'Words Escape Me': How working women experience cognitive menopause symptoms

Helen Root

For correspondence:

Helen Root: HRcareercoaching@outlook.com

Abstract

More women than ever before are working during the menopause transition, yet studying menopause from a career perspective is in its infancy. This study explored how women reporting cognitive menopause symptoms make sense of their experiences in the workplace by linking participants narratives, to the social construction of menopause. Interpretive phenomenological analysis (IPA) was used to reveal how self-concept can be called into question thus impacting professional identity and career decisions.

Key words: Menopause, career identity, workplace, organisational careers

Introduction

Menopause is a biopsychosocial phenomenon starting at the median age of 51 marking the end of reproductive life for women (Hardy et al. 2018). It coincides with mid-to-late career stage, a time associated with technically competent leadership (Acker, 1990). This study focuses on cognitive menopause symptoms defined as declining 'attention, verbal learning, verbal memory, working memory' (Weber et al. 2013, p. 1), caused by chemical changes to the brain during early menopause (Mosconi et al. 2021). Depending on severity of symptoms, women may have difficulty in managing job demands, potentially leading to voluntary or forced exits from employment as highlighted in some recent UK employment

tribunals (Brewis et al. 2017; Atkinson et al. 2021a). The Women and Equalities Committee survey *Menopause in the Workplace* (2022), found cognitive symptoms were experienced by 73% of women and the second most difficult symptom to manage. Therefore, understanding the lived experiences of women transitioning through menopause is important to create a gender-inclusive and inter-generational workforce (Grandey et al. 2020).

The literature review conducted in 2022 found some women are subjected to workplace gendered ageism including sexist comments on appearance, creating pressure to appear more youthful (Krekula et al. 2018). Working menopausal women are surrounded by negative messages resulting in some women hiding their menopausal identity for fear of being overlooked for opportunities (Mavin and Grandy 2016). Hall and Mirvis (1995) describe the meanings women attach to identity whilst experiencing menopause at work, as contextual and influenced by gender-based norms expressed by co-workers leading to potentially adverse performance interpretations (Ibarra and Barbulescu, 2010). Therefore, any negative perceptions of cognitive ability may weaken 'leader emergence' (Grandey et al. 2020, p. 20), for fear of negative performance management or redundancy (Jack et al. 2014). Overall, the review found meanings women give to menopause in the workplace is an interpretive, complex process based on self-concept and the work environment (Savickas et al., 2009).

Extant research has predominately been conducted through a positivist paradigm seeking to quantify menopausal symptoms (Atkinson et al. 2021a). However, positivism does not give meanings to 'feelings, perceptions, and attitudes' (Evely et al. 2008, p. 3). Uncertainty exists around how professional women in leadership positions make sense and attach meaning to cognitive symptoms associated with menopause. Weick's (1995) theory of sensemaking offers a conceptual framework to explain how women make sense and attach meaning to their menopause transition in the workplace. Weick's model, can be used to identity how professional women's lived experiences of menopause are influenced by their interactions with others through language and cues. Drawing on Louis's (1980) model for sensemaking in transitions, it is possible given the shock that may occur during menopause transition, women have no established network around them to test perceptions and end up using stereotypes existing in society. Potentially this puts their professional identity into question resulting in adverse interpretations of their capability to work (Ibarra and Barbulescu, 2010). Therefore if menopause triggers a change in a woman's sense of self, it could influence her professional identity.

Methodology

Given the interest in sensemaking, an IPA framework (Table 1.) was used to explore participants' lived experiences (Creswell, 2003). This study contributed to the understanding of this phenomena by asking: How do women experiencing cognitive symptoms associated with menopause make sense of their experiences in the workplace?

Table 1. An Interpretive Phenomenological Analysis (Smith and Nizza 2022).

