

Entanglements

|| Przeszycia

Creating spaces for intergenerational
conversations about menopause



Master thesis by Olga Kozłowska

Colophon

Entanglements || Przeszycia: Creating spaces for intergenerational conversations about menopause

Master Thesis

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Preface

Dear reader,

When I go back to the beginning of this project, my motivation was very simple. I wanted to do something for women, and something with healthcare. And, as someone with an art background, I wanted to challenge myself by approaching design research more systematically (but without losing my flair). I didn't anticipate how profoundly personal this journey would become. What began as an academic curiosity transformed into intimate conversations with strangers, who became collaborators in this project. I didn't anticipate how much I would learn about the importance of voice, agency, and radical listening. What you hold in your hands (or see on the screen of your computer) is the result of many months of conversations and the generosity of amazing women who trusted me with their experiences. It represents not a definitive solution, but an invitation. Invitation to talk more openly, to approach caring more intentionally, and to reflect on how we support each other through transitions in our lives.

This thesis is far more than individual work. It exists because of the trust and wisdom of many people around me.

To my supervisors, Marieke and Céline,

Thank you so much for believing in me even when I didn't believe in myself. Your warmth and encouragement helped me grow. I'm grateful for every conversation, every push forward, and every moment you held space for my doubts.

To my participants,

Thank you for trusting me, for sharing your stories, and for allowing me to be a part of your life, even if just for a moment. I'm grateful for the time you took to explain to me what menopause is, with

its ups and downs. Thank you for the feels and for the laughs, and for approaching that weird girl with a research proposal with such kindness and openness. Your warmth and care shaped everything that followed. I hope these pages reflect at least a fraction of what you shared with me.

To my family,

To my mom, who was probably reminded during this project of 5-year-old Ola, relentlessly asking 'why?' about everything. For your stories, for your support, and for your acting skills in the project video. To my older sister, whose comment a few years ago planted a seed that sprouted into me thinking about menopause. But not only for that, for her accurate comments and questions, throwing me off my set direction, and for her trust in this project. To Kasia, who supported me with the recruitment and was ready to help with photos and filming (All of the amazing photographs of Przeszycia, and the video are hers!). Your artistic eye made this work visible.

To my friends,

Alicja, Marta, and Kuba, thank you for welcoming me into your lives and creating a home far away from home. Without you, Delft wouldn't be the same. Ayan, Avanti, Sai, Xinchun and Yonghao, thank you for your company and for ensuring that this journey wouldn't ever feel lonely. Elin and Harshita, thank you girls for your everlasting love and support, for the valuable insights, and for your readiness to pick me up when I was down. To Ewelina and Jaś for making sure that I was always well fed during the harsh thesis writing marathons. To Michał, for your love and for keeping up with my excuses. And for all of my friends who supported me along the way.

What follows is a research journey about menopause, care, craft, and conversation. It's also about learning to listen, to sit with discomfort, and to trust that sometimes the most important design work is simply creating space for what needs to be said.

**Lots of love,
Olga**

Disclaimer

Terminology: Menopause, as the medical term is defined as the last period, diagnosed after a 12-month absence of menstruation. In this report, I use it in a cultural context, as an overarching word describing all the events happening before, during and after menopause.

Position regarding gender: Menopause happens to all people with typically functioning ovaries when they reach a certain age, and within this population, there are also transgender men and non-binary individuals. For the scope of this project, and because most of the existing body of knowledge focuses on women, I use the terms women/females to describe the individuals I'm focusing on. Hopefully, the findings from this project could be, to some extent, applicable to transgender and non-binary individuals who also experience menopause.

Note on use of AI and Credits

I used Chat GPT, Claude.ai, and DeepL as tools to improve my writing, grammar and coherence of the text. They helped me with refining already articulated ideas and findings, as well as fix the grammar errors and inconsistencies in text. All AI-generated outcomes were revised and edited before using in the final thesis. Adobe Illustrator's AI tool was used for creating initial ideas for graphics.

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Summary

Menopause is a significant life transition experienced by nearly half of the human population. It affects women's health, well-being, and social interactions, yet it still remains a taboo.

This project began as an exploration of how menopause shapes women's lives, how it reframes their relationships with themselves and the people around them. Guided by feminist methodologies, ethics of care, and participatory design, I aimed to reframe menopausal experiences not as a solely medical issue, but as a multidimensional life transition worthy of attention and support. The research examines how women make sense of their menopausal journeys, how these experiences influence their relationships, and how caring practices might be cultivated across generations, situating the work explicitly within the cultural and social context of Poland.

This research unfolds in two phases. Phase 1 involved in-depth interviews and a participatory workshop, revealing the importance of relational and social dimensions of menopause. Guided by the questions: **How do women make sense of their menopausal transition? (Q1)** and **How does menopause affect relationships in different areas of a woman's life? (Q2)**, the interviews illustrated a three-layered model of interaction: **the self; the inner circle of family, intimate relationships, and career; and the outer circle of society, medical professionals, and broader governmental systems.** Across all layers, women described a lack of language, space, and social permission to tell what they were going through.

The workshop, on the other hand, revealed five design qualities that guided my further actions: **anticipatory action, enabling conversations, accessibility across cultural backgrounds and health literacies, honouring women's agency, and treating menopause as an ongoing transformation rather than a fixed event.**

What started as a project directed only for women experiencing menopause became a relational tool. In Phase 2, the insights from the interview and workshop sessions were transformed into a material intervention, a mother-daughter conversation kit, that utilises embroidery as a relational medium. Guided by the question **What if caring for others and forming deep relationships was a skill that could be trained throughout life, like a craft? (Q3)**, the design draws on Tim Ingold's "making as knowing" and Donna Haraway's "making kin" to explore craft not only as technique but as a mode of thinking-with and relating.

The kit's three-stage structure gradually guides users in deeper conversations moving from everyday topics towards discussions about bodies, health, ageing, and menopause. Validation session with two Warsaw-based mother-daughter pairs showed that the kit successfully opened conversations that would not have occurred otherwise. Participants described the experiences as intimate and grounding. They also recognised its broader potential within Polish community centres, workplaces and friendship groups.

Ultimately, this project is not a finished solution but rather an invitation, a way to ask if another future is possible. Reimagining the ways we perceive, think, and talk about menopause.



Figure 1. "Big Bellies" (1968) by Alina Szapocznikow

Chapter 1: Introduction

Introduction

Menopause is a significant life change experienced by approximately half of the human population. However, in Western cultures, this topic is often treated as a taboo subject and is not commonly discussed (Hardy et al., 2019). This silence gives rise to a paradox, in that while menopause affects millions of women, the social structures designed to provide support for them, workplaces, healthcare systems and even their families, often remain inadequately prepared to address their needs.

Conventional approaches to female support during menopause have historically centred on medical management of physical and psychological symptoms, as well as risk reduction. However, the lived experiences of menopause extend far beyond the medical definitions – including emotional, social, and cultural factors that also heavily impact women's lives.

This chapter introduces the context and motivations for the project by examining menopausal transition through both medical and social perspectives, highlighting the gaps and tensions that emerge. It also outlines the purpose of this project and presents the research questions that guide the inquiry.

Understanding menopause: medical and social dimensions

The medical definition

To understand the emotional and social dimensions of menopause, firstly we have to understand what exactly happens to female body during this transition.

Medically speaking, menopause is defined as a cessation of menstruation for a period of twelve consecutive months (Takahashi & Johnson, 2015), which naturally occurs around the age of 50, with a median age of 53.1 years in European countries (Dratva et al., 2009). However, this marker points to the age when periods end, followed by the decline in ovarian function and decline in oestrogen and progesterone production, but perimenopausal symptoms, which are reportedly the most bothersome, could begin even a decade prior to this time.

It is a frequently observed phenomenon that menopausal transitions are accompanied by a range of both physical and mental health complaints. The majority of these symptoms are vasomotor symptoms (**VMS**), including hot flushes and night sweats, which are widely regarded as the cardinal signs of the menopause. In addition to the above, other issues have been identified, including vaginal dryness, the onset of depressive episodes and cognitive difficulties.

Furthermore, postmenopausal women frequently face an increased risk of developing osteoporosis and cardiovascular diseases (Santoro et al., 2015). However, it should be noted that the severity and duration of these symptoms can vary significantly between individuals, thus resulting in a unique experience for each woman.

Beyond medicine

While the medical definition provides a framework for understanding changes in women's bodies, it fails to offer a holistic

view of the issue. Menopause is connected to social issues that affect women's experiences in many areas of their lives, such as their careers, romantic relationships and family life.

The workplace challenge

The workplace presents particular challenges for women, as neither they nor their employers are often prepared for the menopause-related needs such as the temperature regulation, flexible working hours or adaptive dress codes. Overall, the lack of preparation to meet the needs of perimenopausal and menopausal women in an organisational setting was identified as an issue that may explain the higher rate of sickness absence rate in older women. However, the results remain inconclusive as the number of the studies about menopause and work remains scarce (Verdonk et al., 2022)

Hardy et al. (2019) pointed out that basic knowledge of menopausal issues, an accepting working culture, and general understanding were perceived as important factors that enabled women to speak openly with their supervisors about their menopausal needs.

On the other hand, male-dominated, stigmatising environments were perceived as barriers to open conversations about menopause-related workplace accommodations. These workplace dynamics can significantly impact a career, with some women who experience severe menopausal symptoms having an increased risk of early retirement. Safwan et al. (2024) explain that it is, at least partially, due to a lack of sufficient support in the workplace, and it might pose a negative impact not only on individuals' financial situation but also a significant economic burden on a broader scale.

Intimate relationships under transformation

In the personal dimensions of menopausal experiences, romantic and intimate relationships frequently require a change of dynamics, as physical symptoms such as vaginal dryness, decreased libido, or sleep disruptions affect sexual intimacy. Although some women

report feeling liberated from the concerns about pregnancy, leading to enhanced sexual freedom and exploration. As Ussher et al., (2015) note, sexual difficulties during the peri-menopausal transition can be re-negotiated and potentially lead to positive experiences in midlife, particularly when couples engage in open communication and adapt their intimate practices.

Conversely, research into how men understand menopause portrays a rather pessimistic view of the issue (Hayfield et al., 2024). In their study, the researchers interviewed 71 peri- and postmenopausal women about the support they received from their friends and partners. The results of this analysis revealed an interesting connection between men's understanding of menopause-related issues and their support for their spouses. Partners who lacked understanding were described as dismissive.

In other studies, conducted in UK with women experiencing symptoms of menopause, or who experienced them at least in 10 years prior to the survey, 22% of them and 28% of the partners that also participated in the study (695 women and 395 partners) reported that they often argue. The surveyed women often blamed the partner's lack of understanding about the symptoms and consequences of menopause (Currie & Moger, 2019).

That shows that the quality of pre-existing relations, partner support and understanding often determine whether menopausal changes strengthen or strain romantic bonds.

