

Mediating menopause: Feminism, neoliberalism, and biomedicalisation

Feminist Theory

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journals.sagepub.com/home/fty**Shani Orgad**Media and Communications, London School of Economics and
Political Science, UK**Catherine Rottenberg** Department of American and Canadian Studies, University
of Nottingham, UK**Abstract**

Menopause is currently a ‘hot’ topic in the UK. This article examines the Channel 4 television documentary *Davina McCall: Sex, Myths and the Menopause* as a key cultural text in the current UK ‘menopause moment’, demonstrating how the programme both reflects and contributes to the broader trend of menopause’s growing visibility and the emerging menopause market. We begin by situating *Davina* within broader social, cultural and economic processes which provided a conducive context for the show’s largely positive reception, and which constitute some of the key forces fuelling menopause’s heightened public profile more broadly. We then move to investigate the discourses that *Davina* draws upon, mobilises and highlights. Our analysis shows how the programme invokes feminist terms, while discussing crucial structural conditions that underpin the continued stigma and shame around menopause. At the same time, we demonstrate that there is a striking disconnect between the structural inequalities that the documentary highlights and its consistent emphasis on individualised and privatised solutions. This disconnect, we argue, provides important insight into the dominant forces currently animating the current menopause moment in the UK. We conclude by underscoring how even the more recent critical renditions of menopause have thus far remained largely curtailed by biomedical and neoliberal logics.

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Introduction

Menopause is currently a ‘hot’ topic in the UK. The sheer visibility of menopause across the political and cultural landscape today is striking since it contrasts sharply with the past when the subject was taboo and enveloped in silence. In October 2021, for instance, the UK government announced a set of new menopause-related policies, including the establishment of a menopause taskforce. Subsequently, amidst a UK supply crisis of hormone replacement therapy (HRT),¹ in 2022 the UK government appointed a ‘HRT tsar’ and, a year later, the first Menopause Employment Champion to improve workplace support.² Also in 2022 the national Women’s Health Strategy declared menopause one of England’s seven priority areas (Spencer and Crowther, 2022). These developments come at a time when more and more UK governmental bodies, workplaces and charities have been investing in raising menopause awareness amongst managers and employees while creating different forms of workplace support for women experiencing menopause (Jacobs, 2022).

These developments come in the wake of increased discussion about menopause in the Anglo-American cultural sphere across various media. We see this in the growing number of extremely high-profile women, such as Angela Jolie, Michelle Obama, Naomi Watts and Gwyneth Paltrow, speaking publicly about their experiences; the flurry of best-selling books written by women on the topic, e.g. *Cracking the Menopause While Keeping Yourself Together* (Frostrup and Smellie, 2021) and *The Menopause Manifesto* (Gunter, 2021); and portrayals of menopause in popular television shows, such as *The Change* (Channel 4), *And Just Like That* (HBO Max) and *Borgen* (Netflix) (Orgad and Rottenberg, 2023; Jermyn, 2023). At the time of writing, London’s underground is plastered with advertisements for the personalised menopause care app Stella and the menopause supplement Menopace, which features the 50-year-old UK television presenter Gabby Logan and the slogan ‘embrace the change’. Even HarperCollins, one of Britain’s biggest publishers, recently joined the bandwagon, announcing that given the ‘growing army of middle-aged female readers’ it is planning a new genre: ‘the menopause thriller’ (Sawer, 2022).

Feminist scholars have documented how, in the past, the taboo and silence around menopause were inextricably linked to the ways in which ageing women have historically been rendered culturally and socially invisible (de Beauvoir, [1949] 2010; Greer, [1992] 2019; Friedan, 2006; Segal, 2013). When menopause did receive public visibility, it was discussed almost exclusively within a biomedical framework, dominated by negative stereotypes and associated with illness, decay and loss (Shoebridge & Steed, 1998; Martin, 2012; Throsby and Roberts, 2023; Gannon and Stevens, 1998; Mattern, 2019; Gunter, 2021). This framework emerged at the beginning of the twentieth century,

when menopause was first understood as a hormone deficiency disease, Oestrogen replacement therapy then began to be widely supported and was eventually made available on a large scale in the 1960s and 1970s in the United Kingdom, Europe, North America and Australia (Lock, 1993; Throsby and Roberts, 2023). As Throsby and Roberts note, ‘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 estrogen’ (2023). Attitudes to HRT have fluctuated quite dramatically over the past half century – from its widespread popularity and uptake in the 1960s and the 1970s, to its stigmatisation following the results of the 2002 Women’s Health Initiative’s (WHI) study linking HRT with a higher risk of breast cancer. However, the dominant biomedical framing of menopause, alongside the taboo around speaking publicly about it, have facilitated and maintained its largely negative depiction (Hickey, 2022). This, in turn, has reinforced wider cultural norms that continued to cast ageing women’s bodies as decaying and distasteful (Sontag, 1972; Mattern, 2019; Gunter, 2021).

Today, however, not only has menopause talk increased substantially in the UK, and most significantly since 2021, but its framing also seems to have shifted: from a negative biomedical frame that centres a biologically determined hormonal body in decay (Roberts, 2007) to a more positive psychological one – even if still hormone focused – emphasising menopause as an experience of female (and almost exclusively cis-gendered) self-transformation, empowerment and even liberation (Orgad and Rottenberg, 2023; Jermyn, 2023). This significantly heightened public attention and seemingly different framing therefore beg the as-yet-unaddressed question: why is there so much talk about menopause *now*?

