

Flourishing: Exploring the Future of Menopause through Design

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Abstract

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Abstract

Flourishing explores how design can be utilized as a point of inquiry into the topic of menopause. Using design methods, qualitative research and a research through design approach this project uncovers the desires and challenges that come with the menopause transition. Summarized in a newsprint zine, titled "Tell Me About It," stories and visions of the future are physicalized and given space. The zine is distributed throughout a gallery setting and is intended to reach audiences that may not otherwise encounter the topic in depth. The author reflects on her own journey talking about, writing about and designing for menopause in hopes that it informs future menopause design.

FLOURISHING

Exploring the Future of Menopause through Design

SPRING 2024

*A MASTER OF DESIGN THESIS
DIVISION OF DESIGN
UNIVERSITY OF WASHINGTON*

MAYA A. KANEKO

For my belief is that if we live another century or so — I am talking of the common life which is the real life and not of the little separate lives which we live as individuals — and have five hundred a year each of us and rooms of our own; if we have the habit of freedom and the courage to write exactly what we think; if we escape a little from the common sitting-room and see human beings not always in their relation to each other but in relation to reality; and the sky, too, and the trees or whatever it may be in themselves; if we look past Milton's boggy, for no human being should shut out the view; if we face the fact, for it is a fact, that there is no arm to cling to, but that we go alone and that our relation is to the world of reality and not only the world of men and women, then the opportunity will come and the dead poet who was Shakespeare's sister will put on the body which she has so often laid down. Drawing her life from the lives of the unknown who were her forerunners, as her brother did before her, she will be born. As for her coming without that preparation, without that effort on our part, without that determination that when she is boring again she shall find it possible to live and write her poetry, that we cannot expect, for that would be impossible. But I maintain that she would come if we worked for her, and that so to work, even in poverty and obscurity, is worth while.

—Virginia Woolf, *A Room of One's Own*

For Mom and Dad

In partial completion of:

Master of Design, Division of Design,
University of Washington.

Maya Kaneko

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Preface

A Long Time Coming



It was 2003. It was March in Seattle. The air was cold and crisp (we were wearing sweaters)—and the screen door was open. It was a rule in our household that Grandma would always sit by the door when my grandparents came over for dinner. I did not know why, all I knew was that Grandma needed her special seat.

When I was about 8 years old, my mom got a hysterectomy. I was so absorbed in my own world that I didn't think much of it. All I knew was that she had to lay on the couch and it was my job to bring her anything she needed. I remember thinking that it was quite an important job, one that I would do very well (of course, this got old quickly and I lost interest). I did not know what this intensive surgery meant, or why someone would get this. All I knew was that mom was on the couch.

I remember huddling around the TV on the evening of November 8, 2016 with my best girl friends. We were second-year undergraduate students, living in a house together in California—and we just voted in our first election. The six of us were sitting criss crossed on the wooden floors, with microwavable mac-n-cheese, excited to see the first woman be elected as president. As the night progressed and it became clear that Clinton was going to lose, the room lost its air. The jovial feeling that was common in our house became sour—some of my friends with tears in their eyes, some angrily storming off, some staring blankly. In my political science class the next day, I saw more students with tears in their eyes—they felt as if democracy had betrayed them—the very institution and theory that they are studying. While of course I was upset by the results of the election, I also was particularly interested in how this happened and what structures, beliefs and systems had propped up this result. Trump's positions on reproductive freedom, and planned parenthood had made him a particularly scary candidate for myself and my peers. As young women, we felt as if his statements were a direct attack on our futures.

I was speaking to a friend over dinner a year and half ago and she asked if I had heard *The Daily* podcast episode that had come out. She said it was about menopause and it was fascinating. I trusted her (she's a lawyer), and listened to it the next day. The podcast, which is cited in its article form in this thesis, was an investigative journalism and opinion piece by Susan Dominus. She laid out the ways in which menopause has been overlooked by the medical community, and told her own personal hardships with menopause.

After that, things became more clear—menopause is always going to be a prominent part of my life, as it's in me, it's part of me, and part of the women

that have come before me. I've always had a tumultuous relationship with my own reproductive system—some days it cooperates, some days it hurts me, but I don't know any different. The days I had to miss school because I thought I had the flu (conveniently at the same time each month) were just part of my experience, normalized.

It's 2024, and as I enter my late 20s, I am more cognizant of my reproductive system—my fertility, in particular. Underlying beneath decisions is a timeline, in which I must adhere to if I want to have children. Studying menopause allowed me to envision my future self, and the plurality of futures that I could have. I was able to build connections with women from different generations, all bonded because we talked about something that no one has asked them about.

I believe that a supported, caring, and understood menopause experience is a reproductive right.

Introduction

What is menopause?

In the United States, it's estimated that 2 million people a year reach menopause, which means that around 6,000 people a day are reaching this milestone [30]. While more than half of the population will experience menopause there is a severe lack of research, support and conversation around the topic that affects so many people's lives.

At the intersection of aging, reproductive health, and gender, menopause faces a critical marginalization. These intersections (plus more) relegate menopause to hushed voices and knowing glances. This project aimed to use design as a point of inquiry into menopause in order to investigate how we can facilitate conversation around menopause and what we can learn from this process.

Biological Perspective

While the name might imply otherwise, menopause has nothing to do with men. People who are born female are born with the set amount of eggs they will ever have and menopause occurs when “there are no more follicles in the ovaries capable of ovulating” [11], meaning that there are no more eggs. Menopause, in technical terms, is 12 months after one's last menstrual cycle. On average, people reach menopause at 52 years old, meaning they may start perimenopause in their mid-to-late 40s. This means that people may spend at least one-third of their life in postmenopause. Many people don't know if their symptoms are related to their menopause transition (or if they are even in menopause). People don't know when their last menstrual cycle is, so it's difficult to know if one is 'officially' in menopause. Postmenopause is the time after one's final period. Because these terms are confusing, and everyone's journeys are different, the naming of these points of life seem quite arbitrary. Throughout this work and research, I will use the word “menopause” liberally, as this is how my participants used the word and how the subject matter experts recommended we talk about the topic. Acknowledging that the words we use matter (especially in a project that is about conversations), I consciously choose between perimenopause, menopause and postmenopause to best explain the experience I am describing, while also attempting to reduce the (possible) medical jargon barrier to discussion.

Menopause symptoms vary, but the most common are hot flashes, heavy or irregular periods, mood swings, vaginal dryness, migraines, changes in libido, weight gain, brain fog, night sweats, and insomnia. Some people may experience one or many of these symptoms over the course of their menopause transition, which can be almost ten years.

A NOTE ON TERMINOLOGY

Throughout this work, I intentionally use 'people' instead of 'women' (where appropriate) in attempt to include trans, intersex, and non-binary people, but it must be noted that there is a lack of research which includes these communities. In this thesis, 'woman' is used if the participant identified as such, or supporting research was based off of this sample or population.

Evolutionary Perspective

Why do people go through menopause? This question has long fascinated and inspired evolutionary scholars and anthropologists. Humans are one of the small percentage of species that will live beyond their childbearing years, making us unique—so far, we know that Orca whales, certain other whale species and some chimpanzees live post menopause. In Orca whales, it has been found that pods with ‘grandmother’ whales tend to be better off, increasing the lifespan of their grandchildren [17]. The Grandmother Hypothesis, is the hypothesis that humans have adapted to live long beyond their ‘fertile’ years in order to assist with care giving, and allow for younger generations to have more children [13,15]. There are challenges with this hypothesis, as it centers menopausal people as having the main role of child-rearing, and is oriented towards females ‘producing’ in relation towards their fertility. It also may imply that people postmenopause are all grandmothers, which can perpetuate the ‘older woman’ stigma that menopause tends to be associated with. Contrarily, it can also be viewed more warmly, as it may be nice to think of grandmothers being these ‘heroines,’ in a society that tends to devalue older women and generations [17].

Medical Perspectives

Mid-life is often a time associated with career heights, family changes, care-taking, and rising concerns about health. This is to say that menopause does not occur in isolation [11], as there are other health factors and life events that overlap with this time of life. Menopause has a large footprint of impact (as hormones control the human body), and should not be separated from other medical conditions and symptoms. There is a knowledge gap in what we know about menopause, not only with people who will/are experiencing menopause but also within the medical community.

In a 2023 study, it was found that of 99 OB/GYN program directors, only 31.3% reported having a menopause curriculum. Separately, it was found that only 6.8% of postgraduates at US residency programs felt adequately prepared to “manage women experiencing menopause” [14]. While steadily on the rise, menopause specific research studies are not common and in 2023 there still had not been a “single, randomized trial of hormone therapy for women in perimenopause” [8]. The lack of research and training on menopause related concerns is, well, concerning, as a vacuum for information is a breeding ground for misinformation and disinformation [10,18]. Written about in more depth later in this paper, people within the project mentioned to me that they were desperate for information (as they did not get any from their doctor) so they found themselves searching all over the Internet for supplements, advice, and products that could help.

One of the most common ‘solutions’ for menopause symptoms is menopause hormone therapy (MHT). By using hormones, symptoms can be managed and in some cases “prevent certain health complications related to the menopause transition and/or postmenopause” [11]. MHT is not

replacing hormones that people ‘should’ have, as this would imply that people in menopause are deficient in some way or another.

In the 1950s and 60s, menopause was widely seen as a disease that could be ‘cured’ through hormone therapy. In 1966, Dr. Robert Wilson published *Feminine Forever*, a book that recommended hormone supplements for women approaching menopause to avoid “breasts [that] become flabby and shrink” and prevent them from becoming a “dull-minded but sharp-tongued caricature of her former self”[23]. Pills that included estrogen and progestins, had many perceived benefits for people as they helped control menstrual bleeding as well as their menopause symptoms. This is just one of the complicated pieces of MHT, being both sold as something ‘to keep women young,’ while also lessening disruptive symptoms and allowing many women to live lives with less unnecessary suffering.

The Women’s Health Initiative (WHI) was created to better understand menopause treatments, specifically MHT, through clinical trials:

“Funded by the National Institutes of Health, the WHI enrolled over 64,000 women who were randomized to taking a drug or placebo as well as an observational study of approximately 100,000 more women across forty centers in the United States...The goal of the WHI was to evaluate MHT as prevention for cardiovascular disease and fractures due to osteoporosis, while monitoring for an increased risk of breast cancer, endometrial cancer, blood clots, and dementia...”[11].