Motherhood

Family life, and more precisely, the experience of motherhood, is another factor heavily influenced by menopause. Contrary to the popular assumption, that menopause marks the end of active mothering, Heather Dillaway's study (2006) highlights that mothers continue to experience motherwork (mothering responsibilities) well into menopause. Her research, based on in-depth interviews with middle-aged menopausal women, shows that women at midlife continue to engage in a range of mothering activities, providing

emotional support, guidance and serving as a role model for their children, often downplaying or ignoring their own experiences of menopause. For these women motherhood never fades. Instead, it persists, marking the core of their experiences, also in relation to menopause. According to Dillaway, mothers often struggle with openly communicating their menopausal needs, as it connects to cultural expectations of a "good mother" that prioritises children's well-being over themselves.

In her 2025 essay, Marcella Gemelli describes the lived experiences of mothering her teenage son, while experiencing menopause herself. Exploring the journey of motherhood and ageing she articulates the impossible trap of 'good motherhood', hiding the symptoms, putting the child before your own needs, performing maternal care while your own body demands special attention. Gemelli expresses regrets about not talking with her son about the menopause, when she had time to do so.

“

By not sharing my experience, I was performing good motherhood through keeping my emotions in check, squashing down feelings of inadequacy, keeping the focus on my child, and not burdening him with my own needs. There were days I dragged myself through work, parenting, and household responsibilities while dealing with brain fog, joint pain, sudden jolts of irritability, and waves of sadness—symptoms I could not talk about without disrupting the good mother image. This is backstage motherwork: the quiet, constant labour of maintaining stability and prioritizing others, even at the expense of one's wellbeing. (Gemelli, 2025)

Her reflection reveals the double invisibility of menopausal mothers: both as women (whose menopausal symptoms are often silenced and dismissed) and as mothers (whose labor needs to appear effortless).

Project purpose and Research Questions

Her experiences of menopause, as the decline and ultimate loss of youth affected the way she felt about mothering, as she couldn't keep with the image of ideal mother, young and energetic. However, she found that sharing those feelings with other women and mutually validating their experiences was vital for her wellbeing.

As Gemelli concludes the essay, motherhood and menopause are not constant states, but ever-changing practices, shaped by the culture, history, and personal circumstances. And so is growth of the children. The relationship between mother and children is one that changes throughout life,

The communication gap

The common thread runs through these challenges: **the absence of open, informed dialogue about menopause.** This silence operates on multiple dimensions, from intimate conversations between families to institutional policies, creating a world where women must navigate profound life changes without adequate recognition, support, or even a language.

This communication gap presents both an issue and an opportunity. If menopause remains unspoken of, the women will continue to suffer alone, or worse, they will be ridiculed when they dare to speak up. **But if we will create spaces for dialogue, develop languages of care, and design interventions that make menopause legitimate experience, we open for the possibilities for collective support and social change.**

This project seeks to address the communication gap and the lack of holistic approaches to menopause support. Rather than treating menopause as a problem to be fixed I propose treating it as an important life event that deserves collective support. The reasoning behind this focus is twofold:

First, it addresses widespread gaps in communication and social recognition. Advocating to start treating the menopause as a life change, rather than only a medical condition.

Second, it explores how design interventions rooted in feminist theories and ethics of care can foster environments where women's voices and agency are valued.

Main research question

How can we **create and sustain spaces**, where women's **menopausal experiences are voiced and understood** on their own terms?

Sub-questions

Phase 1

Understanding the experience

Q1: How do women make sense of their menopausal transition?

Q2: How does menopause affect relationships in different areas of woman's life?

Phase 2

Designing for caring connections

Q3: What if caring for others and forming deep relationships was a skill that could be trained throughout life, like a craft?

Research Approach

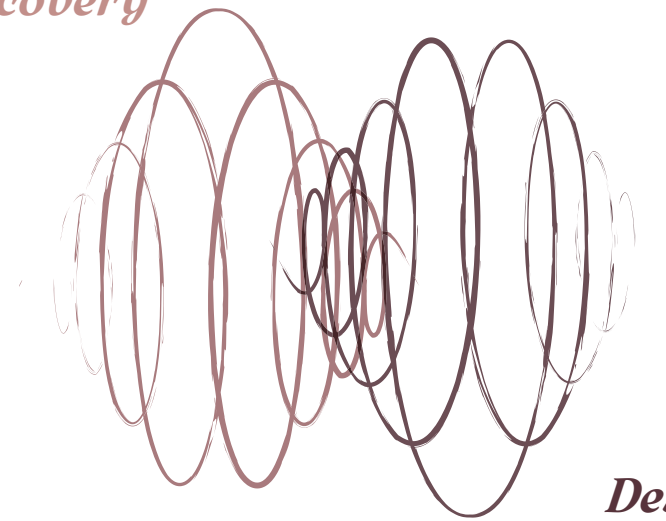
This project adopts a theoretical framework based on feminist methodologies, which will be explained in more detail in the next chapter.

Methodologically, the project follows the principles of the Double Diamond model: **discovering** the broad landscape, **defining** areas of focus, **developing** possibilities and **delivering** prototypes. However, it adopts a feminist reinterpretation of this model. Rather than treating each stage of the process as a linear step towards the solution, the process becomes more fluid and cyclical, closer to two interconnecting whirlwinds moving back and forth (fig. 2).

Through this lens **discovery** becomes an act of attentive listening to the stories of women, **definition** becomes a collaborative negotiation of meanings, **development** unfolds as an area of possible scenarios, and **delivery** is treated not as an endpoint, but rather a start of discussion.

In a sense this framework remains deliberately open to return, revision, and re-engagement, reflecting the position that knowledge around menopause is situated and evolving.

Discovery



Design

Figure 2 represents this reframing of Double Diamond. Instead of two closed, geometric figures, the process is visualised as two overlapping spirals, illustrating the fluidity of the movement between phases, and relational nature of this research.

Conclusion

This chapter has introduced the complex landscape of menopausal experiences, underscoring the gaps between medical definitions, social realities, and everyday challenges women face.

While the medical definitions provide important framework for managing physical symptoms, women lived experiences reveal far more complex reality. By examining relational aspects of menopause and by identifying the persistent issues concerning lives of women experiencing menopause, it becomes clear that more holistic, context-sensitive approaches are needed.

The research questions established in this chapter provide the foundation for this exploration. Guided by cyclical research approach visualised by double whirlwind model (fig. 2), this project seeks to understand how women make sense of their menopausal transitions and how we might create spaces where these experiences can be voiced, validated, and understood on their own terms.



Figure 3. Women's Civic Labour Association Centre in Węgrów, 1930

Chapter 2: Theoretical foundations and literature review

Introduction

This chapter introduces the theoretical and contextual foundations for this project. I begin with describing the feminist methodologies and ethics of care theory, that inform my approach to research and design. These frameworks not only shape what I investigate, but also how I investigate it.

Following the theoretical background, I present the literature review that examines menopause from multiple perspectives: historical, cross-cultural, and social dimensions. As this project is situated within the Polish context, I introduce the readers to the Poland's interesting intersection of conservative values and post-socialist social structures clashing with rapidly changing attitudes towards women's rights and perspectives on ageing. This mix creates a specific landscape that slightly differs from the Western European or North American contexts that dominate existing literature.

Part 1: Theoretical Frameworks

Feminist perspective on knowledge

Feminist methodologies offer a critical lens for approaching design research, and further, subjects as sensitive and personal as menopause. Unlike traditional research paradigms, that claim as objectivity and distance, feminist approaches recognise the plurality of knowledge.

Donna Haraway's concept of Situated knowledge (1988) provides an essential point of view for this research. Haraway challenges the notion of knowledge as objective and disembodied, arguing instead that all knowledge is partial and situated in specific bodies, locations, and social contexts.

Haraway writes:

“

I am arguing for politics and epistemologies of location, positioning, and situating, where partiality and not universality is the condition of being heard to make rational knowledge claims (1988).

This claim situates lived experiences of women as a legitimate rather than anecdotal source of knowledge and positions it alongside, rather than beneath, medical knowledge.

The concept of Situated knowledge informs this research in several ways:

Firstly, it acknowledges the limits of medical perspectives on menopause, recognising that clinical descriptions do not fully capture the complexity of menopausal transitions. Especially as menopause is not a “binary” state, where all people experience it in the same way.

Secondly, it validates multiple ways of knowing and experiencing menopause, resisting the temptation to establish a new, “correct” narrative to replace the medical model. Instead, situated knowledge invites attention to how factors such as culture, socioeconomic status, geography, ethnicity, and personal history shape diverse menopausal experiences.

Third, Haraway's emphasis on embodiment draws attention to menopause as a bodily experience that cannot be reduced to hormonal changes or symptom lists. The body becomes not merely an object of medical intervention but a site of knowledge production and meaning-making.

Process of Becoming

Haraway's situated knowledge aligns with Philipa Rothfield's analysis of embodiment in the context of menopausal bodies. (Komesaroff et al., 1997) In her essay “*Menopausal Embodiment*” (1997), she challenges the mind-body dualism that often characterises medical approaches to menopause. She argues that menopause is not merely a biological event happening to a passive body but an active, embodied process of becoming.

Rothfield's approach to embodiment emphasises the agency of menopausal women in interpreting and responding to bodily changes. Rather than positioning women as passive recipients of medical interventions, she highlights how they actively make sense of their changing bodies, often developing embodied knowledge that exceeds clinical descriptions. This perspective aligns with this project's aim to create spaces where women can articulate their own embodied experiences and generate meaning from them.

By integrating Rothfield's perspective with Haraway's concept of situated knowledge, this research establishes a theoretical framework that recognises menopausal bodies as active sites of knowledge production rather than passive objects of medical management.

Ethics of Care as a Framework

Ethics of Care provide a philosophical foundation for reimagining how we approach menopausal support. Emerging from feminist philosophy, ethics of care challenges traditional ethical frameworks that prioritise abstract, strict rules over recognition that humans are fundamentally relational beings, embedded in network of dependences.

What is Ethics of Care

The Ethics of Care theory, as conceptualised by Carol Gilligan in her book “In a Different Voice” (1982), emerged as a critique of moral development theories that privileged strict principles of justice, rather than a contextual, relational understanding of ethics. Gilligan observed in her study on mixed group of female and male students that there were in fact differences in moral reasoning between sexes. While women tend to solve conflicts and moral dilemmas based on the relationality and networks of connections between persons involved, males tend to resolve the same conflicts via the abstract rules and ways of logic (Gilligan, 1982). Gilligan therefore critiques the notion that one way of moral reasoning is superior to other, pointing out that the context and relations are crucial for moral decisions.

This observation, however, faced the critique, as it might reinforce gender biases, suggesting that emphasising on relational and care-giving behaviours, typically associated with women, we are reproducing the traditional gender stereotypes. Feminist ethicists such as Virginia Held (2005) or Eva Feder Kittay (1999) argue that care should be recognised as a universal human trait, not the one exclusively associated with women.