In this article, we address this question by examining the growing visibility of menopause in the UK. We do so by analysing what we argue is one of the constitutive cultural texts of what we call ‘the menopause moment’: the Channel 4 television documentary *Davina McCall: Sex, Myths and the Menopause (Davina)*, which aired in the spring of 2021, and to date has been watched by over 2 million people (Orgad and Rottenberg, 2023). The show, written and produced by McCall, a well-known and popular UK television presenter, former model and fitness and wellness guru, successfully capitalised on the celebrity’s fame and likeable persona (Jermyn, 2023). It has since been credited with shattering taboos around menopause, whilst generating the ‘Davina effect’, namely a substantial rise in women requesting HRT and menopause workplace support.

Part of the documentary’s broad appeal appears related to the fact that it provided – for one of the first times on public television – key statistics, much-needed information about menopausal symptoms and, crucially, intimate personal stories told by a range of women, thus opening up the discussion about this hitherto taboo subject to a general audience. Indeed, it seems that *Davina* resonated with many people – with reports of viewers ‘left in tears’ (Greep, 2022) – largely because of its insistence that women need to overcome their shame and speak out about their experiences of menopause (Denman, 2022; Moss, 2022; Wilde, 2022). Of course, the programme was not without its critics. One key criticism was that the documentary created a misleading impression that ‘growing numbers of women are struggling to cope with menopausal symptoms and are seeking

hormonal treatment' (Hickey, 2022). Others have similarly argued that 'HRT might not live up to what the documentary suggested it to be' (Hogervost et al., 2022) and have warned more generally about the overmedicalisation of menopause (Geddes, 2022). Another concern was voiced by general practitioner (GP) Dr Rammya Mathew, who criticised the programme for blaming the lack of appropriate treatment on GPs' incompetence, thus feeding 'into a narrative that the country's GPs are underskilled and underqualified and that, as a result of [their] incompetence, women are being badly let down' (2022). These critiques notwithstanding, the show undoubtedly created a media stir and the coverage was largely very positive, suggesting that *Davina* struck a cultural chord. Indeed, as we demonstrate elsewhere, the programme increased media attention around menopause (Orgad and Rottenberg, 2023). It was able to do so because of a convergence of social, cultural and economic forces as well as due to the specific discourses upon which it draws, which we discuss below.

That said, it is important to stress that the growing interest in menopause in mainstream and popular culture did not suddenly begin with *Davina*. In the UK, other TV documentaries were aired several years before, including, for example, Kirsty Wark's *The Menopause and Me* (BBC 2017) and Mariella Frostrup's *The Truth About the Menopause* (BBC 2018). And, yet, these programmes did not have the same cultural impact as *Davina*, even as they undoubtedly form an important backdrop for the newer show's success. How then can we account for *Davina*'s popularity, the considerable attention it attracted and what commentators described as its game-changing impact (e.g. Greep, 2022; Woolcock, 2022)?

In asking these questions, we are not so much interested in analysing the programme *Davina per se* as in understanding it as both constitutive and illustrative of the broader trend of menopause's heightened visibility and the shift in its framing in public discussions. We begin by situating *Davina* within broader social, cultural and economic processes which, we argue, provided a conducive context for the show's overall positive reception, and which constitute some of the key forces facilitating and fuelling the rise of menopause's visibility more broadly. We then move to a closer analysis of *Davina*, investigating the discourses that the programme draws upon, mobilises and highlights. We demonstrate how, on the one hand, the programme invokes key feminist terms, such as struggle and liberation, and discusses crucial structural conditions that underpin the continued stigma and shame around menopause. At the same time, we identify a striking disconnect between the structural inequalities that the documentary highlights and its repeated emphasis on individualised and privatised solutions. This disconnect, we suggest, provides important insight into the dominant contradictions and tensions underpinning menopause's newfound visibility. We conclude by underscoring a paradox of the 'menopause moment': increased visibility alongside an impoverished cultural imagination. Specifically, we argue that even the more recent critical renditions of menopause have so far remained curtailed by a biomedical frame and neoliberal imagination that call forth subjects who perceive themselves in terms of self-responsibility, biological optimisation and choice, and ceaselessly cast them as entrepreneurial and capital-enhancing agents (Rose, 1990; Brown, 2015; Gill, 2017).

The context for *Davina* and the menopause moment: converging factors

In this section, we situate *Davina* in the context of wider social, cultural and economic processes, whose convergence, we argue, has provided fertile ground for the growing embrace of menopause talk in public and for the show's success more specifically. Drawing on our previous account of the 'menopause moment' in the UK – based on a content analysis of twenty years of coverage of menopause in the UK press (Orgad and Rottenberg, 2023) – we discuss a number of key processes, towards which *Davina* gestures and/or references: 1) ageing women becoming the fastest-growing demographic in the workforce today; 2) the significant increase in the number of older women in positions of power; 3) Covid-19's exposure of the profoundly gendered character of the crisis of care alongside the gendered fallout of the pandemic; 4) the growing cultural emphasis on the need to believe women when they speak out about experiences of inequality; and 5) the burgeoning menopause market. We examine each process in turn, demonstrating how *Davina* highlights each one, while concurrently underscoring how the show and the wider menopause movement are themselves situated in relation to these different processes.