STEP 1	STEP 2	STEP 3	STEP 4
Data familiarisation	Double Hermeneutic analysis	Idiographic inquiry	Five group experiential themes identified capturing thoughts & feelings
Each semi-structured, on-line interview transcribed in full and then anonymised in February 2022. Repeated words, changes of tense etc. fully captured	Multiple experimental statements created to make sense of the participants sense making	Curated repeated themes and subthemes to interpret sense making case by case, whilst examining environmental context (Cassidy et al. 2011)	Key phrases from participants collated to ensure each voice was heard for cross case analysis
Set of exploratory notes for each participant created using phenomenology to explore potential meanings. Deeply reflexive, iterative and cyclical process	Statements numbered, printed, then cut out to enable clustering of statements. 12-15 themes per participant identified	Merging similar themes into 25 themes for a final cross examination looking for patterns of connectivity and difference	Constant review of the text whilst writing to bring to life parallels and differences of personal meanings

This study was granted ethical approval from Birkbeck University in 2022. In accordance with Smith and Nizza (2022, p.16) five participants were recruited using snowball sampling via a professional women's network (Table 2.).

Table 2. Participants' demographics

Participants (pseudonym)	Carolyn	Debbie	Katie	Marina	Libby
Profession	HR Manager	Consultant	Operations Manager	Operations Manager	Solicitor
Age	54	50	49	52	57
Ethnicity	White British	White British	White British	White British	White British
Geographical location	UK	UK	UK	UK	UK
Working contract	Full-time	Full-time	Full-time	Full-time	Full-time
Symptoms as described by participant	Brain fog, intellectual fogginess	Lack of focus, loss of concentration, confusion	Loss of concentration, lack of recall	Memory loss, loss of concentration	Confusion, memory loss
Gender of Line Manager	Male	Male	Female	Male	Male
Disclosed symptoms to Line Manager	No	No	Yes	No	No
Organisation menopause policy/guidelines	No	Yes	No	Yes	No
Workplace communications	Informally discussed in female network group	Awareness sessions headed up by Executive Committee. No policy/guidelines	Informal discussions with immediate female team	Menopause policy rollout. Health and safety briefings	None
Career change within 12 months of cognitive menopause symptoms starting	Resigned	Career stalled. Hesitant to apply for new role	Made redundant	Career stalled. Hesitant to apply for new role. Considering leaving	Resigned

Findings and discussion

How participants experienced and made sense of cognitive menopause symptoms in the workplace emerged as five interrelated themes (Figure 1.), providing an opportunity to understand the impact of menopause on careers. Menopause was an emotive word, holding a negative meaning for participants. To give meaning to their menopause transitions, participants often relied on how they were before the symptoms started, to make sense of the change in cognitive functioning. This had the added impact of highlighting the suddenness of change to their working lives which came as a shock. In common with other IPA studies examining transitions, participants expressed difficulties in integrating symptoms with their self-concept (Smith and Fieldsend, 2021), as 'not feeling myself'. Symptoms were described as 'not normal' making work experiences more challenging validating Louis' (1980) sensemaking theory. Findings are discussed with reference to existing literature and illustrated with germane quotations in italics from individual participants.

Figure 1.

**Five Group Experiential
Themes & Subthemes**

A SENSE OF LOSS AND FEAR
- Loss of cognitive ability
- Fear of being identified

CONFIDENCE AND CONTROL
- Confidence knock and invisible self
- Keeping up appearances

PROFESSIONAL IDENTITY
- Reputation and self-consistency called into question
- Consumed by perceptions of others

DISCLOSURE
- Non-disclosure to Line Manager
- Disclosure to Line Manager

IMPACT ON CAREER
- Impacts daily job
- Impacts career decisions

A sense of loss and fear

The language of burden around menopause is deeply embedded (Women and Equalities Committee, 2022). This was echoed in this study of seemingly successful and confident professionals who upon menopause transition became fearful of losing credibility, describing experiences using language of anguish such as 'terror' and 'panic':

> People look to me for direction, for answers, for advice, for guidance. I felt totally spaced out…which was really frightening. It just makes you feel vulnerable…It gives you that feeling of quite isolated, fearful, I thought I'm not going to be able to do my job…I was terrified at the point of it happening.