While Ethics of Care has greatly expanded the questions of relational morality, it also faced the important critiques, that we should bear in mind when using it as a backbone of this research. It might unintentionally reinforce traditional gender roles or the expectations that women should be the ones taking care and perform caring activities. But by remaining aware and attentive to

these critiques, this project seeks to apply Ethics of Care in a way that empowers women, rather than reproduce gendered stereotypes.

In the context of this project, the Ethics of Care offers several valuable points:

Firstly, it provides a framework for approaching menopause not as a medical condition, but as a lived experience that is situated in a bigger societal and relational context. Women navigate menopause not in solitude, but within families, relationships, the workplaces, and healthcare systems, as well as with broader cultural environments. The Ethics of Care offers shifting attention to these relational dimensions that are often overlooked in clinical approaches.

Secondly, the titular “voice”, understood by Gilligan as the ability to articulate one’s experiences, thoughts and feelings, as well as being heard deeply, resonates with the sole idea of this project, which is to create safe spaces where menopausal experiences can be said and validated.

As Gilligan writes,

“

To have a voice is to be human. To have something to say is to be a person. But speaking depends on listening and being heard; it is an intensely relational act (1982).

This recognition of voice as relational informs how this research approaches the collection and representation of women’s menopausal narratives but also focuses on the importance of both speaking and listening.

Third, Ethics of Care frames listening as an ethical act rather than merely a method. This conception of listening as an ethical responsibility informed how this research engages with participants – not extracting data, but creating spaces of care, where diverse experiences can be shared and voiced.

Politicality of Care

While Gilligan's Ethics of Care highlights the importance of voice, listening, and relationality, Joan Tronto's expansion of care ethics pushes the framework further by situating care within a broader, political and structural spectrum. In *Moral Boundaries* (1993), Tronto critiques earlier formulations of care for universalising women's experiences and neglecting the questions of power and exclusion. She argues that care is not only an ethical stance, but also a political practice that requires addressing inequalities in the care dynamics.

In the context of this project, Gilligan's perspective informed how the research was conducted – care as an act of ethical listening and validation. In turn, Tronto's point of view provided a lens to remain attentive to broader structures: workplace hierarchies, healthcare systems, and societal narratives, that shape whose voices are heard, and whose are marginalised.

Design research through a Care lens

The theoretical frameworks of Ethics of Care and Situated Knowledge extend beyond abstract concepts to offer solid guidance for design research methodology. By applying care theories to design practice, this research adopts an approach that shifts how knowledge is created.

Relationality as a methodological foundation

Design is an inherently relational practice that exists within the networks of relationships between researchers, participants, contexts, and broader cultural and social structures. Drawing from both Gilligan's emphasis on voice as relational and Haraway's attention to positioning, this research prioritises designing with rather than for. This collaborative approach acknowledges participants as co-researchers who bring essential expertise about their own experiences. That relational approach aligns with Sanders and Stappers' (2012) context mapping methodology, which positions participants as experts of their own experiences.

It emphasises the co-creation of knowledge through structured dialogue and creative expression.

Responsiveness as a research practice

Rather than imposing predetermined frameworks or solutions, this research maintains responsiveness to the emerging needs, concerns, and possibilities articulated by participants themselves. This responsive stance reflects Tronto's political dimension of care, remaining attentive to the power dynamics. In practical terms, this means allowing the research to evolve, being open to unexpected insights, and adapting the methods based on what participants find meaningful or challenging.

Process-oriented care

Care is expressed not only in design outcomes but throughout the whole research process. This includes careful attention to how participants are engaged, how their contributions are acknowledged and valued, how the research relationships are maintained over time, and how findings are shared back with the community. Drawing back from Gilligan's understanding of listening as an ethical act, each interaction becomes an opportunity to practice care through attention and engagement.

By integrating care theories with the design process, this research challenges conventional problem-solving approaches that position designers as experts who identify and fix problems. Instead, it positions design as an engaging practice focused on complex human experiences, in this case, the multidimensional experience of menopause.

All those factors contribute to establishing a foundation for approaching menopause not as a medical condition to be managed but as a complex life transition deserving of attentive listening and ethical care.

Part 2: Literature review

But what does it mean to care?

This chapter introduces the readers to the philosophical and ethical contexts of care, how it applies to the research, how it encapsulated the whole approach to designerly activities. However, the fundamental question still stands: **What does it mean to care?**

In this context *Care* is not understood as a medical intervention or caregiving to the dependent. Instead, drawing from feminist care ethics (Gilligan, Tronto), care here refers to the practices of attention, recognition, and response that occur between people in relationship.

Care, in this sense, means:

- ✘ **Seeing and being seen** – acknowledging another person's experience as real and valid
- ✘ **Listening with presence** – creating space for difficult conversations without fixing
- ✘ **Reciprocal exchange** – not like the one between caregiver and patient but as a mutual engagement
- ✘ **Creating conditions for voice** – enabling space to speak rather than providing solutions

This understanding positions care not as something done to menopausal women, but as something that occurs between people navigating this transition together.

Approaching the literature

This part presents a review of the existing literature on medical, sociological, and cultural dimensions of menopause. In order to situate it in a broader, historical and contemporary context. It begins by tracing how menopause has been understood over time, revealing how meanings assigned to this transition are shaped not only by biology but also by social and political conditions. The chapter then narrows it down to the specific context of Poland, where conservative cultural norms and contemporary menopausal activism are creating an interesting landscape for menopausal experiences. Together, these perspectives provide the foundation for understanding the gaps, assumptions, and opportunities that inform this project.

Historical perspective: The root of menopausal problems

The understanding of menopause varies across historical and cultural contexts, demonstrating that it is not merely a biological phenomenon, but a complex transition shaped by cultural narratives and social structures.

According to Alison Downham Moore (2022), there is a relatively scarce amount of knowledge about menopause before the 19th century. Charles Pierre-Louis de Graaf coined the term menopause between 1812 and 1821.

Before the 19th century, there was no substantial evidence that premodern doctors treated cessation of menses in older women as something pathological. Only in the 19th century in France did a new, specialist genre of medical domain emerge, focused on menopause, its hygienic and psychiatric management, and finally

its surgical and pharmacological treatment. It was followed by starting to treat menopause as something increasingly negative, characterised by physical and mental ailments (Downham Moore, 2022). In the spirit of this treatment, the ovaries were perceived as a root of hysteria and other neuroses, and according to Emily Banks (2002), 19th-century gynaecologists advocated for their removal for the treatment of nervous complaints as well as painful menstruation. It drew attention to the menopause, as, even in the case of young women, removal of the ovaries caused immediate symptoms of it.

Post-war medicalisation and HMT controversies

Typical usage of hormones for treating menopause became popular in the early 20th century, with the belief that it is the hormonal balance of oestrogen that determines a woman's identity. Hormonal imbalance was judged responsible for such illnesses as hysteria or a wide variety of mental disorders. In the 1940s, HMT (hormonal menopausal therapy) was widely promoted for the “unstable, oestrogen-starved postmenopausal woman” (Banks, 2002).

According to Banks, the period from the 1940s onward marked a significant expansion in hormonal approaches to menopausal treatment, with HMT gaining widespread acceptance as the standard medical intervention. However, this trajectory was shadowed by controversies. In the 1970s, findings that oestrogen supplements were associated with endometrial cancer had an impact on HMT's reputation. (Cagnacci & Venier, 2019) However, newer research has found that reducing the dosage of oestrogen and adding progesterone to HMT minimises this risk.

The dramatic shift occurred following the Women's Health Initiative (WHI)'s study, which showed that an increased number of breast cancers was observed within the group of women receiving HMT (WHI, 2004), causing HMT use to drop significantly.

However, the WHI study was since then criticised as oversimplified, with later analysis showing that HMT use in younger women or early

postmenopausal women had beneficial effects on the cardiovascular system and relief of menopausal symptoms (Bluming & Tavris, 2009).

Contemporary approaches

The most recent approach in medical literature demonstrates a visible shift towards more holistic and empowering treatment of menopause, though not without controversy. A 2024 editorial in *The Lancet* (Brown et al., 2024; Hickey et al., 2024) sparked significant debate within the medical community regarding appropriate frameworks for treating menopause, highlighting tensions between “medical” and “natural” approaches to this transition. The editorial's authors advocate holistic, empowering models of menopausal management, such as lifestyle changes, psychological therapies and supportive environment, that are without a doubt important factors during menopausal transition. They also challenge the overmedicalisation, that they understand as prescribing HMT to women without vasomotor symptoms.

However, as the critics rightfully point, we shouldn't demonise medicalisation of HMT, as oestrogen is by far the most effective treatment for cardiovascular disease (which is by far the most dangerous enemy of postmenopausal women) and osteoporosis, and if we have the tools to alleviate the risks, then we should do so. (Stuckey, 2024)

This evolution shows how fluctuating the perception of menopause was, from treating it as something entirely natural, or not concerning themselves with it at all, through hysteria and “expiration date” in the context of fertility, towards the modern view of but a next stage of life.

Cross-cultural perspectives.

Symptoms variations

The perception of menopause varies across different socio-economic and geographical boundaries. The WHO study from the 1990s (WHO scientific group, 1996) shows disparities between perception and reported symptoms of menopause between high- and low-income countries. However, according to the report's authors, most researchers used the same symptom checklist for both high- and low-income countries' inhabitants. This may make it difficult to determine whether symptoms differ between ethnicities or if they occur less frequently.

Social status and ageing

In the same WHO report, it was pointed out that the sole perception of menopause as a transition varied deeply between cultures. Whereas in the Western world there is a tendency to focus primarily on negative aspects of the menopause, in the low- and medium-income countries, the perception of menopause mainly focuses on positive aspects of cessation of menses, such as freedom from burdens of cultural and religious restrictions imposed on menstruating women. It is worth noting that in some cultures, postmenopausal women experience a lift in the societal hierarchy, and their wisdom is recognised. (Aaron & Abraham, 2002)

Broader societal structures, including religious beliefs, economic systems, family structures, and gender roles, shape these cultural variations. In Western contexts, where youth and fertility are often highly valued, menopause may be viewed as a loss or decline. Conversely, in societies where age brings respect and authority, menopause may mark a transition to a more empowered social position.

Situating Poland

Poland's cultural landscape sits in an interesting intersection. Shaped by the post-1989 transformation, after decades of the soviet era, the Polish healthcare system is a combination of public and private sectors, which creates both opportunities and challenges for women seeking specialised care.

Polish political approach to women and reproductive rights adds to the complicated fabric that we live in. Heavily influenced by the traditional, Roman Catholic church, health policies became moral dispute rather than medical issues, with the infamous example of the abortion ban and Conscience Clause (klauzula sumienia) that permits healthcare providers to deny medical services that don't align with their worldview (Mishtal, 2009). Leading to the stigmatisation of women's health and effectively limiting access to reliable healthcare.

Next to the stigmatisation of reproductive health, there is an issue of lack of proper health education, which is portrayed by the conservative fractions as a threat to the Polish identity and family values.