Growing workforce demographic of ageing women

Over the past few decades, there has been a significant expansion of the ageing female population, and, as stated on the UK government's Department for Work and Pensions (n.d.) website, 'women over the age of 50 are the fastest growing segment of the workforce'. *Davina* explicitly highlights this changing demographic, underscoring that middle-aged women are now the fastest-growing group of workers (4.3 million in 2020, according to the documentary [minute 35]). The show then juxtaposes this figure against the statistic that nine out of ten women feel that menopause has had a negative impact on their working lives (minute 42). In addition, McCall refers to various feminist and women's organisations, such as the Fawcett Society, which, over the past few years, have highlighted the significant number of women who have either left or have considered leaving the workplace due to debilitating symptoms associated with menopause and the lack of workplace support. This changing reality, where more older women are in paid employment and thus experiencing menopause in the workplace, constitutes a key backdrop to the show's success and has arguably animated the significantly increased focus on menopause in public discussion while contributing to growing demand to develop and implement menopause support in the workplace.

The growing prominence of ageing women

Not only are there more women above the age of fifty in the workplace, but this generation of women has also enjoyed more positive portrayals in the cultural sphere. Deborah Jermyn has observed that in the Anglo-American cultural sphere, 'across various media genres, from film, through TV, to advertising, older women are more frequently evoked as vital, passionate, and purposeful, in ways that would have seemed quite unimaginable

a generation ago' (2016: 17–33). These changes in the cultural terrain are tied in with the fact that older women now hold senior roles in ever higher numbers in both the private and public sectors. In the UK, the proportion of women on FTSE 100 boards has increased steadily since the late 1990s, with particularly significant increases in recent years: whereas in October 2015, 26 per cent of FTSE 100 board members were female, in July 2022 it was 39.6 per cent (House of Commons, 2023). Susan Douglas has noted a similar development in the USA, where women over fifty are now 'the wealthiest and most active generation of women in history' (2020: 81), a sociodemographic trend driving important shifts in what it means to be an older woman in America and how older women perceive themselves.

These transformations are clearly drawn upon and thematised in *Davina*, which showcases the growing influence of older women in the media, medical professions, cultural industries and in politics. The show also highlights how some of these high-powered women have become strong advocates for breaking the silence around menopause. In the documentary, these women include Davina McCall herself, the show's producer and narrator, as well as some of its central interviewees, such as menopause expert Dr Louise Newson, and former cabinet minister Baroness Sayeeda Warsi. The show also alludes to the influence of women like Warsi who have been instrumental in calling for more menopause awareness 'in the corridors of power' (minute 41). Indeed, government initiatives around menopause championed by middle-aged politicians such as MPs Carolyn Harris and Caroline Nokes provided an important backdrop for the programme, which, in turn, boosted these very initiatives.³

The gendered character of the pandemic and the care crisis

Significantly, *Davina* aired a little more than a year after the first national lockdown in the UK was imposed in March 2020 due to the spread of Covid-19. We suggest that the pandemic furnished the programme – and the topic of menopause more broadly – fertile ground for garnering considerable interest. More specifically, *Davina* coincided with, and implicitly capitalised on, a number of critiques that received attention in the wake of Covid-19. One critique referred to the growing outcry regarding the ways in which the pandemic laid bare in devastating ways the deepening care crisis in the UK, especially the rapidly growing gap between peoples' health and social care needs and the state's withdrawal of resources needed to meet these needs (Chatzidakis et al., 2020; Wood and Skeggs, 2020; Gordon and Green, 2021; Dowling, 2022). An interrelated critique focused on how the intensifying care crisis is itself profoundly gendered. This has long manifested itself in the systematic undervaluing and exploitation of care workers whose make-up is not only gendered but also racialised and disproportionately populated by immigrants (Farris and Bergfeld, 2022). It also manifested itself in the ways in which the pandemic dramatically exacerbated the already unequal gendered division of labour, including women's significantly increased unpaid care and domestic loads as well as the rise in violence against women (OECD, 2020).

Davina implicitly positions itself as a response to this intensifying and gendered care crisis, pointedly emphasising the extremely uneven distribution of public health support

for menopause in the UK. In one scene, McCall presents a map of existing specialist clinics, visually underscoring the paucity of provision in the country's North. She stresses that as a result of this regional disparity in resourcing, there is a significant gap in the care that women in the UK receive (minute 10). She also notes that even though there are approximately 13 million women currently experiencing menopause in the UK, there are only 97 specialist menopause clinics across the entire country – one clinic for every 134,000 women (minute 14). The underlying sexism informing this lack of infra-structural support is further emphasised when, later in the programme, McCall speaks with Baroness Warsi. Echoing the words of her medic daughter, Warsi states that 'if men had menopause, we'd have fixed it by now' (minute 33).

Believability in the aftermath of #MeToo

Set against McCall's frustration at a lack of a 'proper diagnosis' during the onset of her own menopause – about which she confesses at the beginning of the show – she explicitly frames the programme as one with a mission. This mission is undoubtedly about increasing menopause awareness, but also – and just as importantly – about insisting that society believe women when they describe what they are experiencing. It is through spotlighting personal stories of women who have had debilitating menopausal symptoms, and who have been ignored or disbelieved and thus failed by the medical system, by workplaces and by society more broadly, that *Davina* articulates its mission. This is forcibly seen in Kate Duffy's story, a woman who posted online video diaries expressing her desperation because she was not receiving the appropriate treatment for her symptoms, which had been misdiagnosed by her GP. Duffy's suffering and her prolonged, anguished attempt to convince her doctor to refer her to a menopause clinic are used to underscore the way in which women's stories about their symptoms are often not listened to even when they are uttered again and again.

