Champion, stating that, 'Key to the role will be to give a voice to menopausal women, promoting their economic contribution, and working with employers to keep people experiencing menopause symptoms in work and progressing' (p. 12). The use of 'people' rather than women here is significant.

In her research on menopausal women's experiences in the workplace, Steffan (2021) argues that the new emphasis on managing menopause symptoms is part of a neoliberal narrative that casts the 'ideal worker' as one who needs to control their symptoms as part of their own personal responsibility – a narrative that employees are expected to internalize (James, 2024; Steffan & Potočník, 2023). This ideal ageing worker is urged to 'mask the effects of bodily ageing that might hinder perceptions of their productivity' (Steffan, 2021, p. 197). Consequently, encouraging women to speak openly about their experiences, and providing educational resources, need to be understood as facilitating women's willingness to seek help in dealing with – and resolving – their symptoms in order 'to keep people experiencing menopause symptoms in work and progressing'. These recommendations, in short, are part and parcel of a new neoliberal managerial employment strategy that seeks to individualize and responsabilise menopausal subjects by inciting them to manage their own 'problematic' symptoms.

Importantly, Steffan draws on previous feminist scholarship that has demonstrated how the notion of the ideal worker is inflected by ageist, masculinist, racialized, classed and ableist norms, even as it is simultaneously construed as gender-neutral and disembodied (see Acker, 1990; Lewis, 2014; Thanem & Knights, 2012). 'The body', as Steffan argues, 'has been largely absent from organizational literature' (2021, p. 197); this, even as gendered embodiment in the workplace inevitably reasserts itself despite its disavowal, most often through issues related to reproduction, such as struggles over maternity and/or parental leave and/or breastfeeding. Moreover, the organization studies scholarship focusing on ageing workers has shown that older workers and their ageing bodies have historically been considered less 'useful' and/or productive, with older women in particular describing their feelings of being 'erased from the workplace' (see Thomas et al., 2014).

The documents we examined demonstrate how ageing workers – particularly women – have become 'luminous' subjects (McRobbie, 2020) of a new neoliberal managerial strategy, where menopause management is now central. These workers are no longer erased or construed as less productive; rather, today, they are depicted as absolutely central for the healthy functioning of society and the economy. More striking, perhaps, is that in the endeavour to manage menopause, the body of the menopausal subject is necessarily rendered both more visible and *more inclusive*. Indeed, we argue that the avowal of a particular kind of gendered embodiment in the workplace

alongside the expansion of who counts as a menopausal subject ultimately fosters the responsibility and thus management of the full spectrum of this growing demographic.

Put differently, in order to meet its economic objective, a neoliberal agenda, in effect, requires a dismantling of a heteronormative gendering which ignores or disavows the ‘troublesome’ menopausal symptoms of certain workers. This, in turn, points to a convergence between, on the one hand, those feminist and LGBTQI+ forces that have challenged essentialist and ‘natural’ understandings of sex and the gender binary and that have historically championed paid employment as liberatory for women and marginalized people, and on the other hand, neoliberal forces, which, as Wendy Brown (2015) and others have argued, extend economic values, practices and metrics to every dimension of human life, recasting and transforming human subjects into generic specks of human capital.

Our findings therefore chime with one of the author’s arguments about the increasing entanglement of neoliberalism with feminism over the past decade. In *The Rise of Neoliberal Feminism* (2018), Rottenberg charts the emergence of a new variant of feminism, one that exhorts individual women to organize their life in order to achieve ‘a happy work-family’, inciting them to invest in themselves and to perceive themselves as human capital and. She adds that neoliberalism may actually ‘need’ feminism to resolve – at least temporarily – one of its internal tensions in relation to gender. As an economic order, neoliberalism relies on reproduction and care work in order to reproduce and maintain human capital. Yet, as a political rationality in which everything is reduced to a market metrics, neoliberalism has no vocabulary or lexicon that recognizes let alone values reproduction and care work. Thus, neoliberal *feminism* serves a kind of pushback to the total conversion of upwardly mobile women into generic rather than gendered human capital. It does this by maintaining reproduction as part of so-called aspirational women’s normative trajectory and positing a happy work-family *balance* as its normative frame and ultimate ideal.

In the cultural and political debates and discussions about menopausal women, however, reproduction is no longer part of the equation – since the menopausal body is considered a post-reproductive or non-reproductive body (at least in relation to the ‘natural’ reproductive cycle). Thus, precisely because ageing women are post-reproductive subjects, they can be both more easily recast as generic neoliberal subjects in the workplace, and thus there seem to be fewer cultural and *political* stakes in including trans, intersex, and genderqueer people as menopausal subjects. This may also account for why conservative politicians in the UK have been less resistant to expanding the definition of the menopausal subject, as evidenced by both the WEC and the Government Response – both of which were commissioned by the Conservatives, the (generally) more socially conservative party. After all, highlighting a capacious understanding of gendered embodiment in relation to ageing people experiencing menopause makes good economic sense, since it facilitates – at least on paper – the management of problematic symptoms among *all* bodies who experience them.