Space for change

As a consequence of the lack of proper education and conversations menopause in Poland was treated as a taboo for decades. With nearly half of Polish women, surveyed by the Kulczyk Foundation, considered it a topic "that shouldn't be talked about"; possibly driven by the stigma of ageing and the common perception of female value driven by her fertility (Kulczyk Foundation, 2023). Yet, within this landscape, there are more and more grassroots organisations and movements fostering the change in perception of menopause.

Initiatives and campaigns, with the Kulczyk Foundation being one of the pioneers in the menopausal landscape, provide a space for women to share their experiences, learn practical approaches toward holistic health and wellbeing, and debunk stereotypes.

Online platforms and social media educators, such as Dr_ Menopauza on Instagram (@dr_menopauza), or journalist Emilia Pobiedzińska (@spauzowanapl) having a podcast focused on the menopausal transitions provide evidence-based guidance, challenge stigmas, and foster supportive communities. The next vital pillar of knowledge and support is Facebook group about menopause. This community of users provides tremendous aid, as the topics discussed there vary from health-related issues, through general well-being tips, to meetings and creating circles of care for each other. As I spoke to some of the users of this virtual community, they expressed the sense of support and acknowledgement from being a part of the group.

Yet, the challenges remain. The majority of Polish women still lack access to a reliable source of knowledge and feel uncertain and isolated during the menopausal transition. Only a small fraction of them knows where to seek professional help recommended by the General Medical Practice.

Recognising the gap in systemic help, filled by the non-governmental organisations, is equally sad and uplifting, as we are witnessing emerging culture of care, where open conversations, peer support, and feminist advocacy reach out and change the perception of menopause in places where the government cannot reach.

Gaps and Opportunities

The Literature review reveals that, while the menopause affects millions of women globally, significant gaps remain in how we understand and support this transition:

The communication gap. Historical medicalisation, taboos, and institutional silence fostered the environment where women are forced to navigate the menopausal transition without adequate language, recognition, or support. In Polish context, this gap is enhanced by lack of sex education and conservative healthcare policies that focus mostly on reproductive health, marginalising the issues of women past their procreative years.

Knowledge exists but doesn't reach where it should.

The Kulczyk Foundation's research shows that while the information about possible treatments and guidance exist, Polish women do not access it. The problem here lies not in the amount of new or old information created, but rather with its distribution and social permission for it to exist in public sphere.

Challenges and considerations

While identified opportunities pose a promising field for interventions, numerous challenges need to be considered when working on topics such as menopause.

Inclusion and representation

Designing for menopause raises concerns about whose voices are being heard and who should be included. Of course, the obvious answer would be everyone, as menopause affects everyone, across the social and economic borders, educational levels and gender identities. But, especially in the Polish context, it doesn't seem to be a feasible option, as the society is deeply divided in both the worldview dimension and the health literacy one. The challenge lies in listening not only to the voices of more emancipated and aware members of society, but also to those of the underrepresented.

Privacy and vulnerability

This research involves very intimate and personal experiences of women, which they might be reluctant to share, particularly in an environment that values youth and fertility and ageing is stigmatised. As a researcher, but most importantly, as a person, I must create a safe, caring space. I also understand that, since menopause experiences vary, some women might prefer the intimate experience over community engagement.

Temporal consideration

Menopause is not a one-time occurrence, but rather a years-long transition, with different needs during different stages of it. Within the scope of this project, I am unable to investigate how the approach towards menopause changes over time in an individual. Still, it should be kept in mind that design interventions shouldn't offer static, closed solutions.

Moving forward, design interventions should be approached in a nuanced, caring way that honours both individual experiences and expressions of women and collective wisdom. Challenge the overmedicalisation of menopause, but do not contest and stigmatise the treatments themselves – instead, support women who need medical care. They should also demonstrate how feminist and care ethics principles can be applied in a real design context. My dream goal is not only to address the immediate needs but also to contribute to a broader shift in how society understands and values women's ageing experiences.

Conclusion

Moving forward, design interventions should be approached in a nuanced, caring way that honours both individual experiences and expressions of women and collective wisdom. Challenge the overmedicalisation of menopause, but do not contest and stigmatise the treatments themselves – instead, support women who need medical care. They should also demonstrate how feminist and care ethics principles can be applied in a real design context. My

dream goal is not only to address the immediate needs but also to contribute to a broader shift in how society understands and values women's ageing experiences.

This chapter established the theoretical scaffolding for this research through two important frameworks, Situated Knowledge and Ethics of Care.

Donna Haraway's Situated Knowledge theory and Philipa Rothfield's concept of embodied becoming position women's lived experiences as a legitimate source of knowledge. Rather than treating women just as passive subjects of medical interventions they propose recognising them as active producers of knowledge and experts of their changing bodies and lives.

Ethics of Care, developed by Carol Gilligan provides both ethical stance and methodological approach. Care is understood here not as caregiving to the dependent, but as practices of attention, recognition, and response that occur between people in relationship. This relational understanding aligns with the finding from Chapter 1, that menopause is not experienced in isolation, but rather within the network of interdependencies.

The literature review revealed both historical patterns and contemporary realities: menopause has been variously pathologised, medicalised, and silenced across different eras. In the Polish context specifically, the intersection of healthcare policies, religious influence, and emerging feminist activism creates a landscape where systemic gaps are being filled by grassroots organizations and peer support networks.

These frameworks guide not only the research questions but the methodological choices detailed in the following chapter: participatory design, context mapping, and an approach that treats listening itself as an act of care.



Chapter 3: Research

Introduction

This chapter describes how the research was conducted and how the chosen methods allowed the project to move from abstract questions to the realities of women's lives. In line with the Double Whirlwind model introduced in Chapter 1, the research process expanded through cycles of exploration to understand the broader landscape of menopausal experiences, and then narrowed down to interpret and make sense of what emerged.

After identifying the gaps in how menopause is spoken about and supported, the research phase aimed to understand the negotiations, silences, and relations that shape this transition. Using qualitative, dialogue-based methods, including semi-structured interviews and a co-creative workshop, the study aimed to create results that were both informative and caring. These methods were selected not only for their ability to generate rich insights but also for their alignment with a feminist and care-oriented approach that values listening, reciprocity, and situated knowledge.

This chapter outlines the rationale for the methodological choices, the recruitment and ethical considerations, and the processes through which the material was analysed.

Foundations for the research

Methods

When Chapter 2 introduced the feminist theories as a framework for understanding the context of menopause, in this chapter the Ethics of Care and Situated Knowledge frameworks serve as a practical guidances that informed the way I designed and conducted the research activities.

From Care Ethics:

Guided by the ideas of Ethics of Care and Carol Gilligan's emphasis on importance of one's own voice, the interviews were designed as semi-structured meetings intended to feel more like an open dialogue, rather than a research interrogation.

The researcher was positioned as a listener, with the minimal interruptions and number of questions, to allow the interviewees not only answer the questions, but also to give them space to reflect on their situation. This process of active listening was also introduced by Carol Gilligan as an ethical and deeply relational act.

From Situated Knowledge:

The interview was grounded in feminist research principles that position participants as experts of their own experiences, rather than subjects to be studied. This approach complements Haraway's concept of Situated Knowledge (1988), which acknowledges that all knowing emerges from specific bodies, locations, and social contexts. Each participant was recognised as a holder of valuable knowledge that couldn't be measured via standard assessment or questionnaire alone. Thus, the interview and sensitising booklets were chosen as a mean of allowing the broader answers.

Why participatory design? Why context mapping?

The methodological approach to this project comes directly from the theoretical frameworks established in Chapter 2. If Ethics of Care and Situated Knowledge recognise women as experts of their own experiences, then the research methods must follow; thus the Participatory design theory was chosen as a means to approach design research, and further Context Mapping methods were used as tools

Participatory design – designing with, not for

Participatory design, at the time of its creation, challenged the traditional designer-as-expert model, positioning those affected by design as active collaborators in the process of design, recognising that everyone is creative (Sanders & Stappers, 2012). Rather than imposing solutions, participatory design understands that people possess much needed knowledge and expertise about their own experiences. Robertson and Simonsen (2012) describe participatory design as “a process of investigating, understanding, reflecting upon, establishing, developing, and supporting mutual learning between multiple participants in collective ‘reflection-in-action’” which positions both sides as partners

Although not labelled like that by its creators, this principle fundamentally aligns with feminist methodologies that reject hierarchies between researcher and researched (Harding, 1995). In the context of this research, it means that while acknowledging that the medical knowledge offers crucial perspective on the issue, it is not the whole picture. The women lived knowledge, their ways of making sense of the process, how they manage the symptoms and negotiate the relations exceed the clinical descriptions, and is by any means valuable source of knowledge.

Phase 1.1 – Interviews

Context mapping and accessing tacit knowledge

Within participatory design researchers need tools and techniques to support the participants in unlocking the knowledge that they possess, including the parts that might be difficult to articulate directly. Sanders and Stappers (2012) identify three types of knowledge:

1. What people say.

Explicit knowledge, easily articulated by words.

2. What people do.

Observable behaviours and practices

3. What people know, feel, dream.

Tacit knowledge and latent needs, often requiring creative tools to surface

Context mapping is a methodological approach designed specifically to access this third category. It uses generative tools, such as sensitising packages, diaries, and creative activities to help participants realise the experiences that might be hard to verbalise. Crucially, it acknowledges that people are the experts of their own lives, and their knowledge is essential for understanding the complexities of their lived experiences.

This is particularly important in this research, as many experiences, such as fear, pain, frustration, and shifting identity, are not always spoken about, or even realised. Context mapping provides a way for participants to express these experiences in their own language and pace, rather than forcing them into predefined categories.

Recruitment

The research began with recruiting the participants, mostly through the designer's own network, and additionally through social media groups focused on the menopause. **(see Appendix B for the poster).**

Participants profiles

A total of 11 women responded, and ultimately, I was able to interview 7 of them, aged between 40 and 52 years. The participants represented diverse stages of the menopausal transition; some were experiencing the first symptoms of perimenopause, others were navigating active stages of it, and some were approaching or had completed the transition. All participants identified as Polish women, allowing for cultural specificity. Most of the women (n=6) identified as mothers, with children ages varying from toddlers to adults.

Ethical considerations

Participation in this research was voluntary, and all of the participants provided informed consent about the research purpose, the way their data would be handled and the possibility to opt out **(see Appendix A2 for complete HREC documents and consent forms).**

Due to the sensitivity of this project, the participants were informed that they don't have to answer any of the uncomfortable topics, as well as take a break if the interview becomes too sensitive. They could also withdraw their consent after the research for whatever reason.

All interviews were conducted in Polish, the researcher's and participants' native language. This choice was deliberate and theoretically grounded - given the intimate nature of the research topic, conducting interviews in participants' mother tongue was expected to enable deeper, more nuanced expression of their experiences.

Interview process

The interviews were conducted between 4th and 25th of July as a mix of online and in-person meetings, to accommodate participants' preferences and circumstances. As mentioned before, the interviews, framed as semi-structured conversations, were designed as a relaxing, safe space for women, open for genuine expression, in par with ethics of care theories.