This emphasis on the significance of women insisting on telling their stories and the need to listen and believe them – most clearly exemplified by Duffy's story – draws on discourses and sentiments that emerged in the wake of #MeToo and the mainstream embrace of popular feminism, with its celebration of individualised forms of female empowerment (Banet-Weiser, 2018). In particular, the documentary capitalises on an increasingly vociferous insistence in contemporary culture that women undertake various forms of labour in order to be heard, and, crucially, to be perceived as credible (Banet-Weiser and Higgins, 2023). McCall herself states that she is 'not going to be ashamed of a transition that half of the population is going through' (minute 54), highlighting how, historically, women's health issues have been ignored, sidelined and rendered shameful. Thus, the vocabulary that *Davina* utilises and the gender critique that it voices are squarely situated within this wider post-#MeToo and post-Covid-19 context, which, we argue, was ripe for breaking lingering taboos around menopause and producing the 'Davina effect'.

A burgeoning menopause market

Finally, it seems that the success and significant impact of the show – as well as of the rise of the wider menopause moment – are closely, if implicitly, related to the rapidly

expanding market for menopause remedies and products. An entire industry has emerged around menopause, with a range of economic actors contributing to and profiting from a market now estimated to be worth US\$20 billion globally and with a 5.7 per cent annual growth rate (Kirwan-Taylor, 2022; Kollewe, 2022). The menopause market includes an array of alternative remedies sold in drugstores and health stores, and the promotion of menopause-related wellness programmes and specialised menopause retreats and apps. Cosmetic companies and private medical menopause consultants, like the ones interviewed in *Davina*, have also become involved in this lucrative market.

McCall explicitly describes the ‘burgeoning market’ for menopause products, citing various reports about the growth in the consumption of menopause products (minute 38). In one scene, for example, she reveals that since 2020 alone, companies like Boots and Holland and Barrett have seen a more than fifty per cent growth in some of their menopause-related products (minute 30). Notably, however, when McCall talks about the market for menopause she refers only to alternative non-HRT products, such as herbal supplements about whose effectiveness she is rather sceptical. HRT is positioned very differently, namely, as a medically proven, highly effective and safe solution, which seemingly exists outside this market. Indeed, the show centres HRT throughout: from introducing NHS guidelines about it, through discussing its association with breast cancer while stressing research refuting this association, to celebrating the stories of women whose lives have been transformed by taking it. Furthermore, as Jermyn (2023) observes, the programme’s foregrounding of HRT is intimately imbricated with and enhanced by McCall’s star persona and life story as a recovering drug addict who, through a process of self-transformation, has become a well-received fitness and health entrepreneur and activist. Thus, McCall’s call to women to ‘own their menopause’ and consider HRT as a way of managing menopausal symptoms needs to be understood as intimately bound up with what has been touted as her successful psychological and bodily makeover. This makeover is, in turn, predicated on self-responsibilisation, entrepreneurialism and consumption – precisely the discourses underpinning the neoliberal imaginary (Jermyn, 2023). In these ways, *Davina* both reflects and has been itself instrumental in the recent revitalisation and rehabilitation of HRT, which not only buttresses neoliberal norms but, as we discuss in more detail below, is also part of the continued biomedicalisation of menopause.

Having discussed the broad processes which the documentary references, we now move to examine more closely the specific discourses that the programme draws upon and mobilises. We show how, on the one hand, the programme invokes key feminist terms and emphasises structural injustices, while on the other, it champions individualised and privatised solutions.

Menopause visibility as a feminist cause

Even though it never directly refers to feminism, *Davina* positions menopause awareness as a feminist cause, appropriates a feminist lexicon and sheds light on some key structural failures – underpinned primarily by sexism – that contribute to women’s difficult experiences of menopause. Arguably, positioning menopause awareness in feminist-inspired

terms has also contributed to the documentary's success, given how popular feminism has become part of the cultural zeitgeist (Banet-Weiser et al., 2020).

This positioning is manifest in several key tropes that run through the programme – namely, a demand for change, breaking the silence, struggle and liberation – and in the way that the programme spotlights some of the structural conditions that underpin discrimination against ageing women.

Demand for change

First, framing itself as being on an investigative mission, the show sets out to discover 'how women cope', and, consequently, 'what needs to change?' (minute 2). The demand for change is highlighted in the text displayed on the canvas poster on the show's van with which McCall toured the country, and which has become the poster image for the documentary. Against a list of menopausal symptoms, discussed in the second person, and the pressure on women to 'keep calm and carry on', the poster concludes with women's plight (which *Davina* voices and amplifies)-'they're asking for change' (see image in Brown, 2021):

Your sex drive fades
 Your memory fails
 Your days are sweaty
 Your nights are sleepless
 Your bones get brittle
 You're depressed and anxious

But you feel you have to
 KEEP CALM and CARRY ON

That's what can happen to millions of women during the menopause – and *they're asking for change*. (Emphasis added)

Breaking the silence

Second, echoing the language and framing of previous feminist campaigns in terms of breaking the silence (e.g. in relation to sexual violence, racism and health), the programme's banner foregrounds women's physical and emotional experiences, whilst emphasising the social pressure on women to stay silent about any debilitating symptoms associated with these experiences. Furthermore, by ironically recontextualising the famous wartime slogan 'keep calm and carry on' which gained new currency during Covid-19 and evokes a nostalgic harking back to the so-called blitz spirit, the show highlights the patriarchal demand that women contain their pain, frustration and anger.

