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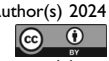

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"Friends? Supported. Partner? Not so much …": Women's experiences of friendships, family, and relationships during perimenopause and menopause

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Abstract

In recent years, there has been increased cultural interest in perimenopause and menopause. The importance of peri/menopause in many women's lives makes this topic particularly pertinent for feminist psychologists. Some feminist scholars have acknowledged both physical and psychological factors as important aspects of women's experiences within their wider social and cultural contexts. However, consideration of relational aspects during peri/menopause remains sparse. We report our research exploring peri/menopausal women's experiences of friendships, family, and relationships. Thematic analysis was used to analyse responses to an online qualitative survey in which 71 mainly British women participated. In our analysis, we discuss the *Menopause Sisterhood* and how these women described social support as grounded in embodied experiences shared with other women. However, there were tensions

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concerning partners, whose understanding varied, which we report in the second theme: *Accounting for (lack of) partner support: Men as heroes (or as absolved of any blame)*. We discuss the importance and implications of our findings for feminist scholars and psychologists more widely.

Keywords
family, friendship, marriage, reproductive lives, social networks, workplace

In recent years, there has been an explosion of cultural interest in menopause as reflected in journalism, television, social media, politics, and campaigns to incorporate menopause in education, training, and workplace policies (see Jermyn, 2023). Perimenopause is defined as the lead-up to menopause when signs and symptoms[1] begin; menopause is marked by 12 consecutive months of no menstrual periods and can therefore only be defined retrospectively when a woman is postmenopausal (Dillaway, 2020; Jones, 1994). There are reported to be around 13 million peri- or postmenopausal women in the UK alone (Menopause Support, n.d.), with numbers being estimated to reach more than 1 billion worldwide by 2025 (UK Research and Innovation, 2022). The average age of menopause is reportedly between 48 and 52 years, but in Western cultures, it can typically occur any time from the early 40s to the late 50s (Dillaway, 2020). Women may experience hormonal fluctuations from 10 years before menopause and therefore can be in their 30s when they first notice menstrual changes and other signs indicative of perimenopause (Caico, 2011; Dillaway, 2020; Kittell et al., 1998). We use the term "peri/menopause" to capture the duration of women experiencing signs and symptoms (noting the definitional slippage where "menopause" is often used as a generic term to capture all phases). In this paper, we report our research exploring women's experiences of interpersonal relationships during peri/menopause.

The importance of peri/menopause for women's lives makes this topic particularly pertinent for feminist psychologists. Much early feminist literature was underpinned by important critiques of biomedical models and the conceptualisation of peri/menopause as a (oestrogen) "deficiency disease" (Koch et al., 2005, p. 215; Shore, 1999, p. 168; Voicu, 2018). It has been argued that the primary focus of biomedicine is on the physical effects of depleting hormones, reducing peri/menopause to a set of physical sequelae. These symptoms are to be legitimated by medical doctors, in the pursuit of a diagnosis, and the prescription of a medical cure, often hormone replacement (Dillaway, 2008; Koch et al., 2005; Voicu, 2018). In some feminist writing, biomedical perspectives have been construed as a form of patriarchal social control over women's reproductive bodies (Shore, 1999; Voicu, 2018), and a "master narrative" influencing both popular culture and women's individual experiences (Dillaway, 2008, p. 49).

While these are important points, the risk is that such critiques might inadvertently portray women's bodies as "invaded" by health professionals (and by hormone replacement), and as passively oppressed by medical powers, thereby implying that women lack

agency (Goldstein, 2000; Lupton, 1996). Such perspectives could also risk overlooking the extent of difficulties women might experience and imply that peri/menopause should either be celebrated as a time of liberation or at least somewhat stoically be simply endured (Goldstein, 2000; Lupton, 1996). Further, women do actively seek the support of health professionals and manage—or even alleviate—peri/menopausal symptoms through medical treatments, including hormone replacement (see Hyde et al., 2010).

Although not all women are equally concerned by peri/menopause, many do experience physical and psychological changes (Currie & Moger, 2019; Hinchliff et al., 2010; The Fawcett Society, 2022; World Health Organization, 2022). In some cases, these may be unexpected or worse than women have anticipated (Currie & Moger, 2019). Those that are commonly reported, and likely to play a part in women's friendships and/or partner relationships, include anxiety, depression, hot flushes, insomnia, night sweats, reduced interest in sexual activities, and vaginal dryness (e.g., Caico, 2011; Currie & Moger, 2019; Hinchliff et al., 2010; Nosek et al., 2012; Stephens, 2001; The Fawcett Society, 2022; Vidia et al., 2021). In a recent survey by The Fawcett Society, (2022), 77% of respondents reported that at least one symptom was "very difficult," with the most common being difficulties with sleep (84%), brain fog (73%), and night sweats/hot flushes[2] (70%).