Five years into the study, in 2002, the study was stopped as they cited there was an increased risk of breast cancer. The word of MHT ‘causing’ breast cancer spread like wildfire, and was, as Dr. Jen Gunter says “a clusterfuck” of misinformation [11]. While the findings from this study were important, the distribution of information has been heavily critiqued [8, 11]. Particularly, the risks of MHT were not properly contextualized for the public, causing undue panic and alarm (e.g. WHI said that there was a 26% increased risk of breast cancer, but contextualized this “means 6 additional women with breast cancer a year for every 10,000 who took MHT, which is slightly less than 0.1% of women on MHT a year” [11]). more Dr. Jen Gunter’s *Menopause Manifesto* [11] contains more information on this subject.

There was an average prevalence of 22.4% for hormone therapy from 1999 to 2000, and in 2023 this number had dropped to 4% [31]. While there are many factors at play, misinformation around MHT risks have created some of the wariness around the prescription. Susan Dominus, in her far-reaching New York Times article, postures that “Women Have Been Mised About Menopause,” and are not adequately supported in the decision to choose MHT [8].

Public Policy

While there may be some medical attention, the topic is not addressed at the government level. There have been calls for Congress to fund menopause research (through the NIH), but the bill was abandoned in 2022 [28]. Recently, there have been two bills introduced to both the house and senate that would expand menopause research and evaluate what the medical community has investigated, versus what still needs to be discovered [21,22]. Both of these bills are, as of June 2024, not moved to a vote and are only introduced. There is an opportunity for civil advocates to push for this legislation to become a reality.

Media Portrayals

In addition to the misinformation around menopause treatments, pervasive tropes about what a menopausal woman is continue to permeate discussions. Historically, in the 16th century, older women were often described as ‘witches,’ and recently, articles about the connection of these witch characters to menopausal women have been written. In a collection of online essays titled “A Bloody History of Menopause,” Helen Foster writes:

“Witches were jealous, vindictive and manipulative – in fact, had all the characteristics of the evil stepmother and witch of fairy tales. They were blamed for failed crops, miscarriages, mysterious illnesses and sudden deaths, scapegoats for all the ills of a community. As the embodiment of the stereotypical witch, the aging female was vulnerable to being portrayed as intent on evil, her body and mind decaying. Her lack of fertility made her redundant, undesirable and easy to dismiss” [29].

Alternatively, or possibly in conjunction with, postmenopausal women are portrayed as wise and fragile, someone to be revered and taken care of. Recently, an article was published in which the authors analyzed recent television depictions of postmenopausal women and found the following grouped ‘myths’:

- The myth of the liberated woman*
- The myth of the (un)nesting (s)mother*
- The myth of the old, ugly, and sexless witch*
- The myth of the mild, wise, and uncarnal woman [3]*

It’s interesting to think of the synergies and contrasts between these depictions—as there are varied ‘truths’ to popular depictions (i.e. many postmenopausal people I talked to did feel liberated!). To hold these multiple interpretations of menopause in our collective mental model can be a challenge—are older women witches? Are they wise sages? This inability to fit people into a singular box may lead to frustrations (or silences) around the topic.

American pop culture has historically perpetuated a negative view of menopause (e.g., TV shows portraying menopausal characters as crazy or overcome with hot flashes). But, there are also more nuanced perspectives of menopausal characters, one example being Belinda in the

television show, *Fleabag*. The main character, Fleabag, sits next to Belinda at a bar (page 14-15) and asks her about her life, and Belinda explains that menopause gave her freedom in more ways than one:

“We have it all going on in here inside. We have pain on a cycle for years and years and years and then just when you feel you are making peace with it all, what happens? The menopause comes, the fucking menopause comes, and it is the most wonderful fucking thing in the world. And yes, your entire pelvic floor crumbles and you get fucking hot and no one cares, but then you’re free, no longer a slave, no longer a machine with parts. You’re just a person, in business.” (Fleabag, s2e3)

Alternative experiences of menopause have also been depicted. In *Sex Education*, a character is both perimenopausal and pregnant, confronting and complicating the understanding of the phases of menopause. In the animated series, *Big Mouth*, a character is visited by the menopause banshee, who (while looking quite frazzled) brings the good news that the character is in menopause, and that she should look forward to this transition because, “This next chapter is yours to live, and now you have no fucks to give” [12].



“My first day as a woman and I’m already getting hot flashes!” (Mrs. Doubtfire)

KANEKO



And yes, your entire pelvic floor crumbles and you get fucking hot and no one cares, but then you're free, no longer a slave, no longer a machine with parts.



Big Mouth, 2022

Related Works

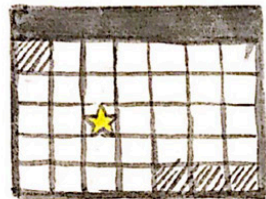
Technology, Art, and HCI

One of the most common places that people come together to support one another through menopause are Facebook groups. These online groups are mostly private and moderated by community members to ensure the safety and privacy of the group members [19]. In addition to Facebook, people gather on Reddit, or use new apps like Peanut Menopause which help match users to further facilitate conversations about menopause [26]. There are many websites that discuss menopause and the symptoms, but they have been found to have a higher reading level than recommended, possibly marginalizing people who may not have high literacy or have English as a second language [5].

HCI and design researchers have facilitated workshops and conducted interviews about menopause which has resulted in interesting design directions (e.g. wearable products, digital health products, community interventions, infrastructural changes) but all call for more HCI and design researchers to continue thinking in this space [1,6,16,24]. Bardzell et al., have co-designed (with menopausal participants) potential interventions such as a 'menopause party' which flips the negative narrative of menopause into something worth celebrating. The 'menopause party' exemplifies a desired cultural shift, imagining a world in which we appreciate and commemorate one's last period. The researchers also speculate that there could be a technological intervention—one that not only helps physically relieve symptoms like hot flashes, but also notifies family and friends of the occurrence. This intervention blends the digital with the physical, acknowledging that there's a plurality of experiences within the menopause cycle.

Fertility as fodder for design continues to be interesting, not only to the academic design community, but to NGOs, businesses and the greater public. Campo Woytuk et al. [4] have been thinking about designing fertility "otherwise," and have created work that expands on how fertility can be represented through new, vibrant aesthetics which contrast the usual pink and 'feminine' hues. Campo Woytuk et al., have also created a (somewhat) speculative product that allows people to understand their ovulation cycle through touching their own cervical mucus, an interesting push towards a more embodied, less digital solution. Recently, the Seattle-based Studio Matthews worked with the Bill and Melinda Gates foundation to create "Designing Motherhood," an exhibition that showcases and reflects on different aspects of being a mother [32]. This exhibit is open to the public, allowing for engagement with topics such as contraception, pregnancy, childbirth, and postpartum.

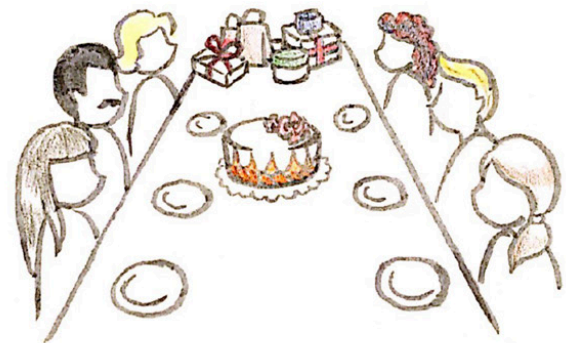
"Guess the date of last period ever"



"How many tampons in a jar"



MENOPAUSE

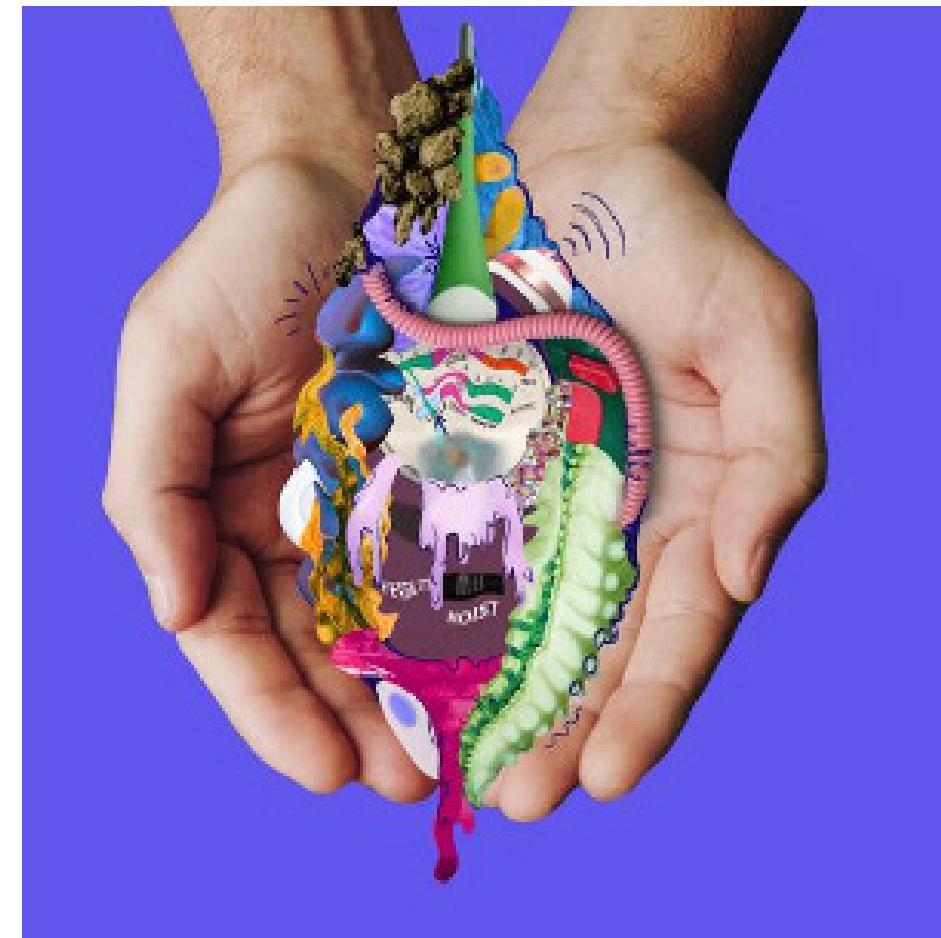
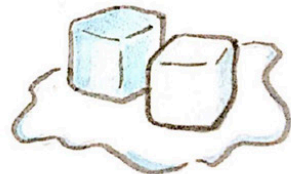


friends and family of all genders and all ages come together to celebrate menopause of a loved one

tips & suggestions



"Who's the hottest?" the hot flash game - compete to melt ice cubes with neck



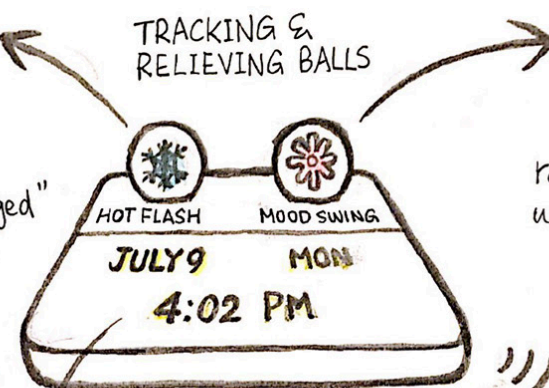
Depictions of Fertility
Campo Woytuk et al. 2023



becomes cold when squeezed, can be "recharged" by putting back on dock



releases soothing fumes when squeezed



INTERNET-CONNECTED DOCK w/ SCREEN



Shows other people who are experiencing the same symptoms



can notify family & friends



While being born is a universal human experience, the designs that shape it are not.