The stories told by the women interviewed show how the initial challenges the women faced were the result of the silence and silencing surrounding menopause and the women's consequent inability to understand fully what was happening to them. This, as the documentary makes clear, is due to a lack of public information, knowledge and awareness alongside women's internalised shame around their ageing bodies. McCall links all of these to gender discrimination and ageism, or what has been termed 'gendered ageism' (Douglas, 2020). At the very start of the programme (and thus framing the ensuing discussion), McCall describes how, when she began seeking support and talking publicly about menopause, she was 'advised not to speak about it' because it was linked to women's ageing bodies and bodily functions and was thus a 'bit unsavoury' (minute 4). Wider social change, the programme makes clear, can therefore only begin once women break their silence, 'carry on talking' and spark a 'national conversation' (minute 45).

Struggle and (self-)liberation

Third, struggle, like the importance of women speaking out, is reiterated throughout, and bolstered by McCall's own well-known story of self-transformation. From the opening scenes, there is a clear emphasis on 'fighting' the stigma around menopause (minute 2). A bit later, as McCall speaks to schoolteacher-turned-fashion-designer Karen Arthur, the camera zooms in on a framed poster in the background of Arthur's clothing workshop, which depicts a fist in the air and the motto 'Fight Like a Girl' (minute 7). Similarly, in her interview with Kate Duffy, McCall describes Duffy's persistence in seeking adequate medical support as 'going into a battle' and 'like a war cry' (minute 11). Later, yet another interviewee, Hayley Cockman, who went through early menopause, describes herself as a 'menopause warrior fighting since 1995' (minute 37).

Many of the women describe the process of speaking out and fighting to be heard as transformative and therapeutic, leading to a sense of empowerment and even liberation. Cockman, for example, stresses that she found strength and healing through speaking out and helping others who have gone through similar experiences. McCall describes how it was only when Helen Juffs, an end-of-life carer, 'overcame' her embarrassment and sought help for her excruciatingly painful menopausal symptom of vaginal atrophy that she was finally 'cured' (minute 39). In an earlier scene, McCall suggests that despite (or perhaps as a result of) Arthur's previous struggles, today she appears to be a 'radiant liberated woman' (minute 7). Arthur concurs. Then towards the end of the documentary, Arthur triumphantly states that 'menopause has given me my voice ... and helped me to finally be me' (minute 45).

Thus, in appropriating some of the key terms of feminist struggle, *Davina* seems to deliberately seek to frame itself as part of a feminist-inspired campaign aimed at mobilising a collective fight to remove the taboo, silence and shame around menopause, to open up a 'national conversation' and to get the issue addressed in 'the corridors of power' (minute 42). Furthermore, as part of the critique of the silence and misinformation around menopause, the show sheds light on crucial structural conditions that underpin discrimination against menopausal women and the lack of society-wide support for

addressing this discrimination. In this sense, *Davina* diverges from now canonical neo-liberal feminist texts, such as the Sheryl Sandberg's *Lean In*, which 'disavow the socio-economic and cultural structures shaping our lives' (Rottenberg 2018: 11). It does so by drawing sustained attention to the systematic nature of gender inequality, by stressing the dearth of knowledge about menopause within the medical profession; the stubborn societal taboos around it, alongside ongoing stigmas around the use of HRT; and, finally, the lack of workplace infrastructure and policies aimed at supporting women going through menopause. We now turn to discuss how each of these conditions are constructed in the programme.

Discrimination against menopausal women: structural conditions

McCall raises the critical question of why some GPs struggle to identify menopause symptoms. She finds the answer in the lack of compulsory training in medical schools. Through interviews with medical experts specialising in women's health, the documentary exposes that GPs in the UK go through their entire medical training without being required to do *any* menopause-specific training. *Davina* also highlights the stubborn cultural taboos around menopause. For example, McCall opens the documentary with her confession that she 'got in touch with some real shame' when she started experiencing menopausal symptoms (minute 1). Later in the programme, she also confesses that it took her two years to confide in her friends that she had finally decided to take HRT (minute 17). The women whom McCall interviews also all speak about feelings of shame around their experiences, and through McCall's own confession about her initial embarrassment around menopause and her decision to take HRT, the programme conveys how persistent the stigma around HRT has been.

In this way, the show underscores not only the taboos around menopause but, crucially, also the continued stigma around HRT, which emerged following the publication of the finding of the 2002 WHI Hormone Therapy trials, linking HRT with a higher risk of breast cancer, and which resulted in many women abruptly stopping or avoiding its use. Indeed, one of the stated motivations for making the documentary was to debunk the myths and misinformation around HRT, and in particular to reverse the legacy of the initial 2002 HRT studies. Yet, while this rehabilitation of HRT is cast exclusively in terms of helping and empowering women, and thus packaged as part of the programme's feminist politics, it fundamentally ignores how the promotion of HRT has historically been driven by the biomedicalised and misogynist view of women's ageing bodies as decaying and unfeminine, and, importantly, how the use of HRT is driven by the pharmacological industry (Lock, 1993; Roberts, 2007). We return to this in the next section.

Finally, *Davina* also emphasises the lack of institutional support for menopausal women in the workplace, presenting, as mentioned, the statistic that nine out of ten women feel that menopause negatively impacts their ability to work (minute 34). Kate Heatly's story most forcibly dramatises this, whilst stressing just how crucial workplace flexibility and peer support are. Heatly, a police community support officer, admits that when she began experiencing menopausal symptoms, she was on the verge of quitting her

job, and that it was only because her workplace happened to offer a support group that she was able to stay on. In sharp contrast, Karen Arthur describes how, due to a lack of information and support, she fell into severe depression, and consequently quit her job as a teacher. And whilst other women's stories are less directly related to their working lives, they often include references to the damaging impact that menopause had on their ability to carry out their day-to-day duties in their workplaces.