(Katie)

Evidence was found suggesting systemic embedded negative stereotypes around menopause, the embodiment of which created concerns about being labelled or capability being questioned:

> You don't want to walk around with a big M on your forehead and labelled as a female going through menopause…Others will see me as less capable. I don't want to identify as menopausal as I don't think it identifies me.
>
> (Debbie)

Participants experienced liminality (Ibarra and Obodaru, 2016) during this time of adjustment, struggling let go of their premenopausal self and embrace their new menopause self:

> Vulnerable. It just makes you feel vulnerable…It gives you that feeling of being quite isolated, almost a little fearful…I am completely out of control. My body is controlling me…You're losing something aren't you?...that's how it feels anyway.
>
> (Carolyn)

Confidence and control

Participants felt menopause was a taboo subject: 'It's easier to say it's my age forgive me, than to say it's my menopause forgive me' (Libby). They concealed and controlled their cognitive symptoms attempting to conform to workplace norms, fearful of giving anyone 'ammunition':

> For women, where they have reached that level, where they are expected to be dynamic, to be attentive, to be switched on…A price comes with that, you don't want to give anybody ammunition to say: 'she's not performing quite right'.
>
> (Katie)

Their sensemaking indicated conflict between symptoms experienced and their work persona of 'intelligent' and 'articulate' further challenging self-concept. Fear of stigmatisation culminated in participants becoming withdrawn questioning their value and organisational fit:

> As a senior leader within the organisation, people expect you to be sharp...to be switched on. That self-confidence, that self-belief you've built up from years of experience, performing at a certain level, when that isn't there, that fundamentally calls into question…am I in the right place? Am I in the right role?
>
> (Katie)

Participants displayed strong role commitment yet when their confidence diminished, became disengaged and started to withdraw commitment to the organisation. Building on the study by Jack et al. (2019) of menopausal women feeling invisible, this study found invisibility was in part driven by participants' concealment strategies. The behaviours adopted meant the need for authenticate careers was not met, potentially explaining the desire to 'opt-out' (Mainiero and Sullivan 2005, p106):

> I felt lost, lost my confidence…lost motivation…I sat in silence the entire meeting. I didn't have the confidence to put my hand up…I tend to shrink into the corner. Never done that before, my insides are saying to me 'I just can't do this'.
>
> (Marina)

All participants expressed negative menopausal stereotypes which were incongruous with the ideal worker characteristics they held such as being 'switched on' and 'sharp'. Sensemaking is a social process in organisations (Weick, 1995) where ideal worker schemas are typically forceful and decisive. Women experiencing cognitive symptoms may feel their identity no longer fits that schema and choose to withdraw (Dumas and Sanchez-Burks, 2015).

Professional identity

Professional and nonwork identities are connected dimensions of employability (Sullivan and Al Ariss, 2019). Therefore, if cognitive menopause symptoms trigger a change in an individual's sense of self, it could influence their professional identity. This study builds on Steffan's (2021) research exploring how menopausal women construct work identity. Participants put great value on consistency of performance and intellectual capacity which was tied to their image of a successful midlife career. Unpredictable symptoms created a fear of reputational damage ultimately challenging their self-concept.

> You don't want anyone feeling sorry for you or feeling pitiful. You don't want to be pitied… I don't want to feel like I am coming across as a menopausal mess because I'm very conscious how to portray myself in a professional setting.
>
> (Debbie)

Concerns about others' perceptions together with their own thoughts of being a 'professional mess,' cumulated in a sense of negative self-identity:

> They might treat you differently. They might think differently of you, especially males… You have to look a certain way, like you in control. Like you know what you're doing.
>
> (Carolyn)

Winterich and Umberson (1999) found how workplace colleagues define menopause is socio-culturally specific, shaping how women put meaning to menopause impacting their engagement and career choices (Rees et al. 2021):

> I want to be respected so the thought of people losing respect for you because you're not as sharp or as switched on as you've been previously, or your star has dimmed… that would have made me feel deeply, deeply unhappy, deeply unhappy.
>
> (Katie)

Negative socially constructed discourses of menopause seep into workplaces not only through the wider socio-economic context, but also through the psychosocial characteristic of organisational environments, where gender inequality is built into employment structures partly through workplace interactions (Acker,1990). Parallels can be made with maternity leave returners who think others will view them differently (Millward, 2006).

Struggles with menopausal identity became a barrier, inhibiting self-expression. Fear of stigmatisation sometimes culminated in participants becoming withdrawn questioning their value and organisational fit:

> It's what other people are thinking [that] worries [me] the most. I sat on this call listening, not once was I acknowledged, not once did I step forward like I normally would have…it's making me crawl back into my hole. I'm thinking, he's probably thinking, 'I'll get someone else to do it'.