Informed by feminist approaches, researchers have emphasised the importance of social, cultural, and historical aspects of peri/menopause (Dillaway, 2008, 2020; Shore, 1999; Ussher, 2008; Voicu, 2018). More recently, some feminist psychologists have also (re)acknowledged the importance of biology, alongside considerations of how women's midlife and peri/menopausal experiences are mediated by sociocultural factors in multiple and complex ways (e.g., Hunter, 2019; Ussher, 2008; Ussher et al., 2015). However, research exploring the relational aspects of peri/menopause remains relatively sparse. Consequently, despite the potential importance of friendships, families, and partner relationships during peri/menopause, we have little understanding of women's experiences of these.

Partner relationships: A pessimistic outlook on menopause and "marriage"

The research on partner relationships, most of which has been focused on women who are married to men, has been dominated by a rather pessimistic outlook on menopause and relationships.[3] Some researchers have implicitly assumed that women's peri/menopausal experiences will be fundamentally negative, resulting in a tendency to frame relationships as a "protective factor" against peri/menopause and postmenopause. Those in relationships, or who are married, have been reported to have higher quality of life scores or lower rates of depression compared to those who were unmarried (Avis et al., 2004; Kurpius et al., 2001). The quality of partner relationships has also been considered. Those with no relationship distress, or who were happy in their relationships, reported less severe "symptomology" than those with higher scores of relationship distress, or who were moderately happy or unhappy (Kling et al., 2019; Kurpius et al., 2001). However, it is difficult to ascertain whether menopause is the root of relationship unhappiness (Caico, 2011), with symptoms potentially being the cause of distress and

unhappiness, or whether higher relationship quality results in women having fewer symptoms, or at least finding them easier to manage (Kling et al., 2019).

In some cases, menopause is reported to negatively impact relationships. In one British study conducted with 695 women who were experiencing menopausal symptoms, or who had done so within the previous 10 years, 22% of them and 28% of the 395 partners who participated reported that they often argued. Women attributed these arguments to their partner's lack of understanding of menopause (Currie & Moger, 2019). Indeed, men have sometimes been reported to be unaware of the symptoms that their female partners experience (Mansfield et al., 2003; Papini et al., 2002). Male partners who *were* aware were not always perceived as acknowledging or validating symptoms (Papini et al., 2002). Some men have been reported to have more negative attitudes about menopause than their female partners and to ratify biomedical perspectives in ways the women perceived as problematic (Dillaway, 2008; Papini et al., 2002). Women have interpreted various aspects of their male partner's behaviours as constituting negative monitoring of menopause (e.g., asking when periods were due to end, encouraging them to find a "cure" for "the problem"; Dillaway, 2008). Some male partners were perceived to engage more positively (Dillaway, 2008), while others may want to be supportive but are unsure of how to be (Currie & Moger, 2019; Mansfield et al., 2003).

Menopause or the wider context of women's lives and relationships? It is perhaps unsurprising that researchers have sometimes concluded that hormones and peri/menopausal changes may be a factor in relationship breakdown and marriages ending (Caico, 2011; Wu & Schimmele, 2007). Yet, this is difficult to definitively ascertain. The reasons for women considering leaving a partner/relationship during midlife could be attributed to other aspects of having been partnered for many years. It is also particularly difficult to tease apart peri/menopause from other changes within women's wider contexts (e.g., Caico, 2011). Research during the 1990s and early 2000s evidenced how challenges associated with caring for ageing parents, their own partner's health and sexual functioning, and low levels of social support impacted women's relationships (reported in Hinchliff et al., 2010; see also Dillaway, 2007, 2008, 2020). These or other family events, such as health concerns and bereavement, alongside wider relationship challenges may mean that menopause is (portrayed as) seemingly somewhat inconsequential in comparison to women's wider social contexts (Dillaway, 2008; Dillaway et al., 2008; Winterich & Umberson, 1999).

The relevance of peri/menopause in families and friendships

We know that peri/menopause has implications for women's identities and relationships, and that women sometimes seek support from family and friends (e.g., Deeks & McCabe, 1998; Mansfield et al., 2003). However, research exploring women's social capital during peri/menopause is particularly sparse. Some women reportedly perceive social networks to be more useful resources than doctors or health professionals (Dillaway et al., 2008). Of course, to consider social networks as an unequivocal good would be overly simplistic. Some have reported that their families saw their symptoms as problematic and

encouraged them to seek medical treatment in ways that these women perceived negatively (Dillaway, 2008). In one British study, around half of the women reported that peri/menopause impacted their home lives, 23% felt isolated from their families, and 15% felt like a burden (Currie & Moger, 2019). Further, over a third reported that their social life had been impacted by menopausal symptoms, 26% felt less outgoing, and 19% no longer enjoyed social situations (Currie & Moger, 2019).