Disconnect: a feminist cause with privatised and individualised solutions

Although the documentary positions itself as a feminist-inspired endeavour to break the silence around menopause, empower women and address structural failures, a disconnect emerges. Even as *Davina* exposes some of the systematic ways that society has failed menopausal women and even as it underlines the need for collective support for women going through menopause, the solutions it offers to these failures are largely individualised. The show ultimately focuses on women who, in the absence of this structural support, manage to find personal and entrepreneurial solutions to their struggles. These solutions centre on a psychological and bodily makeover, and strikingly, rely almost exclusively on women turning to the private sector and achieving the desired self-transformation through using HRT.

Championing individualised entrepreneurial solutions: work on the self

The focus on privatised entrepreneurial solutions is vividly illustrated in the stories of the women McCall interviews. For example, describing ex-nurse Samantha Evans who founded an online sex-toy shop with specialised products for menopausal women, McCall highlights Evans' resourcefulness and self-initiative, saying: 'like me, Sam didn't know where to turn to find help so she started to provide solutions' herself (minute 32). Similarly, in her interview with Karen Arthur, Arthur recounts how she suffered from suicidal thoughts caused by the onset of menopause, and how consequently she 'immersed herself in meditation', 'quit teaching and turned her first love – sewing – into a successful business' (minute 7). Invoking gendered discourses of passionate work (Duffy, 2017) and entrepreneurialism and resilience, whilst amplifying popular feminist messages of authenticity, confidence and self-acceptance, Arthur is presented as an inspiring role model who overcame adversity, and who is now helping other women by 'creating a fashion for women who need a lift' (Davina's narration; minute 54).

Whilst these two stories emphasise the possibilities of self-transformation through pursuing creative work, the former cabinet minister and lawyer Baroness Warsi's story focuses on the benefits of physical and psychological labour in coping with menopause. Drawing on similar tropes of positivity and resilience – as well as McCall's well-publicised advocacy for the importance of lifestyle change, exercise and wellness regimes – the documentary showcases Warsi lifting weights in a gym (e.g. Chitgopker,

2019; Calvert, 2020; Connor, 2021). Warsi describes how the worst symptom she experienced during menopause was brain fog and how this made her feel like the very things that she had prided herself in – her ability to speak in public and to debate pressing political issues – were being taken away from her. This compelled her to overhaul her lifestyle completely: she changed her diet, entered into a routine of weightlifting and, importantly, began taking HRT. In conclusion, McCall tells us that ‘Sayeeda wants the growing dialogue about menopause to be about strength, not weakness’ (minute 41), echoing the neoliberal exhortation to be confident and resilient, which as Orgad and Gill (2022) have demonstrated, is directed most forcibly towards women.

The women on whose stories the documentary centres are menopausal women who recognise the lack of social support and blame it for what they have been facing, and consequently begin a journey of self-transformation and self-work, both psychologically – through meditation, speaking out and being proactive in their self-transformation – and physically, through exercise, diet and wellness regimes. Indeed, the documentary places a significant, if not always direct, emphasis on menopausal women’s body image. Against the historical trope of women’s menopausal bodies as undesirable and distasteful, *Davina* reinforces – as do many other contemporary media representations of menopause, especially those related to celebrities – the importance of menopausal women feeling that they are still sexually attractive, despite their ageing bodies (Douglas, 2020; Orgad and Rottenberg, 2023; Jermyn, 2023). This is largely conveyed through visual means, and especially the focus on McCall’s bodily appearance. Tellingly, the opening scene is of McCall in a long-sleeved swimming suit, legs bared, sitting at the side of the pool, moving to shots of her swimming, all of which concurrently signify exercise, wellness *and* sexiness, aspects that are consistent with her celebrity persona. Relatedly, after the release of the programme, McCall spoke openly about feeling unattractive while suffering from severe menopause symptoms and how it took her time to regain a sense of her attractiveness (Bullen, 2022). Indeed, feeling good about how one looks, taking care of one’s body and emulating norms of heteronormative feminine appearance are all linked in the documentary, couched as part of the self-work women that are expected to undertake.

In this way, the documentary simultaneously reinforces the neoliberal feminist exhortation to endlessly work on the self *and* the biomedicalised framing of menopause, which has emphasised the loss of femininity that occurs during ‘the change’ whilst advocating HRT as the path to remaining ‘feminine forever’ – the title of the notorious 1966 pro-HRT book by American physician Robert Wilson. Crucially, these privatised solutions to manage one’s menopause most often involve finding ways to continue being economically productive, including reinventing oneself as an entrepreneur – a solution that, as we have seen, the programme ultimately valorises. This championing of entrepreneurialism and resilience, as scholars such as Gill (2007), Jensen (2016), Scharff (2016), Littler (2018), McRobbie (2021), Orgad and Gill (2022) and others have shown, is closely tied in with and helps to buttress a neoliberal political and economic agenda and specifically the construction of the neoliberal feminist subject (Rottenberg, 2018).

Foregrounding the private sector

Alongside this celebration of individualised entrepreneurial solutions, *Davina* locates a significant part of the solution to women's menopause-related issues in the private health sector, leaving the national health system – the NHS – largely out of the equation. Whilst the documentary exposes the NHS's failure to provide training in menopause or to educate the public about the subject, it does not ultimately link this systemic failure to the decades of austerity and cuts to public health services. Rather, as Rammya Mathew (2022) underscores, the show presents the NHS, and GPs in particular, repeatedly failing women. The Royal College of GPs is depicted as providing terse official responses (displayed in text on a slide) that come across as crude denial or disavowal of women's realities. Thus, whilst the programme critiques the gendered nature of the care crisis – wittingly or unwittingly – it places the blame on the NHS rather than on government policies which have left the UK public healthcare system starved of resources.