Motherhood is shorthand for acts that go beyond a gender binary and beyond people who have been pregnant or given birth.



Reproductive justice is the human right to maintain bodily autonomy, have children or not, and parent the children we have in safe and sustainable communities.

—SlaterSong



Roughly 75% of medical devices won't function beyond industrialized countries.



Design Approach

Research through Design

This project takes a Research through Design (RtD) approach, as the main goal of the project was to use design as the medium to inquire about menopause. RtD posits that knowledge can be generated through using design as the investigator into a subject, and that learning can occur throughout the design process [7] (and isn't relegated into one section of the traditional double diamond). Through creating designed artifacts throughout the process (e.g. diary study, workshop, early zine layouts, physical prototypes), I was able to learn more about menopause and document the challenges of designing for a topic that is highly invisible.

Speculative Design

While this project was not overtly speculative in nature, I must acknowledge that many of my mentors and work during my time at UW has revolved around speculative realities and alternatives. This literature and thought has infused my point of view, possibly driving my approach to creative writing and fiction writing within the zine itself. To be able to relinquish the constraints of stigma, imagining a world in which menopause can be distributed in newsprint, is informed by the cone of possibility in which there may be a future reality in which this is not 'radical.' As cited in *Speculative Everything*:

“Dreams are powerful. They are repositories of our desire. They animate the entertainment industry and drive consumption. They can blind people to reality and provide cover for political horror. But they can also inspire us to imagine that things could be radically different than they are today, and then believe we can progress toward that imaginary world” [9,33].

Imagination is a core element of this project, as menopause (as aforementioned) has such a strong stigma and media portrayal. Throughout the project, I invited my participants and myself to imagine realities in which menopause is openly discussed.

Writing as Design

Ellen Lupton, author of *Thinking with Type*, says, “I write in the medium I design, I write in typography...typography is for people who read and write” [25]. Writing the content of the final zine was a core element of my process, as it allowed me to work through ideas, fictions, and synthesis in my most comfortable medium. Re-working, re-writing and re-doing sections was part of the fun and a core element of my design process.

Methods

In this section, I will walk through my research methods, and my findings from my participants but also the overall project. As someone who was trained in the social sciences and worked as a UX Researcher, I found the research aspect of this project particularly rewarding. I felt privileged to talk to so many inspiring individuals about a topic that they may not even discuss with their closest friends. Rarely do we (maybe I'm speaking for myself) get to work on projects that are so close to people's hearts (and bodies), and for that I am grateful.

How can we facilitate conversations on and around menopause through design?

What are the challenges in facilitating conversations?

How can we design for the future of menopause?

Secondary Research Review

As I am currently not experiencing menopause, I needed to ground myself in the basics: 1) what is going on within the body during menopause, 2) what we know about menopause (and what we don't) and 3) what HCI research has been done on this topic. Specifically, I wanted to look at what design and HCI projects in particular have focused on menopause, and draw inspiration from how they framed their work.

Questionnaire

In addition to looking into secondary research, I wanted to understand the breadth of experiences that people had and the types of circumstances in which menopause was more/less hindering. As this was an initial point of entry into the topic, my questions were quite diverse and (in hindsight) high-level. The questionnaire was created in Google Forms (for ease of use), and distributed to two menopause-related Facebook groups that a UW Design Professor was a member of. Overall, there were 27 long-form answers collected which led to a starting point for the project.

Subject Matter Expert Interviews

Throughout the course of this project, I interviewed three subject matter experts and had an ongoing partnership with one of them. I interviewed Dr. Nancy Woods (Professor Emeritus at the University of Washington, School of Nursing) in late 2023 to understand the menopause space from a clinical point of view, as well as get insights on her paper: *Women's midlife health: The unfinished research agenda*. Dr. Woods emphasized that anticipatory guidance for people who were close to the perimenopause

age would be helpful, and possibly save them a lot of worry. I later spoke with one of Dr. Woods' collaborators, Nancy Coslov, who is the founder of Women Living Better. I reached out to Nina because I subscribed to her email newsletters where she gave digestible information about new menopause related research and topics. She responded quickly and was excited to talk to students about the topic of menopause. She echoed the concern that menopause was not being talked about, and that people were not getting the information they needed. My third expert was Britt Stromberg, who is the Chief Marketing Officer at Gennev, a menopause telehealth company based out of Seattle. Stromberg was interested in facilitating conversations between people about menopause, and echoed that many of my findings were validated through their research as well.

Pilot Interviews

In parallel to the ongoing open questionnaire, I conducted three in-depth interviews to add depth to the experiences that I was reading about in secondary research and seeing in the questionnaire responses. Two of these interviews took place in-person in Seattle, and one interview was conducted over Zoom. These were unstructured interviews and lasted about one hour. During this time, I prompted participants to walk me through their menopause journeys and probed for details along the way. This unstructured nature of the conversation allowed me to understand where people wanted to focus more, where they found the most hardship, and informed my future interviews which were more structured.

Questionnaire Responses
2023-24

How easy out se at work. is doesn't (ou)	Do you think there are misconceptions about menopause? If so, what are they?	What would you tell your younger self about perimenopause and/or menopause? (Or, what do you wish someone would have told you?)	Are there any unexpected moments of joy during perimenopause, menopause and/or post menopause?	Thank you for your use the space below else you would like
	I had no idea about the mental impact or brain fog and general blah feeling	Be prepared. It's coming and it's different for everyone and don't be ashamed or embarrassed to ask for help	no	
1	That supplemental estrogen cures it.	Use progesterone cream starting in your teens / 20's.	no	
2	Yes, I think there are misconceptions. So many...mostly people have no real information about it	I wish I had known more about the mood impacts and brain fog. I wish someone had told me how to manage those.	Wonderful to no longer have periods. My body feels like it is my own. Perimenopause gave me a ferocious sex drive which was really fun.	My otherwise really dud when it came profession needs a
1	The age someone will experience menopause or perimenopause. Also, symptoms can vary.	Not sure.	No, not really would attribute joy with my symptoms.	Just interested in t little more of what very early stages c
	Yes, that it's a single event and then it's over. It's the same for every woman. Also that it happens to "older" women. I think it's more lack of knowledge or people not really thinking about it vs. major misconceptions.	It last 10 years, you should start thinking about it when you're much younger and be more prepared to manage symptoms.	Not about the process, but life can still be joyful.	
3	YES! Misconceptions around what it is, when it happens, what the "symptoms" are, what treatments are available, how it affects not just the individual but family and work.	I wish someone had told me what I might expect, and that I don't have to suffer through this alone - and also that it is not just hot flashes but actually an entire mind-body transformative experience.	yes - finding community with other folks who are in the thick of it. Also being able to share this important phase of life with my adolescent daughters in ways that my mother wasn't able to (because of stigma, lack of education, cultural limitations etc.)	
2	Most people think that perimenopause is menopause. Before I hit this age I knew very little about it. It's like a secret. My aunts, grandmas, etc never spoke of it. We have so many discussions about pregnancy but why don't we talk about this life phase. It's a natural transition and we NEED to bring it into the open.	It doesn't have to be awful. Get in touch with a naturopath asap. Talk to your friends and family about this life phase. Find an online group too.	No	I have chronic pain ago, it's made the the constant pain.
		Learn more about self care first. Don't bite off more than you can chew, meaning		

'Diary' Study

While diary studies are best used for longitudinal data collection and to understand an experience that happens over time, because of the time constraints of the project—this study lasted one week. I recruited survey participants and used snowball sampling to find 5 participants that would be able to fill out a Google Slides deck (which acted as an online diary), and have a 60-90 minute exit interview with me. The diary study was broken down into three main activities (responses) which were intended to be spread across the course of a week, since many people mentioned that it would be difficult for them to dedicate more time. I encouraged them to upload their own photos to explain their answers, but many used photos from online (Google images).

Diary Prompts:

Day 1: Introductions and Mind-mapping

Day 2: Current Experience of Menopause

Where is Menopause most noticeable?

What do you currently do to mitigate your symptoms, if anything?

Day 3: Future of Menopause

In 50 years from now, how do you think people will experience menopause?

How could the workplace be re-designed to support people in menopause?

How could the home be designed to support people in menopause?

Reflecting on these prompts, I believe that these could have been more specific one's own experience with menopause instead of more broad, societal predictions. Otherwise, they elicited interesting long-form written responses and some people uploaded very descriptive photos.

The most interesting part of these diaries were the mind-maps. When conducting the exit interviews with participants, I would screen share my desktop screen and we would walk through their diary together. Often, our conversations would linger on the mind-map, as this provided a nice 'table of contents,' or 'journey' for us to talk about together. By letting the participant draw the mind-map first, they were also in control of the conversation and were able to bounce around to different ideas without feeling they were put on the spot. Because I had not met these women before jumping onto the Zoom call, the mind map acted as a buffer and an icebreaker all in one.