Women's understandings of their parents and of their own parental identities likely play a part in their peri/menopausal experiences. Women may make sense of peri/menopause by considering their experiences relative to those of their mothers—including reflection on similarities or differences. Those who knew little about their mothers' experiences sometimes wished they did, and those who had not spoken with their mothers reported a gap in their menopause knowledge (Dillaway, 2007). Peri/menopausal women are commonly mothers themselves. They may be hesitant to discuss peri/menopausal-related struggles with their children to maintain an image of being a "good" mother (Dillaway, 2006). In one British study, 11% of women felt they had been a better parent preceding menopause (Currie & Moger, 2019). In this regard, women have disclosed complex feelings as they reach the end of their childbearing years and as children leave home, particularly given that womanhood is heavily "tied up with motherhood" (Deeks & McCabe, 1998; Winterich & Umberson, 1999, p. 69). Further, children may be focused on their own lives and incognisant of their mothers' needs (Dillaway, 2006).

In terms of friendships, there is little understanding of how these play out during peri/menopause; though a sense of shared experiences around wider reproductive changes may be valuable for women (Dillaway, 2005). In a U.S. study, women of colour reported that they were most likely to talk mainly with friends about menopause, and specifically other women of colour rather than White European American women, who they reported to be lacking knowledge and understanding of their experiences. In contrast, White European American women's experiences were of isolation and a lack of close friendship networks. Those who spoke with friends reported that conversations were limited to acknowledging symptoms (Dillaway et al., 2008). There is little else about friendships in the existing literature, other than that friends may be consistently highly valued throughout women's lives (e.g., Deeks & McCabe, 1998). Given women's partners, family, and friends are all likely to be important, our research question focused on women's experience of their interpersonal relationships during peri/menopause.

Methodology

Design

We invited women who self-defined as perimenopausal, menopausal, or postmenopausal to complete an online open-ended qualitative survey exploring women's experiences of social relationships during peri/menopause. Surveys are particularly suited to sensitive topics such as women's personal and reproductive lives, with online delivery offering flexibility and easing distribution (Terry & Braun, 2017). Our survey was developed

from literature on peri/menopausal relationships. The initial questions were broad, to ease participants into the survey (e.g., "How did you come to think that you might be perimenopausal/menopausal?" "Please could you tell me who you talked to when you first believed you were perimenopausal/menopausal?"), with questions becoming more specific as the survey progressed. We specifically asked separate but similarly worded questions about friends, families, and partner relationships (e.g., "Please can you tell me about your [friendships/family/partner relationships] during perimenopause/menopause?"). We included prompts to encourage deep engagement and in-depth responses. The survey ended by asking, "Is there anything else you would like to add about your peri/menopausal experiences and relationships that you have not included previously? If so, please use the space below." Following initial piloting with seven participants, minor changes were made to the wording of prompts.

Recruitment and participants

After obtaining ethics approval from the University of the West of England Research Ethics Committee, recruitment was conducted via social media, including *Facebook* and *Reddit* (e.g., menopause support forums; online discussion boards), and on *Menopause Cafes*' social media spaces with moderator's permission. The call consisted of a post featuring an image of a speech bubble containing the words "Participants needed for a research project on women's experiences of their relationships during perimenopause and menopause." In the post, we reiterated our interest in exploring women's experiences of social relationships during peri/menopause, explained that participation involved completing a qualitative survey, stated the eligibility criteria (e.g., identifying as perimenopausal, menopausal, or postmenopausal), and emphasised confidentiality. Potential participants were invited to share the survey link with others but asked not to tag anyone in the comments section for privacy reasons. The post contained a link to the survey and an email address for potential participants to ask questions.

We aimed to recruit 50 people and our final dataset consisted of 71 peri/menopausal participants. Their ages ranged from 37 to 65 years ($M = 51$), and most (59) were in relationships (cohabiting, living apart together [LAT], or married/in a civil partnership [CP]). The question that asked about sexuality was inadvertently omitted from the survey, but we established from the data that 52 (88%) of women in relationships referred to a husband or male partner (the remaining seven did not state their partner's gender). A further three unpartnered participants referenced male ex-partners. Therefore, the likelihood is that most participants were heterosexual, with some possibly bisexual/pansexual/queer. Participants were mainly White (two Asian Indian and one mixed-race/multiple ethnicity) and from the UK (except for one each from Australia, Germany, and the U.S.).

Data analysis

We see the experiences presented by participants as produced within the complex interactions between the physical, psychological, social, and cultural as contextually situated realities. We therefore applied a critical realist lens when interpreting the data to consider

how these women accounted for their embodied and social realities. According to Braun and Clarke (2022), "the goal of a critical realist TA [thematic analysis] is to provide a coherent and compelling interpretation of the data, grounded in, or anchored by, the participants' accounts, that speaks to situated realities" (p. 171; see also Hinchliff et al., 2010; Ussher, 1999, 2008; Willig, 2013). Important to this approach is the recognition of our own situated realities and the ways these will have inflected our analysis, given that most strands of critical realism recognise that knowledge is conditional, partial, and subject to interpretation (Maxwell, 2012). The first author is in their mid-40s and peri/menopausal, the second is a cisgender woman in their 20s who has yet to experience peri/menopause, and the third is a cisgender man in a relationship with a woman. In this sense, while the first author was somewhat of an insider, the second and third authors were largely outsiders to our participants and their experiences. Our differing perspectives gave us a broad and diverse outlook that mediated our reading of the data (Hayfield & Huxley, 2015).