In contrast to its representation of the NHS, the knowledgeable, empathetic and effective responses in the documentary come from the private medical sector; the three key experts whom McCall interviews and who are filmed talking in different scenes are all private consultants: Dr Nick Panay, Dr Louise Newson and Dr Michael Craig. The experts are filmed in their private medical clinics, whilst McCall is shown just before entering Craig's clinic walking on Harley Street, a famous high-end London street associated with private medical specialists catering to the city's affluent population. Newson, the founder of the private menopause clinic Newson Health – who has become one of the most recognised names and faces of menopause medical expertise in the UK – tells McCall how thousands of women who come to her clinic 'are women who were refused HRT', adding that 'it's so, so sad' (minute 25). The implication is that this sad situation is a result of NHS failure; yet, again, there is no interrogation of the political or economic roots of this failure, nor does the documentary explicitly acknowledge that very few people can afford the treatment offered by these private consultants.

The single NHS expert whom McCall interviews is Dr Nighat Arif, a Pakistani GP specialising in women's health. However, unlike the private medical experts who share their extensive knowledge about menopause, Dr Arif is depicted less as a medical expert and more as a campaigner who raises awareness of menopause in the Pakistani community. Described by McCall as a 'woman on a mission' (minute 13), producing posters and TikTok videos about menopause in Urdu, McCall praises Arif for her entrepreneurial initiative and for making 'a real difference to women's lives' (minute 13). Thus, while Arif's work is presented as driven by her commitment to her community, she simultaneously acts as yet another example of successful entrepreneurship, acting in the absence of public infrastructure and support, the roots and racialised fallout of which, again, the programme ultimately leaves uninterrogated. In this way, even as *Davina* highlights the lack of knowledge or appropriate treatment for menopause in the NHS, the programme showcases individual women who are trying to raise awareness amongst their communities and locates expert knowledge and effective solutions almost exclusively in the private medical sector.

Emphasising the effectiveness of HRT

Finally, whilst lifestyle change, exercise and dietary adjustments alongside psychological self-work and entrepreneurialism are touted as important, *Davina* makes it quite clear that they alone cannot resolve many of the devastating symptoms associated with menopause. Rather, *Davina* depicts HRT as the most effective solution. As we noted, the show plays a significant role in revitalising HRT, after its almost two decade-long bad press, stressing its low risk, beneficial effects and ease of use. All the private experts interviewed in the documentary and McCall herself endorse HRT as the solution to these symptoms – and to oestrogen draining out of our bodies and brains (minute 24) – not just an individual but a national solution of sorts. Alternative solutions are muted, with some (e.g. wearable magnetic devices) even mocked.

At first, advocating for HRT may appear to constitute a move away from individualised and privatised solutions, given that HRT is mainly supplied in the UK through the NHS. Indeed, McCall has been one of the leading campaigners for making HRT prescription costs free in England (McSorley, 2021). However, presenting hormone therapy as a society-wide solution, we argue, feeds into the continued biomedicalisation of menopause, a process that not only transforms our notions of what it means to be a biological being through the permeation of technoscience into all aspects of life, but also encourages biological optimisation, enhancement and ultimately self-responsibilisation (Lock, 1993; Roberts, 2007; Clarke, 2014; Hickey, 2022; Throsby and Roberts, 2023). It does so by emphasising the need to optimise our biology through self-management, in this case by taking a hormone therapy produced by large pharmaceutical companies. Thus, promoting HRT as the national solution to problems associated with menopause ends up further responsabilising individual women who are required to manage their own menopause through choosing to take HRT and through monitoring and transforming their bodies and identities (For a related critique see: Roberts, 2007). In *Davina*, this promotion of HRT goes hand in hand with championing the entrepreneurial, resilient and confident woman as the ideal menopausal woman (see also: Jermyn, 2023). There is, in other words, a striking convergence between the embrace of neoliberal feminism, with its emphasis on self-work, empowerment and confidence (Rottenberg, 2018), and the biomedicalisation of menopause, which encourages women to manage their individual experience by, amongst other things, choosing to take HRT.

In promoting HRT, the documentary also clearly contributes to the expanding menopause market, which appears to be one of the key economic forces currently driving menopause's current visibility. *Davina*, as discussed earlier, explicitly references the expanding menopause market but curiously constructs HRT as a public good independent of commercial interests. Also left implicit is the fact that alongside the increased demand for various menopause-related remedies available in pharmacies, there has been a simultaneous explosion in different kinds of menopause-related wellness programmes, private trainers and private medical menopause consultants, precisely like the ones *Davina* interviews and champions. Indeed, the show emphasises that managing one's menopause is not only about taking HRT but includes a veritable regime. Thus, even as it criticises *some* alternative remedies, by championing the entrepreneurial menopausal woman

and wellness regimes (which in the programme entail private trainers), the documentary's message arguably promotes this very market.

The menopause imagination, biomedicalisation and neoliberal capitalism

By way of conclusion, we suggest that our analysis of *Davina* exposes some of the contradictions and tensions, as well as some of the dominant forces, animating the current rise in the public visibility of menopause in the UK. On the one hand, as we have shown, the documentary employs a feminist vocabulary, and positions itself – and has frequently been positioned in its public reception – as a bold endeavour to unveil systemic failures that have maintained what Susan Sontag (1972) famously called ‘the double standard of aging’ for women. Yet, at the same time, *Davina* centres privatised, entrepreneurial and biomedical discourses, practices and technologies, reinforcing a convergence of neoliberal feminist logic and the biomedicalisation of menopause; what we might call the ‘neoliberal feminist biomedicalisation’ of menopause. Thus, *Davina* demonstrates how biomedicalising menopause dovetails neatly with a neoliberal political agenda and imagination; a ‘dangerous liaison’, to borrow Hester Eisenstein’s (2005: 488) famous metaphor.