Every session began with the open question **"Tell me something about yourself"**, a deliberate choice that allowed participants to self-guide the conversation while signalling that the researcher viewed them as complex, whole persons rather than subjects defined solely by their menopausal experience.

Data recording

No physical notes were taken during the meetings. It was the researcher's deliberate choice to be fully present during the interviews. This decision prioritised listening and full engagement over real-time analysis and categorisation. Instead, meetings were recorded using voice recording devices for in-person meetings, or the Teams recording tool for online sessions, and then transcribed using MS Word transcription feature. Later, the transcriptions were manually edited and adjusted to match the recordings.

Recordings served multiple purposes: maintaining objectivity by capturing participants' exact words, enabling revision of nuances and details that could be overlooked during the interview, and reducing the researcher's bias that could emerge from selective note-taking. The transcripts were later carefully read and thematically analysed using atlas.ti software.

Analysis

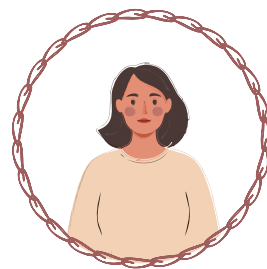
The interviews were analysed following Braun and Clarke's (2006) framework for inductive thematic analysis. This approach was used because of its capacity to identify patterns within the participants' experiences while preserving contradictions and variations in data. This analysis aimed to understand the recurring themes while remaining true to the diversity of the participants' voices.

The analysis process involved:

- 1. Immersion in data** through multiple readings and listening sessions
- 2. Initial coding** that stayed close to participants' language and meanings
- 3. Theme development** through iterative grouping and review of codes
- 4. Theme refinement** to ensure coherence and distinction
- 5. Final theme definition** that captured essential aspects of the data
- 6. Formulation of report** where the findings are presented.



G.



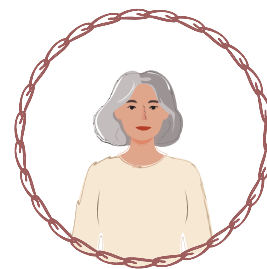
T.



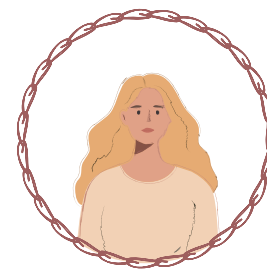
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S.



B.



L.



N.

Three-layer framework

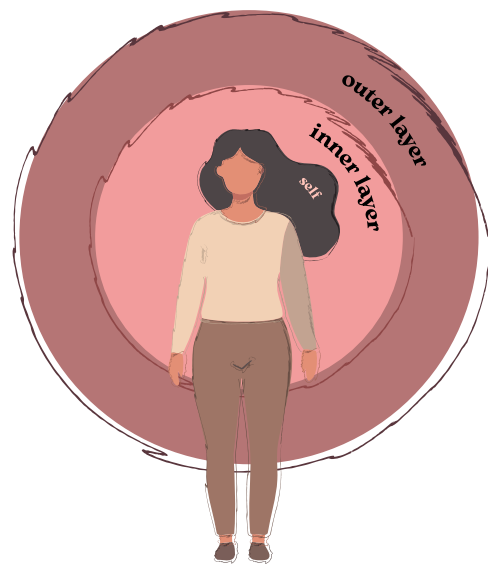
The analysis revealed that the participants' experiences spread across three interconnected dimensions, which I named **layers of interaction**. This frame emerged inductively from the data. During the initial coding, I noticed that the participants often situated their experiences and feelings not only within their own bodies, but also in relation to the external world – their families, workplaces, healthcare providers and social structures.

Thus, the three layers were created to systematise the types of experiences, (as shown in Figure 11)

Self – the relation with oneself, personal relation with changing body,

Inner circle – Family relationships, workplace dynamics, and intimate connections

Outer circle – Medical systems, society, cultural narratives



These findings aligns with the ethics of care's emphasis on relationality, as the menopause is not something experienced in isolation, but rather within a network of connections and interdependencies that shape it. Importantly, the boundaries between those layers are transmissible, as the participants' experiences often moved between them, and the interactions influenced each other.

Figure 11. Diagram showing the relations between person (self) and the inner and outer layers of interaction

Key findings: Five themes

Within the analysis, five prominent themes emerged, which reoccurred with varying intensity across all of the interviews. However, while all five themes appeared across all of the interviews, the intensity and the way participants articulated them were dependent on each person's circumstances, prior knowledge, and support system.

Theme 1: Embodied knowledge

Participants demonstrated a profound understanding of their changing bodies, often surpassing clinical descriptions. They developed something that can be named "embodied expertise" – knowledge gained through living and listening to their bodies during this transition.

Symptom recognition and interpretation

Participants described developing a nuanced awareness of how their bodies responded to different stressors and treatments. This embodied expertise often exceeded what medical consultations provided. For example, **B.** shared her understanding of how stress affected her physical symptoms:

To się u mnie jakby się zaczęło może zeszłym roku... to na przykład na miesiąc zanikło. Na drugi dostałam... Ja to teraz tak też analizuję... prawdopodobnie być może to było przez stres.

For me it started maybe last year... for example it disappeared for a month. The next month I got it... I'm analyzing this now... it was probably maybe because of stress.

S. demonstrated detailed awareness of how her body responded to different hormone levels:

Po 3 miesiącach uderzenia mi przeszły, trochę się lepiej poczułam, ale dalej bolało mnie to ciało... Przeszłam do niego i mówię, że panie doktorze, mi się wydaje, że potrzebuję więcej tego estrogenu... mnie to ciało boli i że to jest lepiej, ale chciałabym mieć taki stan jak wcześniej.

After 3 months, the hot flashes stopped, I felt a bit better, but my body still hurt... I came to him and said, Doctor, I think I need more estrogen... my body hurts, it's better, but I'd like to have the same state as before.

This embodied knowledge manifested in several ways:

Personalised symptom management:

Participants created individual strategies based on careful observations of their bodies' responses to different treatments and lifestyle changes.

Holistic understanding:

Many of the women recognised connections between physical symptoms, emotional states, and life circumstances that medical frameworks often keep separate

Adaptive practices:

Women developed new routines and self-care practices based on their evolving needs. They often became more in tune with their bodies' rhythms after going through menopause.

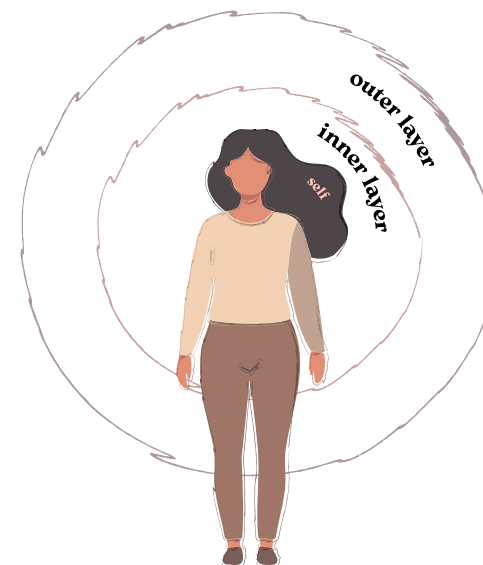
Growing body acceptance:

Contrary to dominant cultural narratives of loss, most participants expressed increasing acceptance or even appreciation of their changing bodies. L. reflected:

Bardziej się sobie podobam, bo bardziej dbam. Bo tak jak dotychczas dbałam, ale teraz przykładam do tego więcej wagi i uwagi. Staram się być uważna dla siebie.

I like myself more because I take better care. I always took care of myself, but now I devote more time and attention to it. I try to be attentive to myself.

What is definitely worth noting is that this acceptance wasn't automatic; it represented active work towards self-acceptance that required self-reflection and often support from others.



Position between layers of interaction

Embodied knowledge operates mainly in the **self layer**, focusing on a woman's relation to herself and her body. However, in some cases it seeps into the **inner** and **outer layer**, in a form of communicating their state and needs to the external world.

Theme 2: Relational dynamics and Communication

Menopause significantly affected participants' relationships with their parents and children, as well as with their partners, often revealing and reshaping existing dynamics. The dynamics within relations were also very prominent in the case of workplaces and the ways they communicated their needs in a professional environment.

Family relationships

Participants described complex negotiations within families, including:

Partner relationships: Participants experienced varied levels of support from their partners. Some described educational processes where they helped their partners understand the situation. L, for example, shared how she provided her partner with a “manual” on how to behave around menopausal women.

Ukląkł przy mnie i tak spojrzał na mnie z uwagą i mówi, ja wiem, że coś się dzieje, nie wiedziałem co, rozumiem, że to jest dla Ciebie ważne... Dostaje taką instrukcję codziennie ode mnie, bo się zmagamy ze różnymi tematami, uczy się, zaczyna pomagać.

He knelt beside me and looked at me with attention and said, I know something is happening. I didn't know what, I understand that this is important to you... He gets such manual daily from me, because we struggle with various topics, he's learning, starting to help.

B. described her partner's understanding approach, and expressed relief that he doesn't demand anything unreasonable from her

Mam super partnera i tak w sumie ja tam nie mam jakiś z tym jeszcze... Nie że powiem, że nie muszę. Nie czuję się, że muszę mieć jakieś obowiązki.

I have a great partner and overall I don't have such issues with this yet. I don't feel like I have to fulfill any duties.

However, not all participants experienced such understanding. T. reflected on how menopause contributed to relationship strain

Myślę, że tak. Myślę, że tak, bo samo to, że, estrogen działa tak, że się chce opiekować... Jak jego poziom spada to się trochę tak no wyczerpuje ta potrzeba opieki i wtedy widać różne rzeczy, które, których wcześniej nie było widać spadają takie zasłony.

I think so. I think so, yes. Because just the fact that estrogen works in a way that makes you want to care for others... When its level drops, this need for care drops, and then you see various things that weren't visible before; these veils fall away.

Intergenerational relationships. Many participants noted tensions with mothers and older women who were reluctant to discuss menopause, reflecting on broader patterns of silence around women's health.

For instance, S. expressed concern about the lack of knowledge regarding menopause among her mother's generation.

Ale też jak nie wiem, właśnie rozmawiałem z moją mamą, no to ona kompletnie nie wiedziała o czym mówię i myślę, że po pierwsze nie miała takich intensywnych objawów. Ale też myślę, że nie łączyła właśnie kropek, które tam były. Tylko zrzuciła je na zupełnie inne przyczyny.

I don't know, I spoke to my mum, and she had no idea what I was talking about, and I think that, first of all, she didn't have such intense symptoms. But I also think that she didn't connect the dots that were there. She just blamed them on completely different causes.

G., on the other hand, was angry about the silence and taboos surrounding menopause, which made it impossible to talk about it with her mother.

A ja z moją mamą rozmawiałam, nie da się rozmawiać. Moja mama dużo starsza jest [...], ale no to jest trudny temat, nie oswojony. Tabuizowany totalnie.

I talked to my mum about it, but it's impossible to discuss. My mum is much older [...], but it's a difficult subject, not tamed. Utterly tabooed.