Reflexive thematic analysis enabled us to construct meaning-based patterns from across the data, in which the situated realities of our participants are made evident through the shared social resources they drew upon (Braun & Clarke, 2022; Terry & Hayfield, 2021). In the first phase of familiarisation, data were downloaded, read in full, and notes made on the margins. Further immersion in the data was enabled through initial inductive coding, "tagging" parts of the data with labels that detailed the researchers' interpretations of meaning. Then, the first and third authors developed the analysis through further inductive and deductive coding. Our coding approach was to develop both semantic and latent codes that were organised into clusters to develop initial themes. A thematic map of these was also created. Data extracts were collated to ensure that candidate themes were fully supported by participants' responses. Theme definitions were written to ensure that each theme cohered around a strong central organising concept without overlap between them. We include participant number, age in years, and relationship status alongside data extracts; spelling and grammar have not been corrected.

Analysis

The menopause sisterhood: Solidarity based on shared embodied experiences

In this theme, we discuss how our participants constructed their relationships with other peri/menopausal women. Friends and/or relatives provided support that was evidently important and mattered to our participants. One participant stated that "girl friends are a great source of comfort, understanding and support" (P11, 54, married/in a civil partnership [CP]), which was echoed by another who wrote that it is "good to have friends of same age sharing similar experiences" (P3, 56, single). Another had "a good menopause moan" with her sister who is "50 and going through mood swings" (P17, 48, cohabiting). While some women mentioned friends and family, others recounted how meaningful peri/menopause-related connections could be forged in the distinct cultural spaces of their day-to-day lives. These included "an amazing network of gym friends who are the most non- judgemental women I am lucky enough to know … really

supported me" (P4, 48, married/CP), but were most commonly "women at my workplace" (P15, 38, married/CP).

It was noticeable that many of these women referred to how it was frequently within work networks that discussions could happen, including within informal groups that were not specifically established around peri/menopause. For instance:

> While I don't have any close girlfriends, I did have a small network of women at my workplace who are the same age, and we'd chat and go for walks over lunch. I wouldn't say we are friends as I do not maintain any contact with them when I am away from work (no social network sharing), but during workdays, it has been nice to be able to ask questions, share information and compare notes. (P13, 58, married/CP)

Other workplace groups through which the women created new bonds were formally premised on gender: "My female colleagues have been incredibly supportive, through the Women's Network ladies that I have previously not known" (P2, 53, divorced/separated). Others mentioned "menopause cafes" (see https://www.menopausecafe.net/) at work (P16, 54, married/CP; P17, 48, cohabiting). In these spaces, participants reported that they "would network with other women around my age and discuss our changing bodies, families, etc" (P13, 58, married/CP).

That others were currently experiencing physical changes was often mentioned. In this sense, peri/menopause was located within the body, hence the body was the site through which women created connections with others. Age was also frequently described as a defining shared characteristic; thus, what seemed to be meaningful to these women was sharing their similar experiences of hormonal changes *and* being in the same phase of reproductive life (Laz, 2003; Walter, 2000). The networks that these women drew support from were termed the "menopause sisterhood" by P2, and described as analogous to other reproductive-related connections such as pregnancy and parenting, as in the following:

> I liken the "menopause sisterhood" to when women form bonds with people, they are pregnant with or go to toddler groups with. There is a kind of two-way reliance and understanding. I have found that when I have openly discussed menopause symptoms at work, many colleagues have wanted to join in the conversation. (P2, 53 years, divorced/separated)

The "two-way" aspect described here relies on an essentialist depiction of experience as a requirement of participation. The notion of being marginalised in wider society is drawn on as a meaning-making tool. These spaces within the workplace are arguably constructed as emancipatory, as sites of empowerment within which women can validate each other's experiences of their bodies and their lives (see Goldstein, 2000; Hyde et al., 2010).