Here lies a fundamental paradox that characterises *Davina* and that is, we argue, emblematic of the larger debate about menopause in the current conjuncture. Menopause has undoubtedly been rendered significantly more visible in the UK, and this visibility has undeniable political significance. Against decades of silencing the topic, and women’s health experiences more broadly, the menopause moment in the UK, in which *Davina* has played a pivotal role, represents an important break. It represents a powerful movement characterised by a refusal to ‘keep calm and carry on’ where, in *Davina*’s words, ‘millions of women ... are asking for a change’. It is, in other words, a moment that opens up the possibility of bringing menopause out of the closet and, crucially, a moment for re-imagining menopause beyond and outside its historical biomedicalised framework, which defines it as an oestrogen deficiency disease associated with loss and decrepitude. Yet, as we have shown through our analysis of *Davina*, while the public imagination of menopause is undoubtedly expanding and arguably shifting, it is concurrently dominated and curtailed by a neoliberal and stubbornly persistently biomedical frame. This frame is one which lauds privatised solutions where women are encouraged to ‘fix’ the ‘problem’ in individualised and ‘empowering’ ways involving self-transformation through hormone treatment, psychological and physical regimes and the purchase of consumer goods. This frame is also underpinned by and in turn reinforces an uncritical assumption that keeping ageing women in paid employment is a cultural good.

Indeed, the latter is yet another crucial disconnect which emerges both in the documentary and in the wider contemporary debates about menopause – most notably debates led by the UK government. These debates stress the lack of workplace infrastructure and support for women experiencing menopause and they all rightly frame this lack as an issue of gender inequality. The objective, however, that seems to be driving this

agenda, namely keeping ageing women in the workforce, is taken as an unquestioned good. There is no critical examination or any discussion of the reality that for some women, especially those in manual and poorly paid jobs, staying in paid employment in their late fifties and sixties might be detrimental to their health and well-being. This lack of critical scrutiny, we claim, is part of and helps buttress a convergent neoliberal and biomedical agenda, and specifically policies rolled out during austerity (2010–2019). These policies encourage women to become ‘active agers’ and to stay in paid work for as long as possible to prevent them becoming dependent on the state, while promoting HRT as the ‘magic bullet’ (Locke, 1993: 366) that will enable these women to keep working for longer (Fegitz, 2022). This dominant script inevitably directs attention to supporting women going through menopause so that they stay economically productive, yet it does not necessarily translate into ensuring their well-being or acknowledging their potential contributions outside the formal economic sphere. In turn, this script helps fuel the menopause market.


In sum, our analysis of *Davina* provides key insights into the progressive potential of the current shifting imagination of menopause but also, crucially, into its serious limitations. These limitations concern who is left out of the contemporary menopause imaginary, an issue we have not touched on but which has been discussed by others. Throsby and Roberts, for example, highlight how the dominant historical framing of menopause has largely excluded trans and gender diverse people, those who have never given birth, people with disabilities and those going through a premature or medical menopause, ‘further narrowing an already narrow frame within which menopause can be interrogated and re-imagined’ (2023). Yoeli et al. (2021) underscore that many of the world’s most marginalised women working in more informal or insecure jobs have been left outside the increasing focus on ‘menopause at work’ and its resultant policies. Moreover, in her analysis of UK celebrity discourse about menopause, Jermyn (2023) argues that the current celebrity prism through which menopause is being framed centres white, cisgendered, middle-class women.

The serious limitations of the dominant menopause imaginary, also concern the ultimate lack of a collective or structural vision alongside the failure to imagine menopause outside a biomedical and neoliberal frame. Tellingly, *Davina* ends with a short recap celebrating the individual achievements of some of the women whose stories it showcases: ‘Karen is now creating a fashion for women who need a lift’, ‘Hayley is raising awareness of premature menopause and trying to adopt [a child]’ and Kate Duffy, who has finally been given HRT, addresses the camera and says ‘so anyone out there, get to it!’ (minute 56). Indeed, the predominant addressee of the menopause moment is an individualised ‘you’ – not the state, the medical system or society. This narrative is consistent with and a product of larger processes, including state disinvestment from public services and especially health services, the increasing monopoly of private and corporate interests, the responsabilisation and biomedicalisation of individuals and their bodies alongside neoliberal feminism’s reshaping of how we perceive ourselves and our (lack of) ability to initiate social change. To meaningfully ‘change the discourse’ around menopause, as McCall herself advocates, what is needed is a truly radical reimagining: one that centres structural forms of support whilst promoting society-wide change, and one that eschews, *tout court*, neoliberal and biomedical logics.

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Notes

1. The HRT shortages were due to a sharp increase in demand, alongside supply chain disruptions (Sommerlad, 2022).
2. This increase in HRT demand has been attributed partly to the Davina McCall show we discuss here, and has been dubbed the 'Davina effect'.
3. Carolyn Harris led a campaign for urgently needed menopause services which facilitated the establishment of the UK government's 'menopause taskforce' in 2021, whilst Caroline Nokes spearheaded the campaign for menopause to be included in the Equality Act as a protected characteristic, which was rejected.

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