Parenting dynamics. Several participants with teenage children viewed menopause as an opportunity to provide different types of health education to that which they themselves had received (or not received).

L. described how she manages the dynamics between herself and her teenage daughter, as well as how she navigates the hormonal changes affecting both of them.

Niemniej jednak uświadamiam starszą córkę, [...] 16 prawie letnią, bo ona mówi „ty krzyczysz, ty masz krótki łont, ty się tak denerwujesz”, a ja mówię, kochanie, jestem w trudnym momencie, więc ona wie, [...]szanujemy nawzajem, bo ona jest w okresie dojrzewania, ja jestem w menopauzy i tu są dwa mocno burzliwe okresy.

Nevertheless, I educate my older daughter, [...] Almost 16 years old, because she says, 'You're shouting, you have a short fuse, you get so angry,' and I say, 'Honey, I'm going through a difficult time', so she knows [...] we respect each other, because she's going through puberty, I'm going through the menopause, and these are two very intense periods.

S. noticed how her daughter showed immense empathy towards her situation, even before any of them knew what was happening.

Córka była bardziej... Tak jakby nawet jak jeszcze nie wiedziała co mi jest, bo ja też nie wiedziałam, to wykazywała się, wiesz, dużo większą taką empatią i zrozumieniem. I mówi no widzisz, że mama jest zmęczona, to coś tam, zrób sobie sam i taką miała do mnie cierpliwość.

My daughter was more... Even though she didn't know what was wrong with me — because I didn't know either — she showed much more empathy and understanding. She would say things like, 'You can see that Mum is tired, so do it yourself,' and she was so patient with me.

She also made sure to explain to her teenage son what was going on after a hormonal imbalance had caused conflict between them.

Jak on już wrócił to ja już byłam na HTZ od sierpnia, on wrócił na początku listopada. Więc... od tamtej pory wiesz. Potem no oczywiście ja mu, wiesz, wytłumaczyłam skąd to się wszystko brało i w ogóle i w ogóle, że te hormony. Oczywiście się przeprosiliśmy wzajemnie i ja go do tej pory chcę [przepraszać]

When he came back, I had already been on HMT since August. He came back at the beginning of November. Then, of course, I explained to him where it all came from and everything, that it was the hormones. Of course, we apologised to each other and I still want to [apologise] to him.

Workplace impact

Professional impacts varied, but were universally significant. Participants described:

Decreased tolerance towards workplace stress and chaos

Difficulty managing symptoms in professional settings

Concerns about discrimination or judgment from colleagues

G., working as a teacher, explained:

Mam dużo mniejszą tolerancję na dźwięki, na chaos. Na przekraczanie granic... mam coraz mniejszą przestrzeń na babranie się w draki związane z nastoletnimi sprawami.

I have much less tolerance for noise, for chaos. For crossing boundaries... I have less and less space to get involved in teenage drama.

L. explained that she had been mocked at work ever since she started openly talking about her menopause.

Byłam obmawiana, wyśmiewano się ze mnie, szydzono z tego, że o, bo L. ma menopauzę. A zostawcie ją, bo ma menopauzę. Bo się zdenerwowała, bo ma menopauzę.

I was gossiped about, laughed at, mocked because, oh, L. is going through the menopause. Leave her alone, she's going through the menopause. She got upset because she's going through the menopause.

Social silencing

Many participants encountered what can be called “menopausal ostracism”, social silencing when attempting to discuss their experiences openly. This silencing was often initiated by other women, suggesting the persistence of stigma around ageing and women’s health.

G. observed how other women were visibly embarrassed when she expressed her needs concerning menopause.

I że się nie mówi w przestrzeni publicznej; w przestrzeni prywatnej też jest ucinane. Na przykład jestem w Bieszczadach w takim pokoju wspólnym, z jakąś grupą przyjaciół. I z jedną dziewczyną rozmawiam i mówię ja muszę być przy oknie, bo wiesz, ciągle mi gorąco. A jakaś tam dziewczyna siedząca tam 2 czy 3 metry dalej mówi: Jeeezu, o jakich wy tematach gadacie. Że nawet same sobie nie dajemy przestrzeni, żeby o tym rozmawiać i żeby to normalizować.

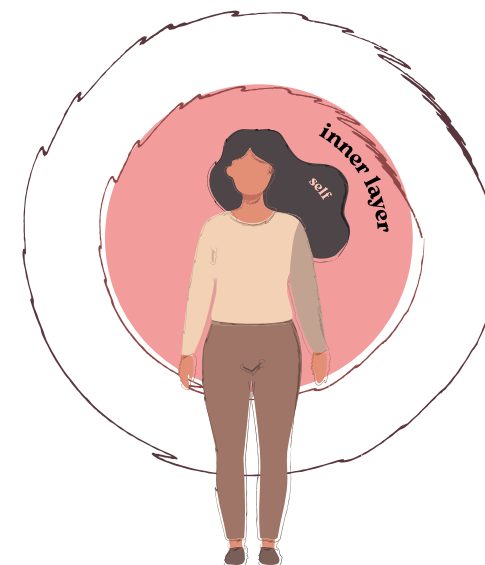
We don't talk about it in public, and it's also off limits in private. For example, I'm in a common room in the mountains with a group of friends. I'm talking to a girl and tell her that I need to sit by the window because I always get hot flushes. Then another girl, sitting two or three metres away says, "Jeez, what are you talking about!" We don't even allow ourselves the space to talk about it and normalise it.'

Relational dynamics

The theme of relational dynamics reveals that menopause is fundamentally experienced through connection, or the absence of it.

Participants navigated changing expectations with partners, struggled with generational silence from mothers, and negotiated new boundaries with children and colleagues. These relational shifts occurred across all three layers of interaction, but centered primarily in the inner circle where intimate relationships demanded renegotiation.

This theme underscores that designing for menopausal experiences requires more than individual interventions, it demands educating the people surrounding menopausal women and addressing the relational contexts in which this transition happens.



Position between layers of interaction

Relational dynamics lie in the **inner circle** of interaction, where they describe the relations between people who remain in personal connections.

Theme 3: Knowledge Gaps and Information Seeking

A critical theme across all the interviews was the struggle to access reliable, comprehensive information about the menopause. Participants described feeling unprepared for the transition, with many experiencing “anticipatory anxiety” about unknown changes.

Educational absence

All participants reported a complete absence of preparation through formal education or the healthcare system. As L. noted

Chciałabym dziesięć lat temu, żeby ktoś mi powiedział, że warto dbać o to co wsadzamy do brzucha.

If only someone had let me know a decade ago how important it is to take care of what we eat.

G. and D. both agreed that healthcare education in schools is insufficient and does not adequately address women's health and bodies.

Nawet na głupiej przyrodzie, na biologii, jak się uczysz o człowieku, masz układ rozrodczy, masz ciążę, cokolwiek. I potem nic. Ani o kobietach, ani o mężczyznach. Co dzieje się z ciałem.

Even in basic biology classes, when you learn about humans, you study the reproductive system and pregnancy. And then nothing. There's nothing about women or men. Nothing about what happens to the body...

Na biologii uczą o cyklu rozwojowym, ale potem o tej menopauzie też nic nie było. Nie za moich czasów. No więc takie bez sensu, bo skoro tak to mówmy o życiu w ogóle – jak się tworzy, ale też jak ono postępuje aż do starości i śmierci. I co się zmienia i to, co teraz się pojawia też.

In biology classes, they teach you about the developmental cycle, but there's nothing about menopause. Not in my days, anyway. It doesn't make sense because, if that's the case, we should talk about life in general: how it is created and how it progresses until old age and death. And what changes, and what appears as well

Information Landscape challenges

Participants navigate a complex information environment where:

Internet reliance is a necessity, but problematic. Many turned to online sources, but struggled to evaluate the credibility of the sources.

Medical professionals sometimes lack specific knowledge. Several participants noted that there were times when they possessed more current information than their healthcare providers.

Generational silence occurs. Mothers and older women provided little guidance, often dismissing symptoms as “natural”

Within the generational silence, L. expressed the frustration about the scarcity of information received from the older women in her family, and the veil of silence around the issues of menopause:

Pytałam moją mamę i babcię. Mama ma 66 lat, babcia ma 93. Żadna nie chciała nic powiedzieć, tylko tyle że będzie ciężko.

I've asked my mother and my grandmother. Mom is 66, and grandmother is 93. Neither of them wanted to tell me anything, just that it's going to be hard

G. in the context of medical knowledge, shared the story of her diagnosis and lack of proper support from the medical professionals considering menopause.

Konsekwencją [mojego leczenia] jest menopauza. Słowo menopauza nie padło. Jak mi powiedziano o tym jak będzie wyglądał proces leczenia to usłyszałam „no i okres ci się zatrzyma”. Wiesz, ja myślałam... nie wiem co ja myślałam, ja nie myślałam. Pomyślałam sobie, że okej, to mi się zatrzyma, nie będę miała, a później mi się znowu włączy. Nawet cię nie edukują. Jest tak wysoki poziom ignorancji dotyczący tego tematu wśród lekarzy, że mój lekarz rodzinny potrafi mi powiedzieć "No tak, ale to wszystkie kobiety przechodzą, czego ty narzekasz?"

The consequence [of my treatment] is menopause. The word menopause was not mentioned. When I was told what the treatment process would look like, I heard, 'Well, your period will stop.' You know, I thought... I don't know what I thought; I didn't think. I thought to myself, okay, it will stop, I won't have it, and then it will start again. They don't even educate you. There is such a high level of ignorance about this topic among doctors that my GP can tell me "Well, yes, but all women go through this, what are you complaining about?"

Commercial exploitation

Participants expressed frustration with the dangers of commercialisation of menopause, with L. observing:

Menopauza stała się modna... I teraz tak, jak grzyby po deszczu wyrastają fit-meno edukatorki, które wczoraj jeszcze promowały botoks, fitness, zdrowe jedzenie. Dzisiaj mają menopauzę.

Menopause has become fashionable. Now, fit-meno educators are appearing everywhere, and yesterday they were still promoting Botox, fitness and healthy eating. Today, they are going through the menopause.

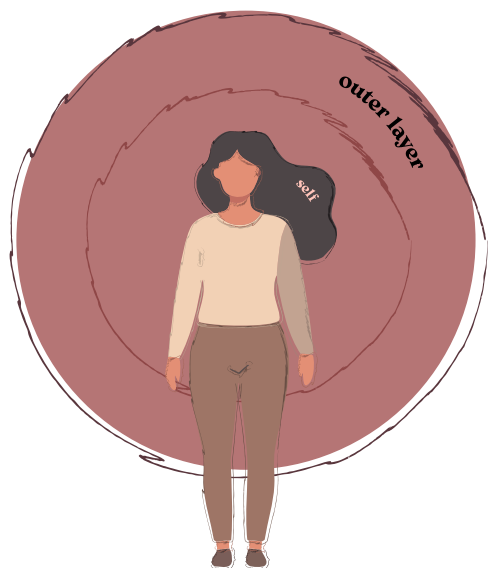
Już są suplementy dla kobiet meno. Za chwilę będzie witamina D dla kobiet meno i już są wakacje dla kobiet menopauzalnych [...] kosmetyki dla kobiet meno.