The menopause sisterhoods that these women described can be interpreted as representing feminist endeavours, where these women could resist the silencing and taboo around the ageing peri/menopausal woman and her changing body (Hyde et al., 2010;

Ussher, 2008). Some women noted how their individual action to "break the silence" was required for sisterhoods to come into existence. For example:

> Note: I was almost always the one who brought up the subject of menopause with these ladies, and I came to realize that they would probably never likely bring it up on their own, without me asking questions, or prodding them. There is still stigma around talking about "women's reproductive systems," and many women are quite uncomfortable discussing it. (P13, 58, married/CP)

> I set up a support group and some social events in my area to offer and receive peer support. This has been a positive experience … I still experience an embarrassment and taboo from others lingering in everyday conversations and friendships as not everyone is ready to talk about hormones, their bodies or hormonal wellbeing in the context of menopause. (P20, 50, LAT)

This notion of having to resist the silence partially resonates with previous research where stigmatisation of menopause, and shame and embarrassment about symptoms, silenced women (which meant that their needs for support and understanding were *not* met; Nosek et al., 2010). Among our participants, speaking about menopause enabled the creation (or recognition) of sisterhoods, described by them as *necessary*, perhaps due to the perceived lack of acknowledgement or understanding of peri/menopausal experience in broader society (Walter, 2000). Even for those who did not experience symptoms as a particular struggle, they nonetheless still described discussions with other women who could relate to peri/menopause, as shown below:

> Friends of similar age, lots of general moaning about symptoms though I always felt relatively lucky I didn't seem to have it too badly … younger women seem largely unaware of what lies ahead. (P16, 54, married/CP)

The "unawareness" described in this data extract was mentioned frequently, and often used to portray (social) spaces where women could discuss changes to the reproductive body as they age as being absent or invisible (see also Nosek et al., 2010). In this regard, peri/menopause was often framed by our participants as "sneaking up" on women, leaving them feeling unprepared.

Peri/menopausal women have previously reported that they would like more validation of their experiences, particularly from health professionals (Hyde et al., 2010; Walter, 2000). In our data, it was colleagues, friends, and to some extent family who provided this validation. For example:

> A close friend had been through it – another was getting similar symptoms, so it helped to talk to them and recognise the symptoms as "normal." They were and continue to be supportive to me. (P18, 54, cohabiting)

Validation and normalisation were frequently cited as a source of comfort and reassurance. Previous U.S. research has reported that some (White) women do not have the types of friendship networks in which they felt able to talk about menopause. Accordingly, they lacked awareness of other women's experiences (Dillaway, 2005). Our research indicates that some British women are talking to both friends and (workplace) peers and sharing their experiences. Further, there was a common thread among our participants that to share with others brought emotional and practical benefits, as in the following:

> I am aware of some friends of similar age or older who I can share thoughts about menopause with. Been good to know other women also having a tough time and sharing things which might help. (P9, 54, married/CP)

The menopause sisterhoods described by participants offered opportunities to articulate concerns and make sense of their changing bodies. Indeed, most of what they shared related to physical peri/menopausal changes (Dillaway et al., 2008), which evidenced that peri/menopause was an embodied experience. It was not only talking but the common embodiment of peri/menopause that enabled (and constrained) bonding. Their shared embodied experiences of peri/menopause enabled the formation of bonds and the shoring up of support through mutual understanding. Many participants spoke of existing relationships deepening during peri/menopause, including through shared experiences:

> If anything [friendships] have got stronger. There is solidarity in women that is lost elsewhere. I am fortunate that my closest friends have been around 20+ years so we have been through everything together. (P18, 54, cohabiting)

Those whose experiences differed from those of their peers reported a distinct *lack* of connection with others. For example, one participant portrayed their experience as contrasting from others' due to being at the interface of the physical and the psychological. This difference impeded connectedness:

> My symptoms were more psychological, I wasn't in physical pain or needing surgical menopause so there was little empathy or understanding of what I was experiencing … Most friends had more physical experiences, i.e. insomnia, hot flushes, heavy or painful periods/bleeding, so I didn't connect with anyone who'd experienced hormonal depression. I felt very isolated, not seen, and unheard. (P20, 50, LAT)

Similarly, another participant highlighted that the connection between age and experience was drawn into sharp relief when their "premature" peri/menopause seemingly created dissonance for themselves and those around them:

> When I used to join menopause groups, I was asked why I was there as I was seen as too young. Then I feel as if I was being pointed at and whispered about in the organisation due to my age. (P1, 41, married/CP)

In these cases, difference created a barrier that disrupted the formation of bonds or being in solidarity with others. The quality and value of existing friendships as sources of support also varied. Some friendships struggled to survive, especially when the ability to share and normalise was constrained. But other friendships became stronger, and opportunities for newly established relationships to develop also arose. For instance:

> I can't link it directly to the menopause, but my friendship group has broken down and I feel less connected to my friends. Over the years, menopause is rarely discussed. (P8, 57, married/CP)

> Those who aren't yet experiencing symptoms seem to have faded a bit … Friends going through similar symptoms have become closer. The mutual support is so important/valuable. (P14, 46, married/CP)

> I gained a new friend and we have been very supportive of one another. I found I started to choose friends in a different way and stopped being so readily available. (P28, 52, LAT)

As these survey responses show, peri/menopause was constructed as a time of intensity and of shifting relationships. Old friendships were put to the test and suffered as a result, but new connections could also be forged. The dominant picture of our data was of how sharing commonly experienced physical symptoms alongside their psychosocial contexts underpinned a sense of solidarity with particular others—especially through socially supportive menopause sisterhoods. In sum, these women's experiences of their interpersonal relationships during peri/menopause were premised on shared experiential and embodied understandings.