Disclosure

The sensemaking process was seemingly environmentally contingent as participants acknowledged the competitiveness in 'pressured', 'vicious', and 'hostile' organisational environments. Direct reporting lines impeded disclosure decisions (Hirsh et al. 2001) with particular concern that revealing symptoms might lead to loss of reputation or stigmatisation. Managers were depicted as 'awkward' indicating disclosure decision-making was contextual and relational, dependent on how they felt others would judge them (Mainiero and Sullivan, 2005). Perceived unsupportive male dominated environments created disclosure barriers:

> I report to a male. There's absolutely no way on this earth I would have a conversation with him. He would look at me and run away. It's a bit dog-eat-dog… He's a classic male driver just bang, bang, bang. Wants to control everything…no time to hang around…bam, bam, bam, on to the next thing.
>
> (Debbie)

Some organisations had launched menopause policies, yet there was little faith in policies per se being a mechanism to improve the work environment. Participants felt that changing working patterns might reveal their midlife status and lead to negative career consequences: 'To work flexible hours in senior roles the reason becomes very blatant' (Carolyn). This study adds to the Fawcett (2021) survey, which found disclosure was lowest for women in senior leadership roles.

Where workplace menopause dialogue existed, language and symbols became integral to participants' sense-making. Participants felt patronised by younger women: 'it was like, oh, bless you'. The O'Neil & Bilimoria three phase model (2005) adds to this understanding by finding women's sense of self being driven by relationships. However, fear of disclosure went beyond environmental perception, mostly there was a sense nothing could be done to support them, thus reinforcing feelings of isolation (Jack et al. 2014):

> All it does is talk about reasonable adjustments. What reasonable adjustments do I want? What could my line manager do for me? What could he do? I can't say 'Could you boost my confidence daily, could you?' …He's awkward about everything, there is no way he'd talk to me.
>
> (Marina)

In contrast, where participants worked in a team of midlife women common identity made disclosure easier: 'There was a real familial feeling about it. I think the culture and environment meant you could talk to your colleagues about these things' (Katie).

Impact at work and on career

Participants described considerable challenges maintaining performance levels whilst experiencing symptoms that were often described as being incompatible with the organisations' leadership schema. Participants used assertive language: 'killer', 'ammunition', 'attack' signalling embodiment of the hyper-masculine norms of the organisation (Atkinson, 2021b). All participants had high work autonomy, yet feared cognitive changes being identified as a performance issue. Participants focused on working longer hours keeping up with job demands to minimise perceived underperformance and protect their reputation, yet there was little sense of work-life conflict in narratives:

> I would try and read the material in advance to try and get the words and their phraseology into my mind. Behind the scenes I was endlessly checking things...never confident what something was good enough which isn't really me, working longer days...taking more time in the evenings to prepare things than I would have done.
>
> (Libby)

This concurs with ideal worker theory where women 'privilege work' over homelife to fit in (Dumas and Sanchez-Burks 2015, p. 821). Participants often felt 'disarmed' by 'intellectual fogginess'. This sometimes lead to a reticence when taking on new projects:

> Almost a weariness, that's going to be difficult, a kind of fogginess, intellectual fogginess, needing to be able to do that quickly because you're forming judgements...not being as snappy, it was almost a weariness whereas normally it would be great, get in.
>
> (Carolyn)

As professional women their self-concept of intellectuals became threatened as 'words escaped' them leading to negative self-perception (Sullivan and Al-Ariss, 2019). High-stake psychosocial factors including client meetings and presentations were coupled with feelings of 'incompetence' creating inconsistent self-narratives (Ibarra and Barbulescu, 2010):

> I would regularly forget keywords in presentations, often even the subject of the presentation, the word would escape me. I started to lose confidence...it kept happening. The words would escape me. Topics I delivered regularly would dilute, just disappear...just swimming before my eyes...I seem to have lost some of my antennae.
>
> (Libby)

Associations with incompetence in the workplace signify a non-inclusive environment ultimately harming women's careers (Grandey, 2020). However, while not disclosing the cause, masking symptoms for fear of repercussions might have stopped managers offering support. Whilst the extent symptoms impacted participants' careers is not certain, it is worth noting all experienced a career transition to some degree during the first year of menopause (Table 2.). This study concurs with the Sullivan et al. (2003) review of Supers' (1957) career stage model which recognises that a personal difficulty leading to loss of

confidence could account for changing career direction, feelings of helplessness, and decisions to resign (Hall and Mirvis, 1995):