There are already supplements for women going through the menopause. Soon, there will be vitamin D for this group, and there are already holidays for women going through the menopause [...] and cosmetics for them.

The emergence of such trends only contributes to the amount of unverified knowledge, which might lead to disinformation. She believes that reliable education and a critical approach to things targeted at women going through menopause are the solution to this exploitation.

Trzeba filtrować wiedzę, trzeba filtrować to, co kupujemy, trzeba filtrować w ogóle to, co czytamy i co przyjmujemy, te wszystkie informacje. Więc ja, no trochę to jest niepopularne, to trochę bojkotuję. Natomiast ja bym chciała, żeby kobiety wiedziały, gdzie się udać po pomoc psychologiczną, co zrobić jak nie śpią, co zrobić ale rzetelnie, a nie kupowały kolejny suplement, który ma im jak pigułka cudowna poprawić jakość życia w ciągu jednej doby.

You have to sort through knowledge; you have to be selective about what you buy and what you read and accept as fact. So, well, it's a bit unpopular, but I boycott it. However, I would like women to know where to go for reliable psychological help and what to do if they can't sleep, rather than buying another supplement that is supposedly going to miraculously improve their quality of life within 24 hours.



Position between layers of interaction

The knowledge gap lies in the **outer layer** of interaction, as it addresses the systemic problems of a lack of specific information and societal challenges. It can manifest in the communication dynamics between families; however, the root of the problem lies in the outer circle.

Theme 4: Medical system navigation

Participants' interactions with healthcare providers often revealed systemic inadequacies in menopausal care.

Knowledge gaps.

Some of the participants described having symptoms dismissed or attributed to the other causes. S. illustrates this:

Przyszłam do niego i mówię, że panie doktorze, mi się wydaje, że potrzebuję więcej tego estrogenu... A on do mnie mówi 'ból ciała to nie jest objaw menopauzy'... Wysłałam mu linki do badań... A jeszcze też wyszło, że estrogenu miałam dosyć niewiele

I told him that I thought I needed more oestrogen. He said, "Body pain is not a symptom of menopause". I sent him links to studies. It also turned out that I had, in fact, very low oestrogen levels.

Validity of the information

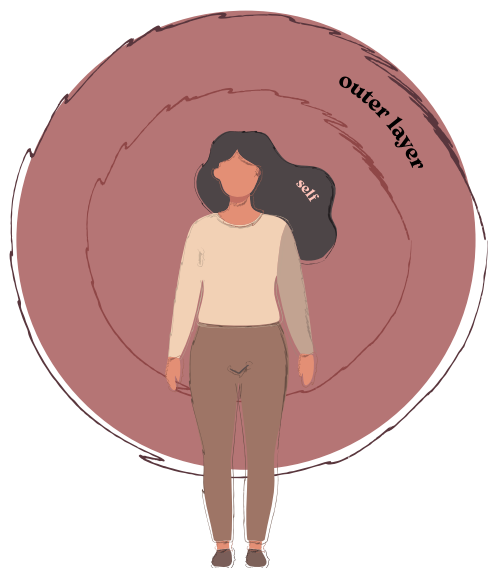
They often possessed more current information about the treatments than their healthcare providers, creating awkward dynamics, where the patient educates the doctor.

Treatment access

Some participants struggled to access appropriate and comfortable treatments. This was particularly challenging for G, who faced additional restrictions on hormonal replacement therapy options due to having coexisting medical conditions.

nie mam tam ginekolożki, która jest otwarta na tematy jakiegoś hormonów, terapii hormonalnej. Nie chodzi mi o to, żebym ja HTZ brała, tylko żebym mogła na przykład dopochwowo to brać. Także nie, nie mam tam na miejscu jakiegoś, takiej osoby, która mnie traktuje jako równoprawną osobę. Czuję się trochę jak dziecko. Że my ci powiemy co jest dla ciebie dobre, ty nie musisz za dużo czytać, przychodzić tutaj z wiedzą jakąś tajemną.

Unfortunately, I don't have a gynaecologist who is open to discussing topics such as hormones and hormone therapy. I'm not saying that I want to take HRT, just that I'd like the option of taking it vaginally. So, no, I don't have anyone there who treats me as an equal. I feel like a child. That they will tell you what's good for you, you don't need to read too much, come here with some secret knowledge.



Position between layers of interaction

The navigation in the medical system lies in the **outer layer** of interaction, as it describes the systemic issue and its relation with participants.

Theme 5: Agency and empowerment

Menopause is an event that reprograms a woman's life. The participants needed to navigate changes within their bodies and minds, making sense of it all while ideally staying sane throughout the process.

Boundary Setting

Many described a newfound ability to prioritise their needs. T, reflected:

Wcześniej myślałam, że muszę sobie zasłużyć na coś, na przykład na odpoczynek, na czyjąś uwagę... A teraz myślę, że to wszystko się po prostu człowiekowi należy.

Before, I thought I had to earn things like rest or someone's attention. Now, I feel that all of this is simply what person deserves.

G. was delighted with the newly discovered awareness of her body.

Że wiesz, że jakoś mam dużo większy dostęp do czucia siebie w taki sposób, że mi jest łatwiej na przykład stawiać granice.

You know, somehow I have much greater access to feeling myself in such a way that it is easier for me, for example, to set boundaries.

Community Building

Some created support networks with friends experiencing similar transitions, recognising the value of peer support. T. underlined that this support exists both in the private and professional life.

Na pewno w ciągu ostatnich kilku lat zbudowałam sobie taką siatkę wokół siebie ludzi i w tym życiu zawodowym, i w życiu prywatnym takich ludzi wspierających i ważnych, którzy gdzieś tam orbitują wokół.

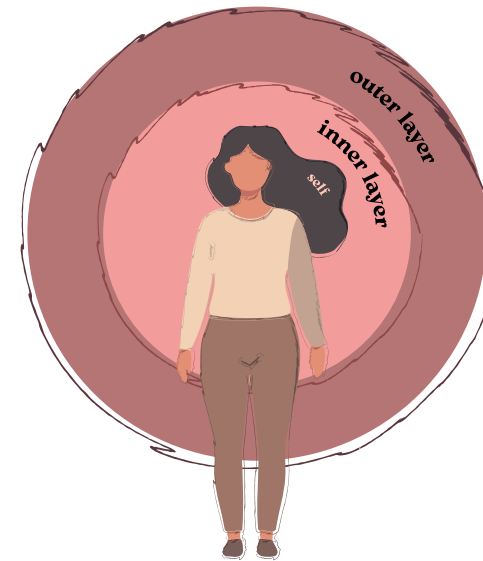
Over the last few years, I have definitely built up a network of people around me, both in my professional and private life, who are supportive and important, who are around me somewhere.

Knowledge Seeking and Sharing

Participants actively researched information, and many became informal educators for other women in their networks.. N. shared her plans to become an educator, because, as she notices, women are not aware what is going on during menopause

w obszarze menopauzy myślę, że mogłoby być to bardzo ciekawe, żeby podjąć jakieś działania takie edukacyjne względem kobiet, bo one naprawdę kompletnie nie wiedzą. Nie tylko takie młode kobiety, to tylko właśnie w moim wieku. One naprawdę dalej nie wiedzą, one naprawdę łączą to tylko z tymi uderzeniami gorąca.

In the area of menopause, I think it would be very interesting to take some educational measures towards women, because they really have no idea. Not only young women, but also women my age. They really don't know anything about it, they only associate it with hot flushes.



Position between layers of interaction

Agency and empowerment lie in the **Self layer** of interaction, as it emerges from within the person. However, it also emanates into the layers of **inner** and **outer interactions**, as the abilities they gained often influence both their close relations and societal systems as a whole.

Unexpected findings

Two findings challenged the initial assumptions and suggested important directions for design intervention:

Positive Body Relationships

Rather than primarily expressing loss about ageing, most participants described growing appreciation for their bodies and increased self-care practices. This finding suggests possibilities for reframing menopause beyond deficit models toward narratives of growth and self-discovery.

Systemic Rather than individual issues

While expecting individual stories of personal struggle, the data constantly revealed systemic failures in education, healthcare, and support. Participants identified structural rather than personal solutions as most urgently needed, pointing toward design opportunities that address systems rather than only individual experiences.

Mowing toward the next step

In Phase 1, we ask about:

Q1: How do women navigate and make sense of their menopausal transition?

(both in general and deeply, within the Polish context)

Q2: How does menopause reshape relationships across different layers of women's lives?

(with self, family, workplace).

The interviews provided crucial insight into what women say about their menopausal experiences; **their explicit, embodied knowledge was already visible through the conversations.** Through the five themes: **Embodied knowledge, Relational dynamics, Knowledge gaps, Navigation through the medical system, and Agency and empowerment,** we gained an understanding of how women navigate their experiences of menopause across three layers of interaction: **Self, inner** and **outer circles.**

However, when using the context mapping framework, interviews primarily capture only the first level of knowledge: what people say. Two deeper levels remain: what people do (observable behaviours and practices) and what people know (tacit knowledge). It is often these latter levels that contain the most valuable insights for design, as they reveal things of which we are not even aware, unspoken needs and hidden wishes that participants might not even recognise or verbalise in one-on-one conversations.

The interviews pointed toward important relational and systemic dimensions of menopausal experience. Participants repeatedly referenced their relations with family members, colleagues, medical specialists, and broader societal structures. Yet, the interview format, while excellent for capturing personal narratives,

has its limitations. What limitations – about the loneliness of this, absence of relatedness

The tension between personal and collective experiences created a natural bridge towards the next step in this research. If menopause is fundamentally relational, thus experienced not in isolation but between networks of care and social structures, then the research methodology needs to reflect on this relationality. **The workshop was designed to embody the space that interviews could only talk about – the collective space of meaning-making.**

Furthermore, the workshop complemented the first stage of Phase 1. While the interviews revealed what the participants experienced and thought, they provided limited insight into how they envisioned different futures in which support was present.

The workshop served multiple purposes: it validated and deepened the findings from the interviews; it supported participants in accessing their tacit knowledge through generative activities; and it generated insights that could inform design interventions.

In essence, while the interviews helped us to understand the landscape of menopausal experiences, the workshop help us to explore what might be possible within that landscape.

Phase 1.2 – Workshop

The workshop was designed as a natural extension of the interview findings, with the aim of creating a collective space in which participants could explore, deepen and validate their own insights. Based on the analysis of the interviews and the theoretical framework of knowledgemaking, the objective of this workshop was to:

- ✘ **Create collective 'meaning-making'.** Encourage participants to share their experiences and build on each other's insights, shifting the focus from individual reflection to community knowledge creation.
- ✘ **Actively explore the three layers of interaction.** Provide structured opportunities to examine the connections between the personal, relational and social dimensions of menopause, which were implied during the interviews but not fully explored.
- ✘ **Generate design insights.** Uncover the deeper needs and desires of women going through menopausal transitions, and explore ways to support them.
- ✘ **Model an alternative discourse.** Finally, demonstrate that menopause can be discussed openly and without shame, in a supportive community setting.