Accounting for (lack of) partner support: Men as heroes (or as absolved of any blame)

In this theme, we start by highlighting how women's reports of their partners varied across the data, with some men reported to be supportive, but others much less so. We then move to explore how the women accounted for the (lack of) support provided by partners. If men were perceived as understanding, they were described in somewhat heroic terms and heavily lauded. In contrast to these positive accounts, there was also a strong thread of blame within the data. Women seemingly blamed themselves when they perceived peri/menopausal symptoms as impacting their relationships. Further, some men were also described as blaming women for any difficulties encountered within relationships. However, our participants rarely blamed their partners for relationship problems. Instead, they excused men for any lack of support and used heavily gendered narratives to explain away any absence of understanding.

Overall, what underpinned supportive partners was their understanding. Accordingly, partners described as *lacking* understanding were described as *un*supportive. For example, one participant "couldn't talk to my husband … as he seemed dismissive"

(P22, 58, married/CP), while another's partner "doesn't seem comfortable talking about it" (P7, 50, cohabiting). Some wrote of how husbands were "not very understanding" (P5, 46, married/CP), or "seems rather confused by the whole thing" (P16, 54, married/CP), perhaps reflecting wider cultural portrayals of menopause (and indeed of women's bodies generally) as complex and confusing (Dillaway, 2008). The lack of understanding they described was particularly problematic given that male partners were often the first person to whom women had spoken about peri/menopause. One participant reported that her partner "just laughed and rolled his eyes" (P52, 53, married/CP), while another reported that "He was clueless and still shows little interest" (P67, 49, married/CP), hence some women's husbands/civil partners knew little about peri/menopause (see Mansfield et al., 2003). However, partners were by no means portrayed as unequivocally lacking understanding or as unsupportive. Some reported a partner that could understand somewhat: "Spoke with husband who is very understanding to a certain degree" (P11, 54, married/CP), while others portrayed partners as a great source of support.

What constituted a supportive partner was his perceived understanding of women's experiences of peri/menopause, and when men *were* understanding, they were portrayed in heroic terms. For example:

> I love my partner completely! We have a loving and close relationship, but I don't feel sexy anymore and I'm usually too tired for intimacy! I'm happy with hugs and kisses rather than full blown sex. I'm sure my partner understands my current life stage and he is *relentlessly supportive* [emphasis added]. I feel like I let him down though and don't give him as much attention as I should. (P7, 50, cohabiting)

> My husband is very understanding and supportive … I have put on weight and feel less attractive to the point where I am shy for my husband to see my body. Have also lost my sexual appetite – now for about five years! My poor husband. This makes me feel very guilty. We do talk about this, and *I'm lucky* [emphasis added] he is so understanding … My husband is *fantastically understanding* [emphasis added]. (P9, 54, married/CP)

Men's status as heroes was evident through the strong statements deployed in these participants' descriptions ("relentlessly supportive" and "fantastically understanding"). Further, women framed themselves as fortunate when partners were described as understanding, perhaps arising from low expectations of men's knowledge of peri/menopause. What was also evident was a tendency for women to blame themselves for what they perceived as them failing their partners ("I feel like I let him down" and "this makes me feel very guilty"). Such feelings may be expressed in response to the disjunct between the realities of sexual intimacy in relationships versus cultural messages about what their "sex lives" *should* be like (Hyde et al., 2011). Men's heroic status was further elevated through their being supportive despite their "suffering."

Sex during menopause somewhat dominates previous research with a particular focus on women's declining interest in sexual activities (e.g., Currie & Moger, 2019; Dillaway,

2005; Hinchliff et al., 2010; Stephens, 2001). Accordingly, what was most salient in our data was women's lack of desire and the resulting complexities that arose for both them and their relationships. We want to emphasise that the notion of declining desire during peri/menopause and older age may be premised on stereotypes (see Hinchliff & Gott, 2008). Nonetheless, our participants recounted that peri/menopause impacted sexual intimacy directly through loss of interest in sexual activities, but also indirectly as a result of other changes. This troubled these women and was the issue that they commonly sought support and understanding for from partners, who were also assumed to find this problematic. These women's narratives reflect dominant discourses of heterosex in which men are understood to actively want and need sex (see Gavey, 2018; Hayfield & Clarke, 2012; Stephens, 2001). The importance they place on (their lack of interest in) sexual activities also shores up notions of "sex" being a requirement of healthy relationships (Gavey, 2018). Accordingly, men were portrayed as victims of women's peri/menopause and as missing out on sexual attention.