Day 1: Getting to know you

Introductions

Hi Maya,

My name is Gail
I'm 62 years young
And I live in Bellevue, WA

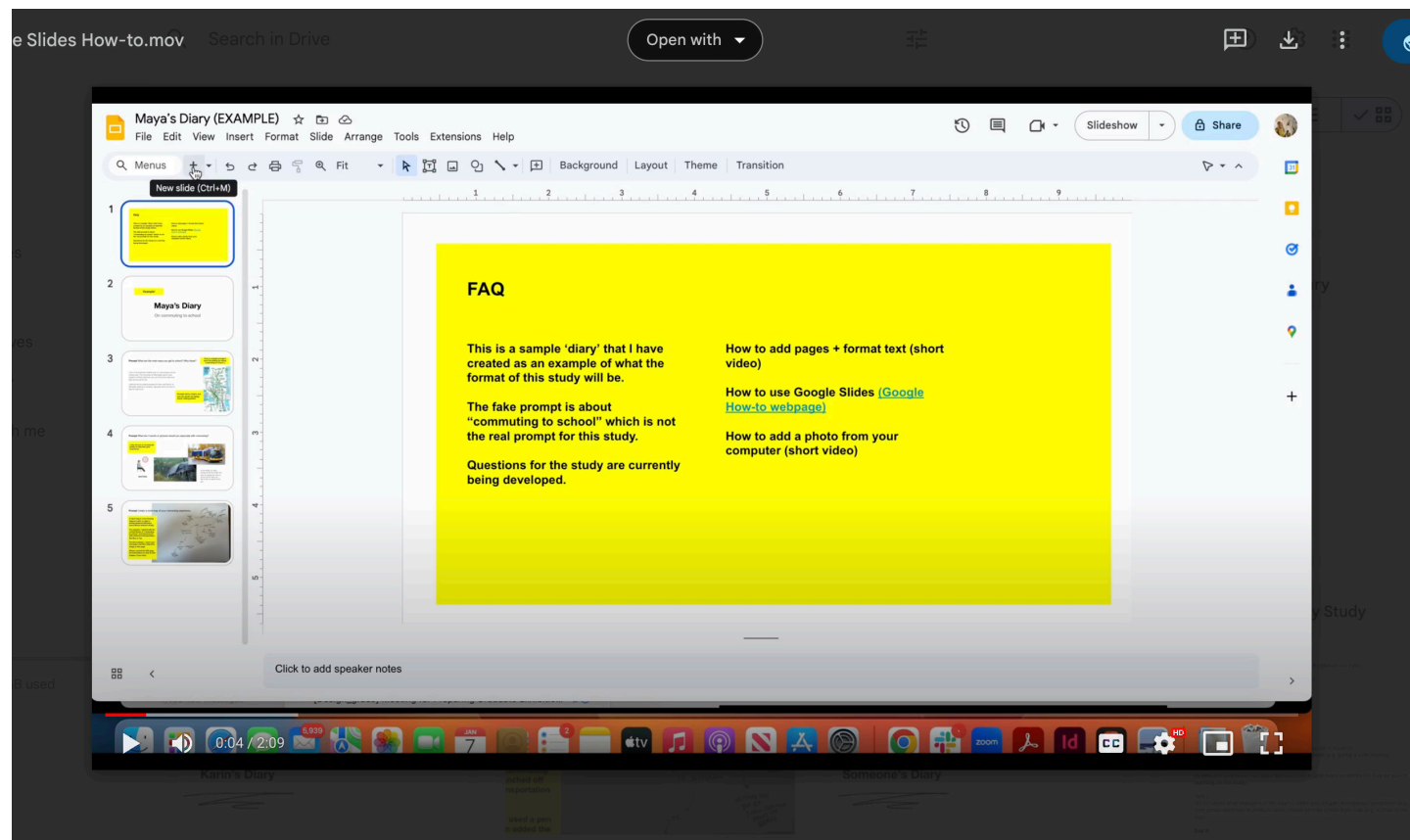
I'm postmenopausal! YAY!

I am a married (28 years) retired mom of two lovely adult children. When working, I was a graphic designer and meeting planner. I currently enjoy gardening, and working with multi-media in my home make space art studio.



Me on a good day :/

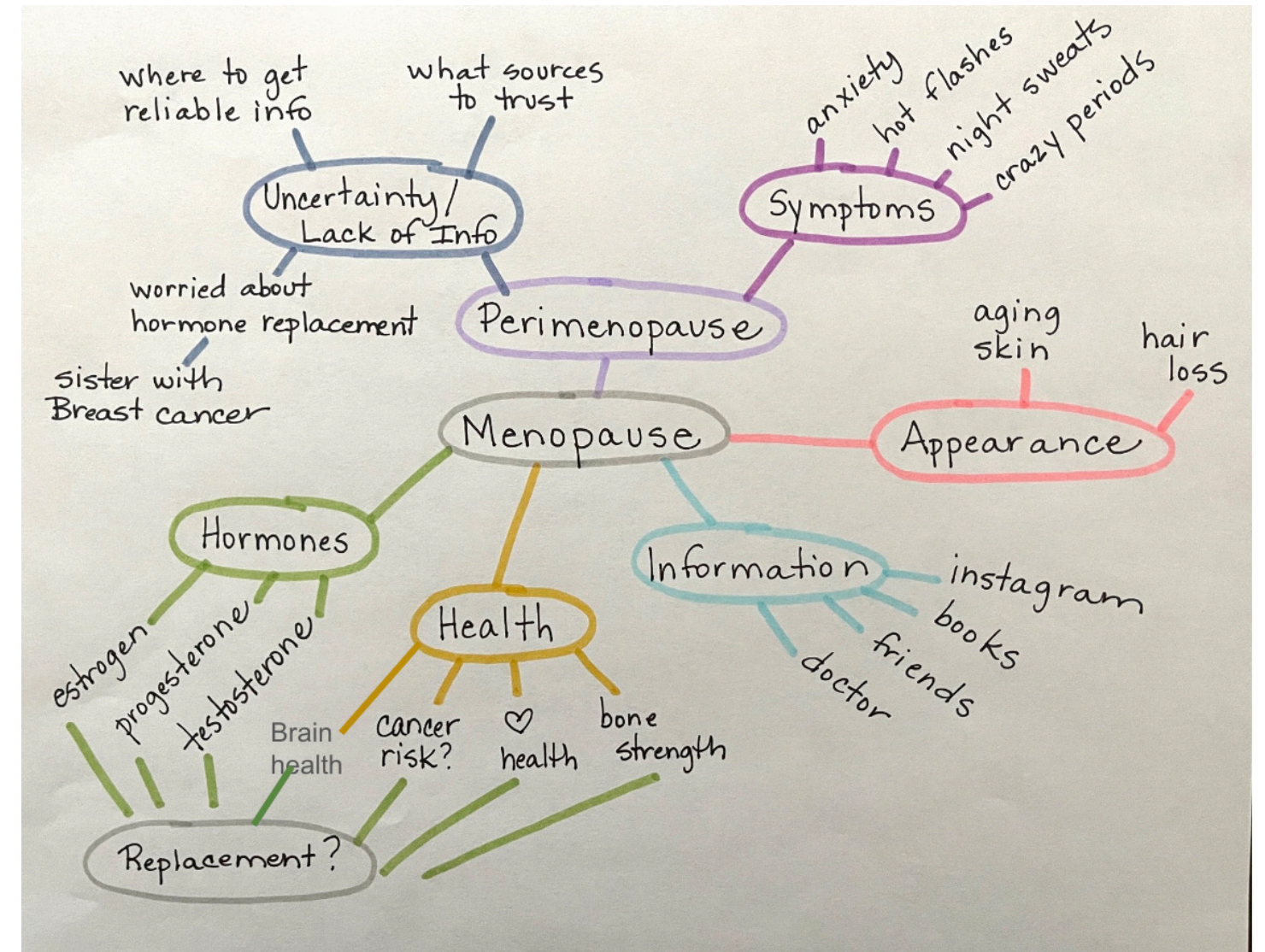
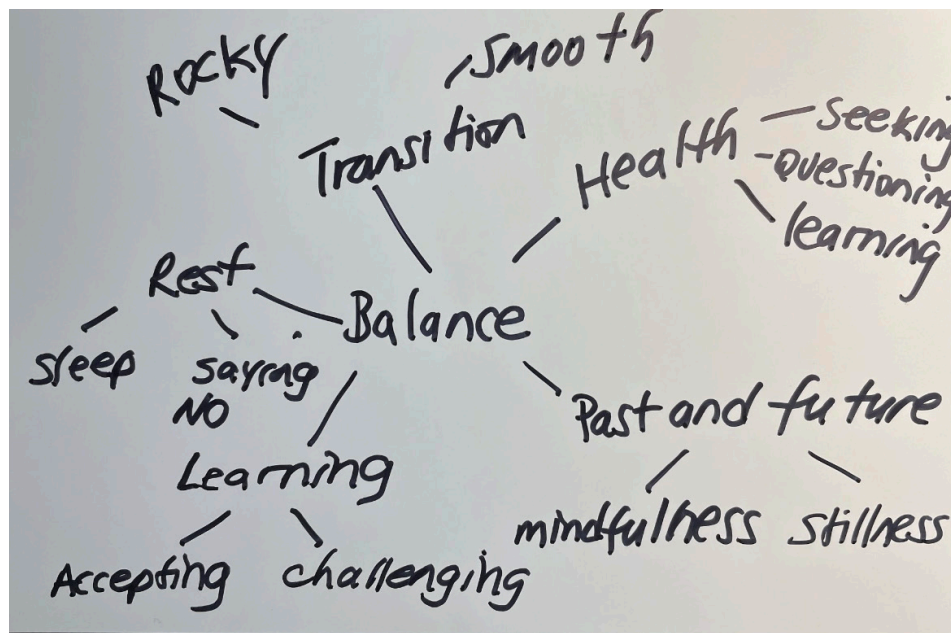
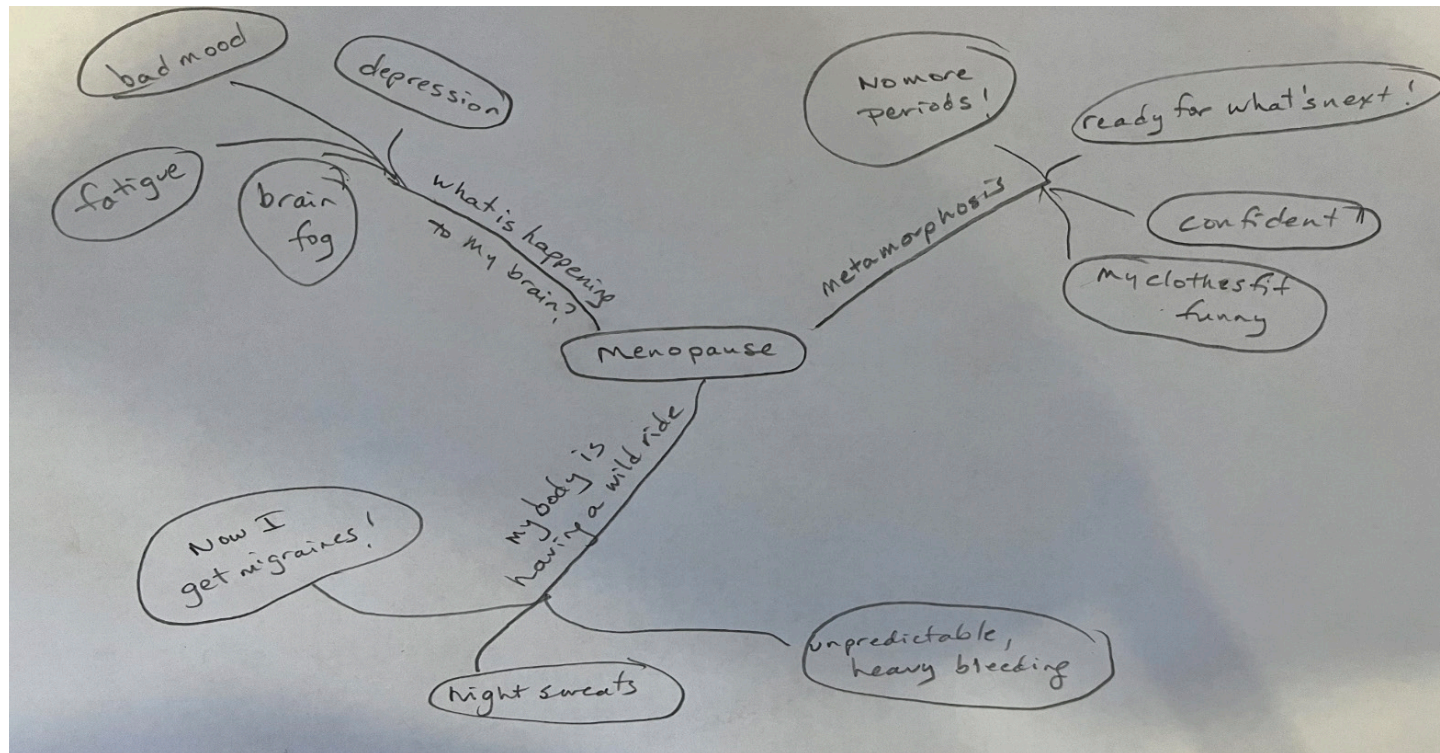
My mom's diary entry on Google Slides, for the pilot test. Thanks Mom!