> Is it time for me to move on? Should I stand back and sit in the wings? Whereas before I would have been super focused and excited…Suddenly I feel risk averse, before I would have pushed myself forward…now I'm grappling, do I stay in my comfortable role?
>
> (Marina)

Factors driving career transitions come from multiple directions, are socially constructed, and alter over time (Lee et al. 2011). Therefore, menopause may have been a catalyst for change for participants, highlighting the importance of social construction in careers at a stage when women are often moving into senior positions (Grandey et al. 2020). Attempts to conceal symptoms through withdrawing from opportunities could become a barrier to progression (Schein, 1978), leading to indirect costs for women by not applying for a promotion or reducing hours.

Only one participant disclosed her menopause status to her manager and was later made redundant. Whilst she did not feel the two events were connected at the time, her sensemaking was ongoing as she reflected she was replaced by: 'Younger fresher meat…I do wonder if that could just be coincidental' (Katie).

Implications for organisations

Whilst formal menopause communications are useful to set the tone within organisations, building on the Hardy et al. (2018) study, women's openness about support needed, is unlikely to be tied to an organisation's menopause awareness rhetoric but influenced by the systemic culture. Making menopause a major focus of attention, might conversely result in disempowerment through marginalisation (Hardy et al. 2018), thus rendering workplace interventions ineffective. Given the relational nature of how women manage careers (Higgins and Kram, 2001), this study suggests encouraging informal mentoring to support psychosocial needs could lead to greater career satisfaction (Kidd, 2004).

Organisations have an opportunity to train managers on how to have supportive career discussions to promote self-insight throughout the employee life cycle. Through developing an understanding of women's changing needs it is possible to foster a culture of inclusion (Griffiths et al. 2013). In particular, understanding the change in cognitive functioning that some women experience as an early part of menopause may facilitate open ended career path planning ahead of symptoms occurring (Mainiero and Sullivan, 2005), possibly increasing employee engagement (Kidd et al. 2003). Thus, the normalisation of menopause conversations in the workplace, in conjunction with educating managers on the internalised fears many women experience in order to create empathy and reduce barriers to disclosure, may support the retention of midlife talent (CIPD, 2021).

Implications for career practitioners

The findings have implications for career professionals when considering the intersection of age and gender in the workplace. Women with successful careers based on intellect, may find their self-esteem and confidence impacted when their professional identity is threatened. Using tools such as a family genogram (Yates, 2014) to analyse social influences, as well as Schein's (1990) model of organisational culture to explore workplace environments may support sensemaking around internalised menopause stigma (Brown & Brooks, 1991). Unpredictable cognitive menopause symptoms can be connected to decreased self-efficacy and confidence (Geukes et al., 2012). Therefore, using career construction theory to bring understanding of different life roles may enable clients to build confidence and understand their menopausal self (Savickas, 2012).

Career practitioners may consider using Nicolson's transition model (1990), to understand how symptoms impact confidence and professional identity throughout the menopause transition. This study's findings support Wright (2005) who found women with cognitive symptoms may experience performance issues where there is an expectation they will have immediate recall of data. Considering menopause often coincides with women taking on more responsibility as they transition into more senior roles (Grandey et al. 2020), identifying effective coping strategies is important e.g. job crafting (Nielsen, 2013) to ensure midlife women thrive at work. Attempts to conceal symptoms by withdrawing from opportunities could have unintended consequences and become a barrier to achieving career goals (Schein, 1978).

Limitations and future research

Whilst the researcher did not explore evidence of contextual factors occurring in participants' lives, menopause intersects with other life stage events potentially accounting for the participants' sensemaking (Van der Heijden et al. 2021). The experiential themes identified raise an opportunity for further research on different employment groups and ethnicities to further understand the impact of cognitive menopause symptoms on careers.

Conclusion

Change in cognitive functioning such as memory loss during menopause is under researched yet important to understand to reduce stigma surrounding menopause as part of creating an inclusive, multigenerational labour market. By adhering to IPA ideographical principles, the design of this study offers a deep understanding of how professional women experience and make sense of cognitive symptoms associated with menopause. Their sensemaking centred around a desire to maintain reputation and professional identity associated with intellectual capacity. A sense of loss pervaded the participants' language and went to the heart of sensemaking: 'Who am I?'

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