However, not all men were characterised as supportive and understanding about these women's diminished sexual desire, mirroring previous research (Currie & Moger, 2019). While some women blamed themselves for the impact of peri/menopause on their relationship, there were also accounts of partners blaming them. P26 was critical of herself because: "I don't know how anyone puts up with me!" and described her relationship with her partner as "significantly impacted by this [peri/menopause] … sex, is non-existent!!!!" She reported that she was "totally unsupported by everyone, especially my partner" who was "clueless … he's always thought that I was just making excuses" (P26, 55, cohabiting). Similarly, one participant wrote: "I felt he thought I was making excuses to avoid intimacy" (P22, 58, married/CP), and another recounted how her husband placed emphasis on her not doing "enough" despite her considerable efforts:

> Completely devastated our relationship.… His perception of this [peri/menopause] being an issue that I was choosing not to better manage (despite HRT [hormone replacement therapy], diet, exercise, supplements) has also led to resentment on both sides. (P14, 46, married/CP)

Some of these women's partners, then, were ostensibly lacking empathy and reluctant to validate the significance of menopausal symptoms (Papini et al., 2002). However, it was particularly noticeable that these women did not hold men to account. Instead, they drew on heavily gendered narratives to explain their partner's *inability* to understand, as in the following quote:

> I feel the menopause has greatly affected my relationship with my husband. He's not a particularly sympathetic person and is very much a man's man. He's never been a person to discuss feelings and does tend to take my behaviour personally. (P45, 56, married/CP)

> Friends? Supported. Partner? Not so much … but I forgive him. Males will never understand. (P18, 54, cohabiting)

These women's accounts draw on traditional discourses of masculinity to portray male partners as lacking emotional capacity or as having any ability to empathise. This reflects wider social discourse around notions that "men are from Mars and women are from Venus" (see Cameron, 2008). These multifaceted narratives were used to absolve men of responsibility to even try to be a potential source of support.

However, there were limits and women were not always able to overlook their partner's failings. In the following account, for example, one husband is blamed for his selfishness:

> It [peri/menopause] significantly affected my relationship with my husband. My low libido and the fact that I was bleeding all the time made intimacy difficult. I felt under pressure and resentful of this. He looked elsewhere for intimacy. The fallout impacted on the whole family dynamic and my children were very angry with their father and to some extent with me, for not kicking him into touch. Our relationship has never fully recovered. I don't think he even tried to understand what I was experiencing or put his own needs first. I felt very isolated. (P22, 58, married/CP)

Other women have previously noted the potential for partners to be "unfaithful" (e.g., Dillaway, 2008). In this case, the partner is held to account for his lack of support and understanding, and for his seeking intimacy elsewhere. He is to some extent held responsible for his behaviour, perhaps because he has crossed a boundary by "looking elsewhere." While his infidelity did not ultimately result in the relationship ending, it was portrayed as disruptive and detrimental to their relationship, and the wider family.

In sum, women's experience of partner support during peri/menopause varied considerably. Some partners were described as unable to offer the understanding that women sought. When partners *were* perceived as supportive, they were described as heroic. The most common issue raised by these women was a waning interest in sexual activities. They located this as a problem within themselves that impinged upon their partner relationships, and some men also held them to account. Ultimately, what constituted support rested on a partner who was perceived to be understanding of the ways in which the impacts of peri/menopause intruded into their intimate relationships so that these could be endured together.

Discussion

Within our research, peri/menopause was largely reported to be defined by the inconvenience and intrusiveness of physical symptoms on women's lives and relationships. Feminists seeking to resist an oversimplified medical model of menopause have sometimes described peri/menopause as an unproblematic or even as a liberatory life event. Our data support evidence indicating that some women struggle with enduring changes that happen during peri/menopause (e.g., The Fawcett Society, 2022). Of course, women's experiences of peri/menopause (and midlife) will vary, and some women will likely find this time much less challenging than others might. Like others, we note the need to be cautious and ensure that neither the impacts of physical

changes nor the diversity of women's experiences are erased (see Goldstein, 2000; Lupton, 1996; Nosek et al., 2010). Based on the analysis that we presented, we argue that validating women's peri/menopausal experiences requires a nuanced approach to consider the complexities of how peri/menopausal women's lives are shaped by physical, psychological, social, and cultural factors (e.g., Dillaway, 2020).

We demonstrated novel insights into how these women's connections with similar others were especially important to them and offered opportunities to alleviate some of the difficulties of managing peri/menopause. Their relationships with other peri/menopausal women were portrayed as akin to "sisterhoods" and could transcend typical social parameters (e.g., work colleagues becoming close confidants). Our results indicate that talking about peri/menopause with others may normalise women's experiences of peri/menopause and ageing in ways that are empowering (also see Hyde et al., 2010). In the past, peri/menopausal women have recounted unsuccessfully seeking support and validation (Nosek et al., 2010). Barriers exist to women discussing their bodies and experiences of ageing, but our participants reported the benefits of speaking up. The notion of women creating support networks during peri/menopause is relatively novel and may reflect increased interest in (and discussion of) menopause in the wider culture (Jermyn, 2023).