I linked a recording of my own screen to show how to use the tools on Google Slides. Specifically, I included tools that they would most likely use, like how to add a photo, how to hyperlink or adjust the size of text.

Challenges

Most people I spoke with about the project were very interested in participating, they were also extremely busy. Because my target sample was between the ages of 40-60 years old, these were often working professionals or busy with other commitments. Therefore, this part of the research (while intended to have more participants), needed to be scoped down. Diary studies can take many forms—when I was working in UX Research, we would use online softwares that specialized in this type of method (Userzoom, Dscout). Since these services were out of budget for this project (and, frankly, overkill), I crafted an online 'diary' using Google Slides. I chose Google Slides because it felt the most approachable, and had the most simple UI for someone to learn if they had not used it before. Additionally, they would not need an account or have a subscription to use this.



Mind-maps took many different forms, and it was interesting to see the connections participants made.

Reflections on Mind-Mapping

The openness of the activity allowed people to go as wide as they wanted, which was amazing for conversation and analysis. Many people focused on their own physical symptoms, but branched off of them with commentary about the lack of information they had, questions they had, and worries they faced. HRT was a common topic, as this was a big decision to make for many participants.

Findings and Design Tenets

Throughout the process of speaking to individuals, I sorted and grouped responses and quotes into themes. Five clear opportunity areas emerged, as the first three were framed as problems while the final two were desires for the future. Below, I have summarized these themes and proposed design tenets that designers may be able to use to inform future design endeavors around menopause. The tenets are intended to guide future design explorations, and provide a way to stay connected with the lived experiences of menopause.

I feel like menopause is something that's happening to me.

Multiple participants expressed that they felt as if menopause was a separate experience than who they were. They didn't feel like themselves anymore. Sometimes this was tied to physical appearance ("I woke up and thought I aged overnight!"), and brain fog ("I couldn't remember things, I thought I was going crazy"). This was a quite scary experience, to feel as if you are slowly slipping into someone that you don't identify with.

"55 [years old]...whose body is this?"—Eva's Mind Map (2024)

"So when you start looking at it as you're going through it, and you're seeing yourself change. You don't identify with the person in the mirror."—Becky, via a Zoom Interview (2024)

"I just had to go to bed right after dinner. You know this is happening to me, but with everybody else in my life, I later asked them. I told them about it later. You know I still showed up, for, like my book club, but my feeling during the whole thing was that I was a very different person, like I was not able to engage. I was quite removed."—Brittney, via Zoom (2024)

Proposed Design Tenet: Facilitate Feelings of Control (where possible!)

While the menopause experience is inevitable, there may be ways that we can create environments and structures that educate and advise about menopause symptoms. Control can manifest in a variety of ways—asking permission, choosing to opt in/out, taking initiative (even if it's small).

I'm desperate to find real information.

By now, it's probably clear that is not much easily accessible information on menopause. Participants said that desperation occurs when they feel as if they have to do their own fact-finding if their doctor doesn't provide answers. Dr. Nancy Woods mentioned one of the most promising ways of disseminating information about menopause would be 'anticipatory guidance.' Anticipatory guidance is when the doctor or provider tells their

patient what to expect (about a surgery, a medication, a visit, etc.) before they experience it. This lets the patient know what is 'normal' and what to look out for. Currently, it is not common practice to brief people on menopause, even when they are of age.

"The problem is, there's so much bad information out there so much just blatantly incorrect information. And even I didn't know was incorrect until I started doing a deeper dive, like, these saliva tests are checking hormone levels and some other things that are making people lots of money, but are not making women feel better."—Meredith, via a Zoom Interview (2024)

"I started following different people, you know, one person would lead to another person, I mean, ha! A lot of the people I started following was more because I'm always looking out for Kate and Ravenna's [daughters] health, too. So I'm like following people who are just talking about like hormone health in general, for them. But then it leads to different places, and before you knew it I was following all kinds doctors that specialize in menopause. I'm thankful I'm not on Tiktok, because I would probably be terrible. I'd just be sucked in all day. But even just on Instagram, like I get sucked in. And you, you know you're see all these posts and stories."—Hannah, via Zoom Interview (2024)

"I'm like in this weird spot where I'm desperate for information that will work for me and I don't trust anything."—Andrea, via in-person interview (2023)

Proposed Design Tenet: Get Straight to the Point, Early

Clear communication is, of course, almost always what designers strive for but this should be re-emphasized with menopause-related work, as there is a lot of misinformation and disinformation available. Designing for menopause should include information that is approachable, does not include much (if any) jargon. If medical terms are used (which can be empowering), they should be defined and not require people to search for more answers online.

I feel as if I'm invisible.

People I spoke to mentioned invisibility in two ways: feeling as if their experiences weren't important, and feeling as if people ignore/don't pay attention to them (in comparison to when they were younger). When speaking to their doctor's, a few participants mentioned that they were dismissed or told that their symptoms are 'just part of aging.' One participant noted that they felt people just don't look at them anymore, that they don't feel the same attention or 'gaze'—this was positive—as they

felt a certain freedom that comes with less people's eyes on you.

"Girls probably don't get enough attention paid to them. I think people are kind of scared of girls. Women going through childbirth. There's a lot that isn't talked about, but there seems to be this idea that it's productive, like it's producing something. Menopause seems to be this marker of lack of relevance. I don't know if I really think that, but there's something around that, right?"—Andrea, via in-person interview (2023)

Proposed Design Tenet: Intentional Visibility

When I began this project, I (possibly naively) thought that making menopause more visible was always positive—that if there were more people seeing and talking about menopause that would always be good. While I still subscribe to the belief that talking about menopause is a concrete move forward in lessening the taboo, being mindful of how menopause information is disseminated is important. A friend of the project mentioned, in response to people knowing about her menopause experience at work, that she wouldn't want to tell them—it would just give them another reason to think she can't do the job.

I want to age gracefully.

Many women I spoke to desired to embrace their aging journey, and be present. They found it easy to get wrapped up in what they are 'supposed' to be doing, feeling, thinking, and wanted to push back against this. A participant shared with me that she yearned for "balance" in her life, and actively seeks it out now that she is in perimenopause. She says 'no' to more things, and prioritizes her sleep, as she realizes it makes her happier and more able to be her best self for the people around her. Being in nature was a key component in a few participants' well-being, they enjoyed going for walks or sitting in the sun with a view. Furthermore, the connection with nature can signal a desire to connect with other creatures in the world, reminding us that we are part of a larger ecosystem [Steinke]. This can also be interpreted as, maybe simply, wanting leisure. Aging gracefully was not about physical beauty for participants, it was about the mindset that the menopause transition may bring.

"Who can help us learn about this? Who can help us process it on our own terms. Who can help us make it our own experience—not just something we have to muscle through and pretend isn't happening."—Brittney, via Zoom Interview (2024)

I feel liberated.

While perimenopause and menopause were unanimously challenging for all of my participants, it was also felt that postmenopause was a positive time of life. Postmenopause participants said that they felt freedom from their menstrual cycles, something that had been ruling their lives for almost four decades. Participants approaching postmenopause looked forward to "not giving a shit," and hoped to find peace with their 'new' selves on the other side of menopause.

"I've had that damn thing [period] for ever. Like holy cow, 40 years. Which is amazing to say out loud—like, that I've done anything for 40 years. It's been almost 40 years 39 and counting, and it's sort of like that's long enough. I'm ready to be done with that part."—Wynona, via Zoom Interview (2024)

"I will say there is a sense of calmness that comes from being in postmenopause, like when you don't have the fluctuating hormones, and it's just like, life is good. You kind of see why older people are for the most part pretty chill. It takes a lot more to ruffle their feathers. I mean, I think a lot of it is they're retired usually, and you know they don't have kids living at home. But I do think there's something hormonal, too, like you're not dealing with that."—Hannah, via Zoom Interview (2024)

Proposed Design Tenet: Push Back Against Doom and Gloom

As previously mentioned, popular culture does not paint menopausal and postmenopausal women in a good light. Therefore, it's important to use design tools to portray alternate menopause aesthetics.

The Menopause Workshop

After synthesizing the data from the first quarter of the project, I aimed to put some of the insights into action. To begin, I wanted to create a public-facing installation that would both engage non-menopausal people and menopausal people in the topic. Upon further thinking (and a bit of soul searching), I came to the conclusion that I wanted to learn what these ‘conversations’ really looked like, and how best to prompt these discussions.

A twelve-person workshop was planned at Studio Matthews in Capitol Hill, Seattle. Professor Kristine Matthews kindly offered to host, as the space was perfect for the environment we wanted to create. Specifically, menopause is often confined to the walls of a doctor’s office, so to have free flowing discussion about a very medicalized topic in a creative, and curated space already felt like a step in the right direction.

I reached out to local participants, UW faculty, and Studio Matthews employees to join the two-hour workshop. The participants were in their 20s, 30s, 40s, and 50s and all identified as women. When reaching out to attendees, I did not name this event a ‘workshop,’ as I felt as if that would imply we were trying to ‘solve’ something (as in my design experience, workshops are usually sprint-like problem solving meetings). We called the event “Chat + Gather + Ideate” as we wanted to signal that this was about talking, getting together, and coming up with some ideas.