## Conclusion

We posit that the shifts we have chronicled within the medical and political documents are not only quite surprising but also quite ‘radical’. Given that in the history of women’s health and menopause in particular, Western medicine has colluded with and in turn reinforced patriarchal conceptions of women and their unruly bodies, the construal of menopause as part of a woman’s natural lifecycle is itself significant. Yet, as we pointed out, the notion of natural that the documents invoke to replace the medicalized conception of menopause is *not* mobilized to reinforce the gender critical conception of the woman’s body, since this would exclude a whole range of people who experience menopause – people who also need to be encouraged to manage their symptoms so that they, too, too can remain in the workplace. The expansive approach to the menopausal subject with the inclusion of trans, genderqueer and intersex individuals is particularly surprising given that these policy documents were

commissioned during a period when the Conservative Party was in power – the Party that in their 2023 manifesto prioritized upholding single-sex spaces’, and introducing a law to clarify that the definition of sex in the Equality Act ‘means biological sex’ (McKay, 2024). 12

These shifts, however, make sense when read against the various forces facilitating menopause’s newfound visibility, and most importantly, we suggest, the need to keep a rapidly growing demography experiencing menopause in the workforce. It is not coincidental that the bulk of the texts we examined revolve around discussing menopausal *symptoms*, how they affect everyone who experiences menopause in the workplace, and how these symptoms might be alleviated, particularly through forms of neoliberal self-management. Indeed, focusing on managing menopausal symptoms individually serves a number of cultural, political and economic purposes all at once: it further individualizes and responsabilises employees, helps facilitates the recasting of the menopausal subject as gender inclusive, while also – crucially – deflecting attention away from the unresolved tensions and contradictions around sex, gender and gendered embodiment and biomedicalization that the discourses around menopause register and reproduce. One crucial and fascinating consequence of this strategy, we argue, is the recasting of all menopausal subjects – who are considered non- or post-reproductive subjects – as generic rather than gendered human capital. This, in turn, points to a complex convergence between neoliberalism, feminist, genderqueer and trans-inclusive discourses.

And, yet, given that menopause is an embodied experience – and one that is always inflected not only by gender, race, and class, but by ableism, sexuality, and location as well (Atkinson et al., 2021), this new managerial strategy around menopause will only ever be partially successful. After all, our corporeal existence is messy, and while, as feminists, we reject *tout court* the idea that ovaries are ‘the only organ in humans that we just accept will fail one day’ or that we need to tame the ‘unruly female body’, there is, indeed, something unruly about embodiment – and all bodies are always and everywhere vulnerable to ‘failures’ and dysfunctions. Moreover, as corporeal beings, our diversely gendered bodies always remain ‘unmanageable’ on some level, meaning that they will inevitably resist – wittingly or unwittingly – being reduced to specks of generic and thus interchangeable human capital.

## Notes

1. With the exception of the 2010–2012 Coalition Government between the Conservative Party and the Liberal Democrats, the Conservative Party was in power until 2024.
2. The news outlets were (1) *The Times* and *The Sunday Times*, (2) *The Daily Telegraph*, *The Sunday Telegraph* and [telegraph.co.uk](http://telegraph.co.uk), (3) *The Guardian* and *Observer*, (4) *The Independent* and [i-independent](http://i-independent.com), (5) *The Express*, *Sunday Express* and *Express Online*, (6) *The Mirror*, *The People* and [mirror.co.uk](http://mirror.co.uk), (7) *Daily Mail*, *Mail on Sunday* and *Mail Online*, (8) *The Sun*, *Daily Star* and *Daily Star Online*.
3. Our Nexis UK search produced a sample of 100 articles, which was reduced to 89, once duplicates, errors, or articles where menopause and policy or medical texts were not a focus, were removed. From this, we identified the medical and policy texts that were most cited in the news articles. Informed by the research questions and previous research, we conducted a thematic analysis, coding the sample according to: how menopause is defined e.g. illness, disease, natural; what reason is given – implicit or explicit – for the policy or medical recommendation; what intervention, if any, is suggested; key descriptors used to frame menopause; who was included or excluded within discussions; and notions of biological womanhood.
4. The timeframe was informed by a previous study which showed that the coverage of menopause has significantly risen during this two-year period, and included several peaks in coverage around the publication of certain medical and policy events, such as the publication of the update of NICE (National Institute for Health Care Excellence) guidelines about menopause in May 2022.
5. A similar policy ‘NHS England National Menopause People Policy Framework’, was released in March 2024 and immediately removed due to backlash against its gender-neutral terminology (Donnelly, 2024; Wooller & Ward, 2024).
6. Except for a NICE Quality Standard on Menopause from 2017, which recommends brief measures for improvement in care and is not comparable in scope.
7. The 2022 update is a draft of the official update, due to be published in November 2024.

8. For example, other surveys on menopause and the workplace conducted by the CIPD, British Menopause Society, Mumsnet and Bupa have surveyed between 1000–2000 women.
9. Furthermore, we see a parallel shift when looking at the way in which the NHS definition has changed over the past two decades. Consider the 2010 definition, which defines menopause as ‘the ‘end of egg production ... This occurs as a result of falling levels of the female sex hormone’. Natural does not appear in the definition, and there are stronger connotations of ‘female’ organ dysfunction.
10. In addition to expanding the gendering of menopause, all of the documents acknowledge that the group ‘menopausal women’ is diverse, with intersections of age, ethnicity, sexuality, race and class highlighted, while the MW and WER Report explicitly use the term intersectionality to highlight the failings and exclusions of the current policy and public discussions around menopause. The very appearance of the term intersectionality, which originates in black feminist thought, also strongly suggests that the current definitions and discussions of the menopausal subject have been informed by feminist thought and activism.
11. Although the ‘natural’ framing of menopause has precise temporal margins; if it occurs before 40, menopause it then continues to be framed as ‘unnatural’, as premature, and defined using the language of deficiency: ‘When menopause occurs under the age of 40 it is termed ... premature ovarian insufficiency’ (NHS).
12. During the 2024 election, the Labour Party were also in support of protection of single-sex spaces for cisgender women, based on the exclusion of transpeople who had a Gender Recognition Certificate in some circumstances, yet Starmer has at the same time been vocal in support of treating transgender people ‘as I treat all human beings – with dignity and respect’, and the party pledged to ban conversion therapy (for more, see <https://www.bbc.co.uk/news/articles/c4nng2j42xro>).

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