The sense of kinship and solidarity that these support networks offered seemed similar to other "new" cohort-based groups, such as postnatal coffee groups.[4] In contrast to the physical markers of pregnancy and childrearing, the changes related to peri/menopause may be less visible upon the body. Nonetheless, membership in menopause sisterhoods was constructed as premised on the material body and mutual understandings, framing peri/menopause as located within the body and as embodied in lived experience, shared testimonies, and sense-making with other women sharing similar experiences (see Jones, 1994; Ussher, 2008). In this sense, experiences of peri/menopause were more than simply physical and hormonal changes and instead represented the interconnections between these and the social and cultural. This was particularly evidenced in how these women shared their experiences and drew on connections with others to *make sense of* these changes, which, in turn, shaped their experiences (Hyde et al., 2010).

The networks our participants described were predominantly within the workplace and most often informal. There are implications for organisations, who could promote the creation and maintenance of such networks to the benefit of their employees and organisations (although some professions might more easily be able to establish these than others). Further, membership of these networks was perhaps somewhat exclusive. Those whose lived experiences and peri/menopausal signs and symptoms differed from those of others found that they struggled to belong. This has implications for those entering early peri/menopause, who may have unique experiences and specific support needs (e.g., Hunter, 2019). It would be beneficial for future researchers to build on existing research and consider the possibilities and constraints of networks within a variety of workplaces (e.g., Beck et al., 2020), and to explore how women can be supported both within and beyond the workplace.

Our study also offers novel insights into the varying levels of support and the emotional complexities of partner relationships (particularly those with men). Our analysis demonstrates how some women blame themselves for any issues, absolve men of

responsibility for being supportive, or depict men as heroic when they are perceived as understanding. Whether or how these strategies help or hinder women as they manage peri/menopause is worthy of further exploration. The notion of heroism resonates with some men's accounts of masculinity in which they (partially) make sense of their own or other men's masculinities as heroic—including through framing their own behaviours as for the benefit of their partners (see Terry & Braun, 2011, 2013; Wetherell & Edley, 2014). Researchers have long noted the need for men to become educated about menopause (e.g., Mansfield et al., 2003). If carefully addressed, initiatives could benefit individual men and have a wider impact on reducing taboos and stigma in the wider culture. Scholars have also noted the complexities in teasing apart peri/menopause from the wider social contexts of women's lives and long-term relationships (Caico, 2011; Hinchliff et al., 2010). However, our participants attributed relationship difficulties as arising directly from peri/menopause. Our results have important implications for those in professional therapeutic roles, where recognising peri/menopause as potentially relevant within their clients' lives and relationships could enable support to be appropriately contextualised.

We also bring new understanding of how women's friendships might change during peri/menopause, of which little is known. Existing friendships sometimes flourished (and were a source of emotional support; Deeks & McCabe, 1998), although others floundered under scrutiny. However, opportunities for new friendships built on the foundations of peri/menopause also came to fruition. Future research could explore women's friendships in more depth, including the impacts of losing long-standing friends during peri/menopause. However, our overall results offer a picture of mainly White and (seemingly) heterosexual women's relationships during peri/menopause. Based on the minimal existing research, it seems likely that women of colour and those with diverse sexual identities (e.g., asexual, bisexual, lesbian) will have distinct experiences (e.g., Dillaway et al., 2008; Hyde et al., 2011; Kelly, 2008; Winterich, 2003). Further studies with diverse participants to consider the complexities of peri/menopause could deepen our knowledge and understanding of the experiences of those from other social groups.

The overarching story of the data was of peri/menopause being constructed as a time when women sought understanding from others to feel supported. Some of the difficulties of peri/menopause were alleviated through their connections and networks with other peri/menopausal women whose experiences were like theirs and who could therefore provide a sense of solidarity and sisterhood. By implication, partners, friends, or family members who did not have access to shared experience were portrayed as less able to provide support. A lack of understanding threatened existing relationships and exposed their fragilities, sometimes to the extent that they were untenable. It was clear that relationships with friends, family, colleagues, partners, and others were an important part of these women's sense-making and experiences of peri/menopause.

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Notes

1. We acknowledge critiques of the term "symptoms" on the basis that it is constraining and reflects a traditional medical model of menopause as a physical disease (Cole & Rothblum, 1990). However, such language has been widely taken up (including by our participants) and dominates popular culture and academic literature. Therefore, we retain the word "symptoms" when referring to others' use of it, but use "changes" or "signs and symptoms" wherever possible.
2. We note that these results should be interpreted with caution because they may not reflect prevalence in the general population, particularly since those finding peri/menopause challenging may have been more motivated to participate.
3. We note that scholars have sometimes removed participants in non-marital or same-sex relationships from their data due to small numbers (e.g., Mansfield et al., 2003), and that others refer generically to "marriage" despite including unmarried participants (e.g., Kurpius et al., 2001).
4. See https://www.nct.org.uk/local-activities-meet-ups

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