Workshop Activities

I planned three hands-on activities which were intended to spark conversation around different angles of menopause. The activities were fairly low-fi, as they were intended to be works-in-progress and invite collaboration between participants as well as myself.

Activity 1: Ideation Station

I printed out three themes that had arose from the first quarter of research and offered them as questions for participants to ideate around. The goal of this activity was to collect a plethora of menopause related design ideas.

Activity 2: Past, Present, Future You

A piece of butcher paper was laid onto a table and a timeline was stamped onto it. People were prompted to reflect on a time in their life in which they’ve gone through a transition, reflect on life right now, and then write their hopes for the future. The goal of this activity was to map the generations of people at the event, while also sparking conversation around youth and older age.

Activity 3: Making a Zine

I brought colored paper, stamps, stickers, markers, and other craft supplies for people to make their own zines about their relationship to menopause. This activity was initially aimed to let people create something low-stakes and small to take home. To my surprise, this was one of the most insightful parts of the project—as people enjoyed sharing their zines with each other, documenting their own journeys, and seeing how other people’s experiences were similar/different to their own.

Reflections on Facilitation

While menopause is a particularly taboo topic, people were genuinely eager to participate in this event. To facilitate a gathering that was specific to menopause could seem odd, but it’s common to have pregnancy groups, new mother groups, and other types of communities that revolve around new challenges. Why not menopause?

I believe having a mix of generations at the workshop was essential for the types of conversation that flowed. Younger women were curious and could draw on their own experiences of menstrual pain and discomfort to empathize with people in perimenopause. Moreover, younger participants enjoyed hearing about their ‘future selves,’ and felt that they were being educated by the other women in the group.

“Thank you for the opportunity to participate in the workshop. It was amazing to spend time with folks across the different “decades of aging”. Being able to join in that (temporary) community focused on the physical and mental challenges of menopause was quite uplifting!”—Workshop Participant, via email

“I thoroughly enjoyed the workshop and meeting new women. Thank you for convening us and structuring a dynamic and lively conversation.”—Workshop Participant, via email

In the future, I believe semi-structured gatherings like this can include a more diverse mix of participants. For this first workshop, I leaned towards keeping the group to people who will experience or are experiencing menopause (i.e. there were no male identifying people), but I acknowledge that leaving others out of this conversation may continue to keep the discussion siloed. I do believe, though, that creating a safe space for women to discuss a private and, for many, difficult period of their life was of top importance.



Photographs by Wyatt Olson
Studio Matthews, 2024

Menopause
leave of absences

normalizing all
stages of women's
period -
childbirth
peri...
meno...

Menopausal
!com for safe
spaces

CALL-IN RADIO
SHOW TO COMPLAIN
OR PODCAST!!

educate MEN
& boys/people
w/o uterus(?) about
this "women's" issue

solutions for
heavy periods
Clean up!
soak let
w/ extra
pads
wipes

Training for primary
care docs to better
recognize symptoms +
guide patients to resources

Normal given to
new mums of baby
girls... how to talk about
your body throughout
your life

can we re-name it?
sounds like a phase,
but my period is
not coming back,
thank god.

"Barbie-pause"
menopause w/
manuscript

change the term
menopause -
be more positive

How might we provide a better
sense of agency and control
during menopause?

Humanizing one
another
conversations between
generations!

Some bodied our
gynec as as
w/ all the symptoms
we can check off
Symptoms as they
occur
(So we don't think
we are crazy)

MORE MEDICAL
RESEARCH ON
PEOPLE W/ UTERUSES
MORE DATA

"Femme Start"
new multi
vitamin or pill to
relieve all the aches
& pains

FEM-
START
(re-brand of
MEN-O-PAUSE)

provide more
info handouts
in healthcare
settings

more open conversations
earlier
30s - 40s
+
even teens
20s!

We try to hide
our struggles from
our colleagues & partners
There's still a notion
that women shouldn't
be open about when
they struggle

PINS OR
T-SHIRTS
GOING
THEY
IT

there are so many
period tracker apps for
symptoms - are there
any for menopause?

I'd love to see publications
that apps (even though I don't
now, not everything needs
to be digital) aimed at
younger people to educate
and learn about
people's experiences

Share
experiences w/
different audiences

THE CHANGES SEEM
NEGATIVE BUT CAN
WE SOMEHOW CATCH
THE POSITIVES??
[experience/knowledge/emp]

MEN?
O, PAUSE.
THIS IS ABOUT
WOMEN.

Men Cooling
sheets for all
menopausal women

More celebration
around changes...
these

Menopause leave to
celebrate and do what
you would for a bit.
and on it you have to go
swimming.

Menopause dictionary
for male doctors

MENOPAUSE INFO
TARGETED AT MEN
WHY MUST IT BE A MYSTERY
FOR MEN TOO?

With an IUD my
periods were suppressed
so I actually didn't
know when menopause
had started. (confusing)

My American Girl doll
Puberty book should've
talked about it!

generational
knowledge
sharing

How might we embrace the
life stage and the changes that
come with it?

How might we make
menopause more predictable?

Ideation
Take a look at the quotes on the wall and the questions on the table. In your group, use the templates to ideate products and services around the proposed questions.

IS PROTEIN THE
ANSWER FOR
MENOPAUSE HEALTH?



Div Cup is over

AT ~33, PURPOSEFULLY
CAME OUT OF A LONG
RELATIONSHIP AND FOUND
MYSELF IN "BRIDGET JONES"
SCENARIO: WORRIED ABOUT
FUTURE, ABILITY TO HAVE
CHILDREN - LIVING A CLICHE.
SO FRUSTRATING.

It's the time when
I get my belief system.

Having high blood pressure!
We don't think it's something
we talk about with our colleagues...

sobriety!
Helps w/
everything!

This is where I am,
feeling more control over
my own life.
However, aging is something
out of my control....

liking: possibility of coming
into a new, improved
way of being
- also liking
- sharing this
- experience
w/ my daughter/s

52
not liking:
- weight gain
- aches & pains
- periods

Looking Forward
To A Long Period
Of 10 Seasons -
TWO GO AWAY, RIGHT?

30

Had a
baby/
Mam got
breast
cancer
Severe
post partum
depression

38
I USE IT!
I don't know
about menopause
although I'm reading
through my sister that
menopause will one day
happen!

34

40
DISCOVERY
OF "ULTRA"
LEVEL PRODUCTS

Mam's
breast cancer
returns

CHANGE
IN PERIODS
IS THAT
NORMAL?

early 40s
hot flashes
and crazy
night sweats -
but then go away
(at 54 still in peri menopause)
so symptoms vary and
are not consistent

NO ONE TO
KNOW/ASK
ABOUT "NORMAL"
VOLUMES

50

Went on
that -
life changing!

53
HYSTER
ECTOMY
SCARY!
CLOSE PE

51
Post meno
feeling strong
and ready
for great
things to come!

KC
54

THIS IS A
BIG TRANSITION
TIME - CAREER,
FAMILY (PARENT),
+ MYSELF (BODY)

SS
54

Body Health
As I Enter
A GRAYANT

KM
55 AND
SO MANY
MORE YEARS
NOT FAR!

KM:
HOT FLASHES
STILL THERE
BUT DIMINISHING.
CAN ANTICIPATE NOW,
AND LAUGH ABOUT
IT - JUST MAKE
PREDICTABLE
MAPS IT
EATING.

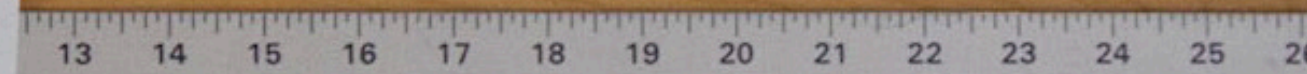
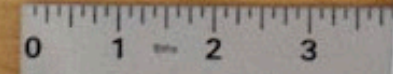
60

done w/ menopause
weight under control
(55)

LOOKING
FORWARD
TO

Post, Present, Future You

PINK
Use the red sticker to flag where you are now and write a note
on/around the sticker of what you are liking or not liking
this about...





Design

Initial Design Explorations

I was fortunate to work with a few collaborators throughout this project. As I don't come from a visual design background, I worked with Charmaine Yabut, a UW Visual Communication Design Graduate (2023), for assistance on developing an initial visual system for the project.

We began collaborating in Fall Quarter of 2023, and we explored type, color, photography style and wordmark for the project. At the time, Flourishing was somewhat vague, broad and unsettled. Developing a visual system helped me start the design process, practice making these decisions and Charmaine's expertise allowed me to collaborate with another designer.



Fonts designed by female identifying designers!!

Flourishing 85
Flourishing 85
Flourishing 85

body copy
*sans serif will be best for both digital and physical readability

montserrat

In the United States, it's estimated that 2 million people a year reach menopause, which means that around 6,000 people a day are reaching this milestone. Biologically, menopause is the 12 months after menstruation stops. Symptoms of menopause (which can include hot flashes, dry skin, insomnia, depression, vaginal dryness, mood swings, hair loss and more) can begin up to twelve years before one's last period—this time is called perimenopause. The average age of perimenopause can range from late 30s, to mid 40s, with the average age of menopause at 51 years old. For some, they sail through this time of life with no severe symptoms, while others have their entire world's flipped upside down, facing unpredictable and debilitating mental and physical symptoms.

khula
In the United States, it's estimated that 2 million people a year reach menopause, which means that around 6,000 people a day are reaching this milestone. Biologically, menopause is the 12 months after menstruation stops. Symptoms of menopause (which can include hot flashes, dry skin, insomnia, depression, vaginal dryness, mood swings, hair loss and more) can begin up to twelve years before one's last period—this time is called perimenopause. The average age of perimenopause can range from late 30s, to mid 40s, with the average age of menopause at 51 years old. For some, they sail through this time of life with no severe symptoms, while others have their entire world's flipped upside down, facing unpredictable and debilitating mental and physical symptoms.

khula 85 flourishing
khula 85 flourishing
khula 85 flourishing

It's not just hot flashes, but actually an entire mind-body transformative experience.
— Maya, age
hello!

Initial color explorations (Charmaine Yabut, 2023)



Type explorations for wordmark and display typeface (Charmaine Yabut, 2023)



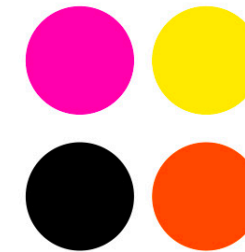
Custom wordmark (Charmaine Yabut, 2023)

An Evolving Visual System

After the workshop, I reflected on and evolved the visual system to match the feelings that were materialized at the event. Before, the Flourishing word mark was quite delicate, as this mimicked the word flourishing and the idea of growth and joy. I set this aside for now, and gravitated towards more bold, chunky and louder typefaces that felt unabashedly themselves.

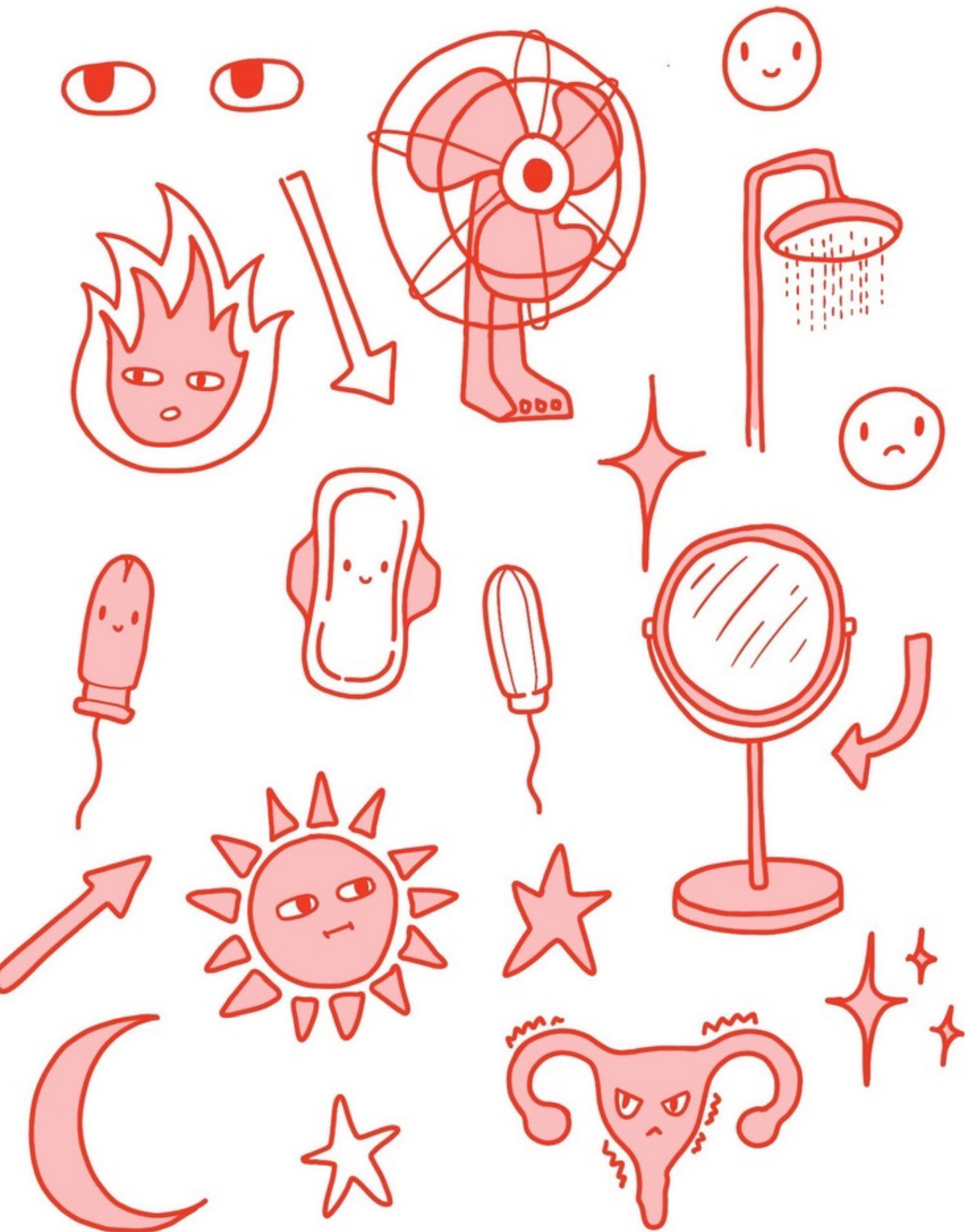
When Charmaine and I were first developing the visual system, the applications we were creating for were the workshop and slide deck presentations. As the medium of delivering information evolved, so did the visual system.

**COMING
OF AGE,
AGAIN**



On Illustrations

I worked with current second-year Visual Communication Design student, Zoe Kackman, to create humorous and relatable illustrations for the project. I would give Zoe some prompts and ideas, and she would use her own personal experiences and what she knows about menopause to create a suite of illustrations that are used throughout the publication.



More Zines?

The decision to make a publication was a conscious effort to package some of the things I've learned throughout this process into a digestible format for a larger public. After conversations with my thesis committee, I decided that a mini-digital newsprint magazine from the Newspaper Club would be the size and feel for the deliverable.

In regards to size, I wanted the publication to be large enough to fit high quality photography and long-form 'articles,' while also being discreet enough to put into a bag.

In regards to material, I have always been drawn to newsprint for its nostalgic, casual but authoritative associations. I recall my first project at UW in Professor Karen Cheng's Design Studio course was a newspaper. I intended for this publication to feel 'un-special,' like it existed in a world where talking about menopause was not radical, and maybe it was even common. In a world of digital media, I wanted to lean into one of the most iconic forms of communication and distribution of information.

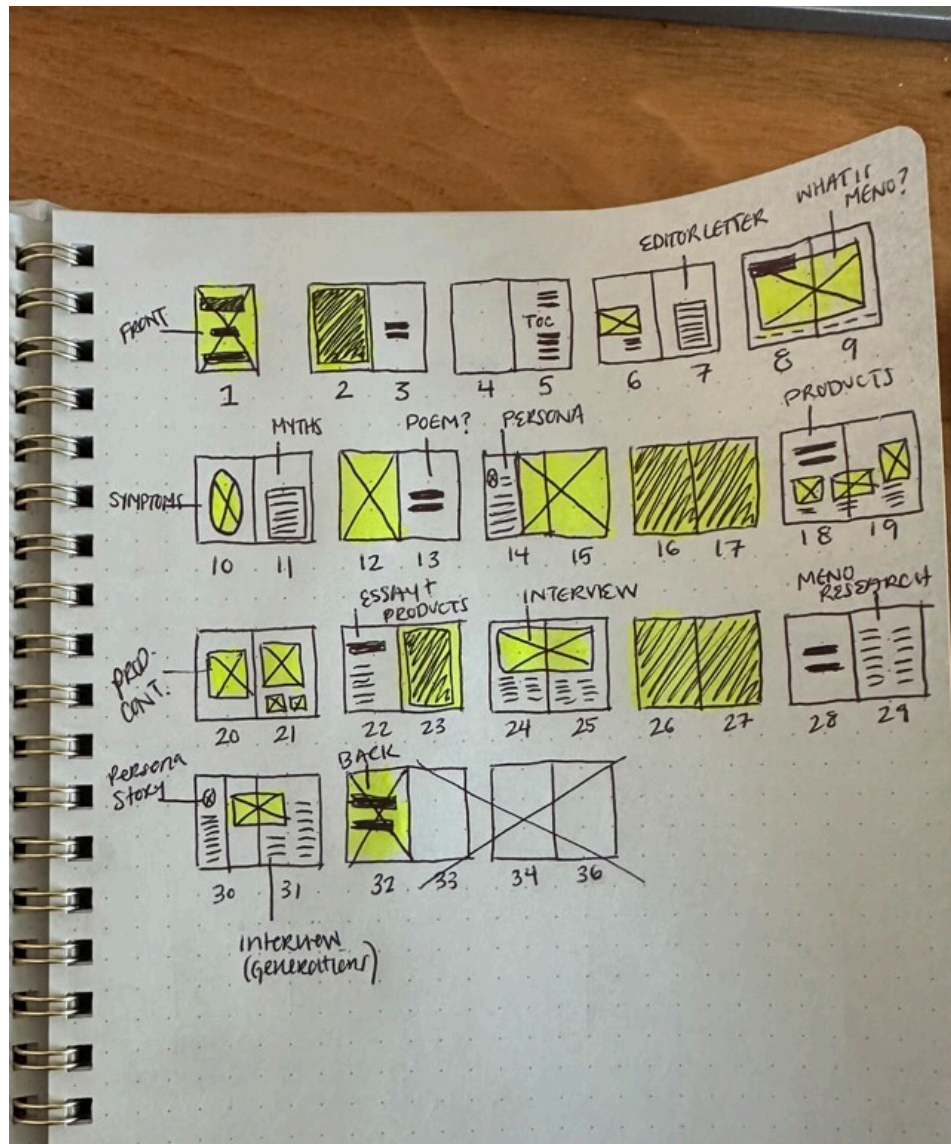
Zines as Expression

Zines were first documented in the 1930s and 40s for science fiction fans to create content. They have since risen in popularity, having a particular politically radical or avant-garde feeling, as they are usually self-published and art-focused [34]. Zines have been documented as empowering vehicles for self-expression, as they are highly customizable and can be as detailed or high-level as the designer would like [35]. Zines in the workshop, but also for my own personal design journey, have found the balance of informality and craft.

"In an age of electronic media, when the future of the book itself is often called into question, and when the visual and textual landscape is dominated by an increasingly voracious culture industry, zines—paper documents, usually made by hand, without any financial incentive—endure" [20].

Why not digital?

While I acknowledge that creating a website or app would have the potential to reach many people, I wanted to emphasize the aforementioned problem of invisibility. Menopause is highly intangible—the symptoms are mostly internal, mental and social, therefore I wanted to make something tangible to counteract this.



Initial flat plan of magazine

“TELL ME ABOUT IT!”

The title of the zine is three-fold: first, it can be interpreted literally which is, simply tell me about it! Tell me about menopause! Secondly, it can be read sarcastically (maybe with a slight eye roll), hinting at the humor that was prevalent in many of my conversations. Finally, the title is quite literal in the sense that I (‘me’) am asking people to tell me about their experiences. I cannot separate myself from the project, as I have come to embrace and embody the conversations I’ve had.



One of the first critiques with committee to decide on sections and visual language



Final zine cover (above) and inside section (left)

On Distribution

The publication will be available for reading at the Jacob Lawrence Gallery and sold at the Design Show in June 2024. Zines will be distributed to participants of the project, friends of the project, and sent to local government officials.



Screen-printed Postcards

Postcards calling for more research on menopause will be added inside the zine so that readers can write to their local representatives.

I chose to screen print these cards as it gives a unique texture to the publication and I could practice a new skill. My mom and I had a great time making these together and learning how to burn the screens, get the correct texture of paint, and line up the cards exactly straight.



COMING OF AGE, AGAIN

WHAT IS MENOPAUSE, REALLY?

Menopause, in medical terms, is when someone has not had their period for 12 consecutive months. This means that menopause is more like a 'moment in time,' rather than a time of life. Leading up to menopause, there is perimenopause—the 10-ish years that precede one's last period. During perimenopause, the body experiences hormonal changes which cause many of the symptoms we often associate with menopause. Perimenopause can begin in the mid to late 40s, and many will reach menopause at 58 years old, but there is no 'normal' age for this transition.

Hormones regulate much of our body. They impact our mood, our sexual health, our metabolism and more. Progesterone and estrogen (produced by the ovaries) regulate the menstrual cycle, and the latter also impacts our memory, the strength of our bones and our mood [7]. When these hormones fluctuate and slowly lower during menopause, the body may experience a variety of symptoms. While hot flashes are the most known, people may also have fog, insomnia, night sweats, anxiety, migraines, mood swings, vaginal dryness, lack of elasticity in the skin, osteoporosis, weight gain and more.

Menopause, sensibly so, is defined by symptoms, there are also more nuanced and delicate points of mental impact that are rarely discussed. Numerous participants

said that they felt disconnected with themselves and a few said they felt a lingering sense of loss. When I mentioned the former observation to subject matter experts, they noted that they have found similar, and that it's a common complaint when patients speak to their doctor.

Nina Coslov, one of my subject matter experts and founder of Women Living Better, co-authored a recent study which found that 'not feeling like myself' was associated most with "anxiety/vigilance, fatigue/pain, brain fog, sexual symptoms, and volatile mood symptoms" [2].

"There's days you don't see yourself."

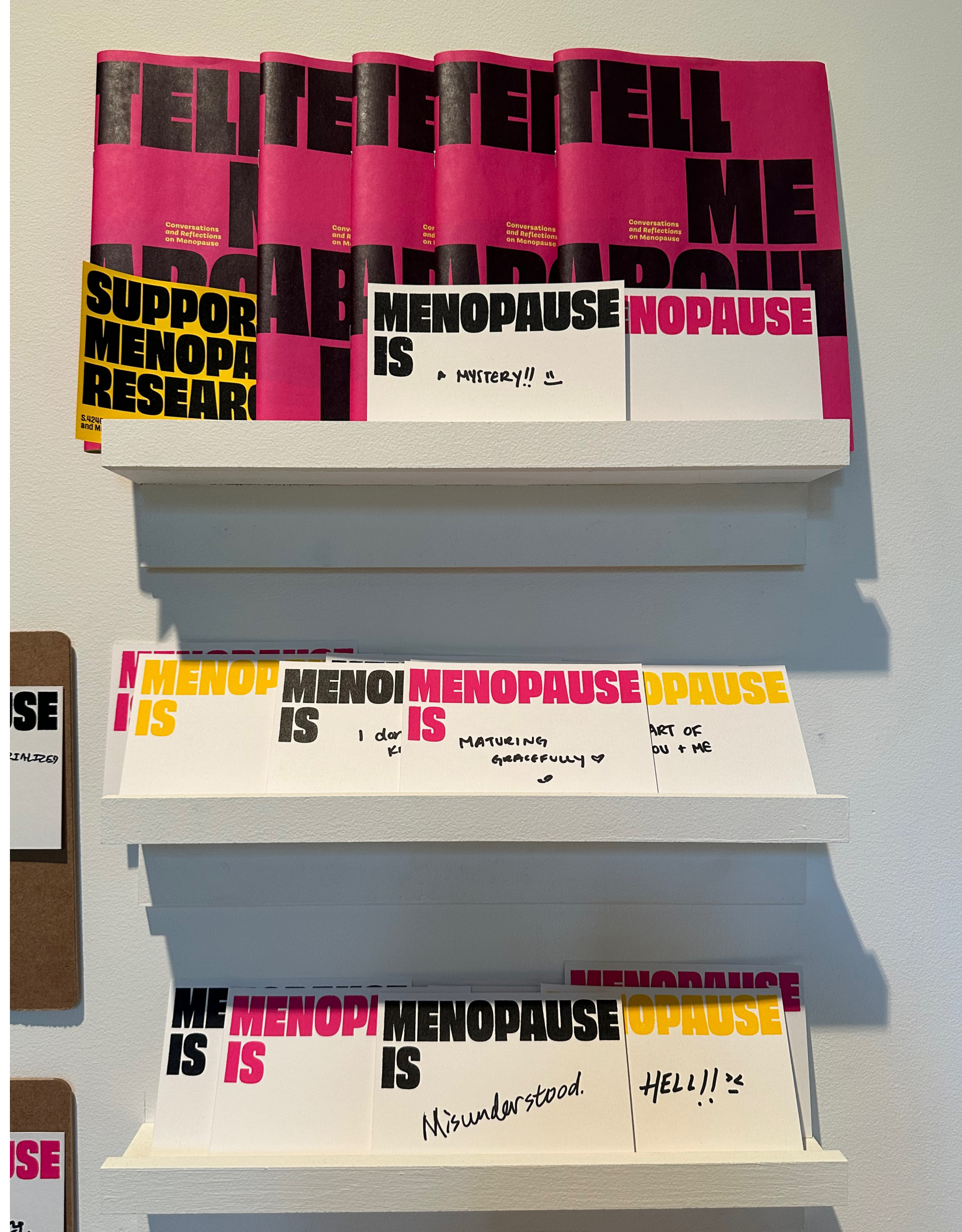
It's interesting to note that 'not feeling like myself' intertwines themes of identity, self-hood and bodily autonomy. One of my participants said to me, "I try not to lose myself in it [menopause], which is very hard to do. There's days you don't see yourself." She actively sought out activities (repairing things, pursuing artistic endeavors) that would bring her back to feeling like this person that she was before her menopause transition that had caused her so much pain. Moreover, the feeling of loss was observed throughout my conversations.

Interactive Installation

The zine will be on display at the Jacob Lawrence Gallery during the Design Show. The gallery provides a unique opportunity to engage a group of viewers that may not usually discuss or think about menopause. I have designed the exhibition to incorporate an interactive element, asking gallery-goers to use a clipboard to write on screen-printed postcards. "Menopause is..." invites people to answer an open ended statement, which could range from a personal anecdote to a short and sweet one word. I intend to photograph and collect the postcards to then send to local, state representatives along with the zine itself. I believe it will be powerful to engage people who are experiencing, going to experience and will not experience menopause, in a larger conversation about the questions and stigmas around the topic.



Installation at the Jacob Lawrence Gallery



Reflections

The Process of Design as Design

Research through Design (Rtd) posits that by positioning design as the point of inquiry, we can create new knowledge, but there are complications in storytelling this process [7]. Throughout this project, I was quite focused (and nervous) about what I would ‘make’ at the end. With such a large topic like menopause, and a full year to investigate this, I felt anything was possible, for better or for worse. I clung to my instincts and followed a somewhat traditional design process of problem definition, exploration of concepts and narrowing to a final artifact. If I reflect on my process, I do tick the boxes of the double diamond, but what’s more interesting is the knowledge that I had gained along the way of using design as this investigator and inquisitor into the topic.

The first challenge was defining a problem. How do you define a problem without ‘problem-izing’ something? This required me to re-frame how I approached the project, and I couldn’t rely on the ‘traditional’ design process to guide me. Menopause is not a problem—but people have real problems with it. I grappled with bringing nuance into the problem definition space: is focusing on symptoms too deductive? Is focusing on the doctor’s office too medicalized?

The second tension I faced was distilling all of the information I learned down to ‘something.’ This surprised me, as this was my job for years—distilling data into actionable findings. I had competing feelings of wanting to honor my participants’ desires (e.g. one participant said “nothing needs to be designed”), furthering my own design skills, and working towards an artifact that I felt was feasible. Menopause was highly personal to my participants, so I desired to make something that would honor their experiences, but also needed to acknowledge that experiences were so diverse that there would not be ‘one’ response that would speak to all of these concerns. Personas, archetypes or other tools I had relied on in the past proved fairly difficult to create, as each participant I spoke to had a different relationship to aging, fertility and health.

While these challenges are not unique to me, or the topic of menopause, they proved as an interesting point of reflection as the ‘classic’ design process needed to be broken, re-thought and pushed against in order to make progress in the project. Rtd literature has documented these loops and tangents of the design process, one that is not a clean double diamond (by any means), but one that is messy, porous and complex.

Designing as an Act of Vulnerability

As I mentioned briefly before in this thesis, my background has primarily been in the social sciences. I received my Anthropology and Political Science degree, then I worked at an e-commerce company as a UX Researcher. I truly loved interviewing participants, getting to know their passions and challenges and proposing ways to solve for these specific needs. As my career progressed, I had an urge to not only collect these insights but also act upon them. I desired the tools and knowledge to be able to complete, what I viewed as, the design process.

Throughout my journey at UW, I’ve been able to dabble in visual communication, interaction and industrial design. This breadth of coursework and faculty involvement has broadened my view of what design is, and can be. My training in Anthropology taught me to understand culture, society and implications of the material world on the social world, but it did not teach what to do with this knowledge.

I was continuously challenged at UW, to not only think critically about what is being made, but also to hold myself to standards that I had never been held to. With no formal training in design, I was learning new tools everyday, learning new norms and different modes of problem solving. I recently reflected on this process, and questioned why it was so challenging for me to ‘make’ as a default. Designers I spoke to always were excited by making something, couldn’t wait to get their hands on something physical and gravitated towards making as thinking. Was I not a designer because I didn’t think this way? When conducting user research, I refrained from adding bias into the research (i.e. open questions, random sampling), so it was ingrained in me that I needed to be unbiased in other parts of the design process. This led to challenges finding my own point of view, as designing is a vulnerable act of putting one’s self on display. If artifacts have politics embedded into them [2,27], what was the perspective that was embedded into my designs?

The perception of finality has always been intimidating, but throughout this project, I’ve been able to gain confidence in my own point of view and skills.

In Conclusion

While menopause may be a mystery to most, there is hope. Hope in the sense that menopause stories can be told in engaging, provocative ways that include a multitude of voices. Hope in the sense that conversation does create feelings of normalization and positivity. Participants throughout the project expressed that even being asked about menopause was radical, and that talking about their experience was therapeutic and validating. Through this thesis, I utilized design as a process to talk about menopause, to embody the project in a physical way, and to ask questions. While design may be viewed, to some, as a final product, I believe that the act of creating something allows for a deep engagement in the topic. Although the design process may be tumultuous, the act of creating something, writing something and designing something that attempts to tell the stories of a mostly forgotten part of the human lifespan, is worthwhile.



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