Recruitment

The workshop participants were recruited through a combination of previous engagement and snowball sampling. One of the participants had taken part in the interview phase, which provided continuity between the two research methods and enabled a deeper exploration of themes that had emerged during her individual interview. The second participant was recruited through the snowball effect: the first participant recommended her as someone who might be interested in such activities. This recruitment method proved valuable as it meant that the participants already knew each other and were more comfortable with discussing sensitive topics.

Preparations

The workshop was intended to be a creative, hands-on experience, engaging participants through artistic expression and structured discussion. After an introductory conversation to establish a sense of comfort and explain the purpose of the activity, the session unfolded in two exercise phases, each designed to reveal different insights. In Figure 12 we can see the materials used during the session.

Structure

Exercise 1: Materialising Support

For the first activity, participants were invited to explore the subject of **'Support during the menopause'** using materials provided by the researcher, including coloured paper, different types of fabric, crayons, modelling clay and stickers. No further instructions were given deliberately to allow them to explore their own means of expression. This approach was chosen to avoid purely verbal expression and allow different ways of acquiring knowledge.

This activity was designed as a sensitising exercise to prepare the participants for the main part of the workshop. Such activities are

usually carried out to introduce participants to the topic, encourage reflection on it, and provide a gentle introduction to the workshop.

The aim of the 'Materialising Support' task was to encourage participants to reflect on the various layers of interaction described in previous sections. I was interested in how they envision support and how this relates to different areas of their lives.

Exercise 2: Imagine interventions

In the second phase of the workshop, I designed an activity to encourage the participants to express their hidden needs through creative outlets. This exercise shifted our focus from exploring existing support concepts to generating new possibilities. Participants were invited to consider potential interventions in three contexts that had emerged from the interview analysis: **Medical Context, Workplace Context** and **Personal Context**.

The reasoning behind the two-phase approach was straightforward. Understanding the current experience creates a foundation for imagining the future. The first stage anchored the participants in the present, mapping how they perceive current support. The second stage then opened up the possibility of envisioning what they wished support and care could be like. By moving from the present to the future, the workshop facilitated a natural progression from reflection to imagination.

Documentation

Similar to the interviews, no physical notes were taken during the workshop. This was a conscious choice on the part of the researcher. The aim was to be fully present and engaged in the activities. The meeting was recorded using a voice recorder and photographs of the artefacts were taken. The audio recording was transcribed using MS Word and then listened to in order to make adjustments to match the original and remove any errors.

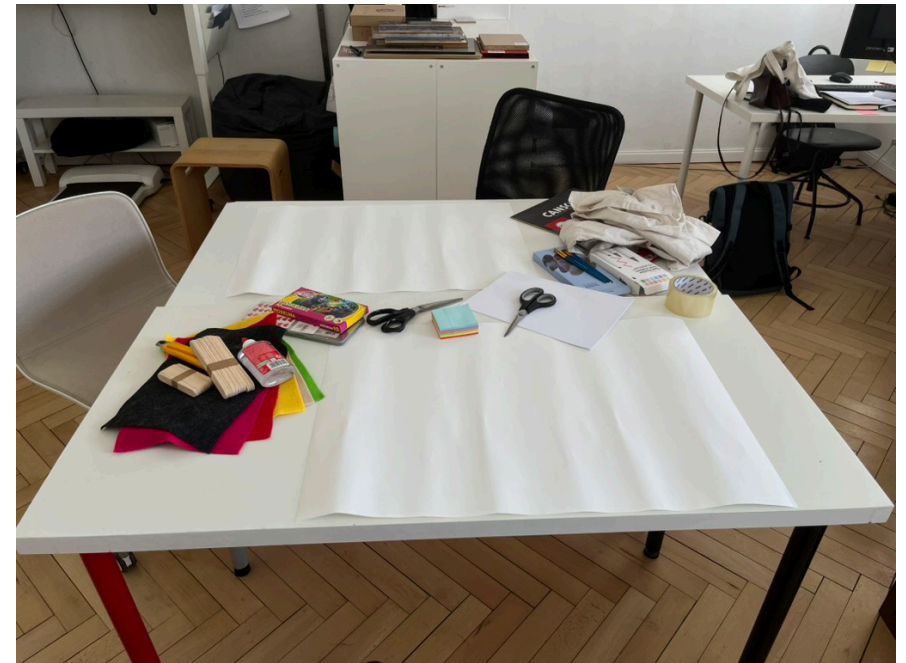


Figure 12. Preparation of the workshop



Figure 13. Preparation of the workshop

Results

Exercise 1:

During the first activity, the two participants adopted distinctly different approaches to the concepts of support and modes of expression.

Participant 1 created an artwork in which she was positioned in the centre, surrounded by a protective male force that shielded her from harm while allowing her to express herself freely. (Figure 14) This creation emphasised the relational and physical nature of 'support', particularly when she said that she associates support with an embrace. This response suggested that, for her, support was about feeling protected through a physical or emotional connection. When discussing her work, she expressed surprise, noting that she is usually very independent and does not rely on others.

Participant 2 took a more textual approach, writing down specific forms of support: 'being taken care of', 'attentiveness', 'understanding', 'slowing down', 'a comfortable workspace', 'flexibility', 'a cosy place and surroundings'. (Figure 15) Her response was more systematic and context-specific, identifying qualities and environments that foster support.

This exercise revealed two different yet complementary understandings of support during menopause. The first approach emphasised the embodied and relational aspects of support, such as physical presence, protection, and emotional connection. The second approach focused more on environmental and contextual factors that create supportive frameworks. Together, these perspectives highlight the plural nature of support during the menopausal transition, demonstrating that people's conceptions of support can differ greatly.

Exercise 2:

For the second activity, I prepared three prompt cards based on the previous interviews. The cards contained questions that asked the participants to think about and create (by drawing or painting, for example) what they would like to see in the future.

The prompts:

Medical context: 'Imagine if there were a better way for doctors to talk to women about menopause' and 'If there were a better way, how would women learn about menopause?'

Workplace context: 'What should the support systems in the workplace look like?'

Personal context: 'How can we help other women feel more confident during menopause?'

Although the activity was designed to be more creative, the participants preferred a brainstorming session, so we adapted accordingly. Each prompt was read aloud and the participants decided together which one they deemed the most important for their experiences. Through lively discussions, we covered all of the topics.

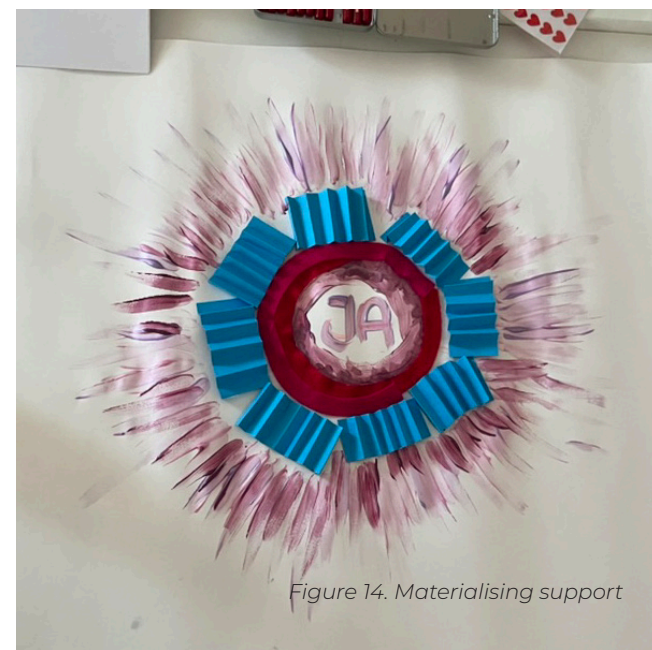


Figure 14. Materialising support

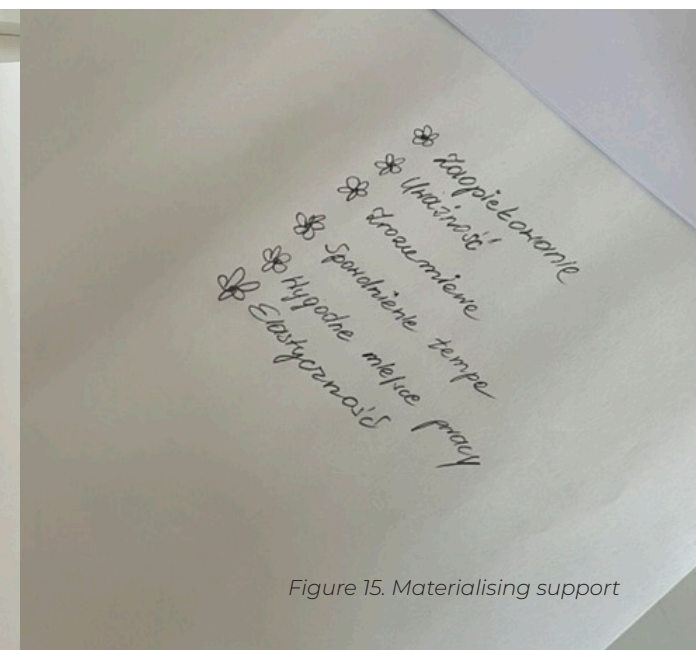


Figure 15. Materialising support

Anticipatory Support Package

Through discussions on the prompts, participants developed a concrete intervention encapsulating all the proposed themes: a support package sent by post to every woman upon reaching age of 40. This idea emerged organically from our conversations and represented several key insights.

Firstly, it is **anticipatory rather than reactive care**. The packages would be sent before women typically experience menopause, shifting from a crisis-response model to preparatory support. As participants noted, this approach would 'minimise the fear of the unknown' rather than 'solve current problems'.

Accessible communication: Both participants emphasised that materials should avoid medical jargon to accommodate varying levels of health literacy. They recognised that language contributes to the knowledge gaps identified in the interview analysis.

Practical guidance: The packages would include concrete advice on 'how to discuss your needs and feelings with your family, partner or boss' — directly addressing communication challenges and providing practical tools for navigating the three relationship layers.

Comprehensive information: The contents would include a list of possible treatments and ways to minimise unpleasant symptoms, combining practical strategies for managing menopausal transition with broader recommendations for lifestyle and emotional support.

This revealed the latent need to normalise this transition and introduce menopause into public and private discourse. The biggest problem we identified was a drastic lack of knowledge that pervaded all layers of interaction: women are unaware of what is happening to their bodies and often think they are seriously ill. Their partners and families are unaware of what is happening, which can put a strain on their relationships. Employers are often unwilling to accommodate their changing needs. Finally, the system tends to ignore women past a certain age due to a lack of systemic education and the marginalisation of medical issues.

Synthesis

The combination of individual interviews and collaborative workshops provided complementary yet different insights into women's experiences of menopause and their relationships with their surroundings.

While the interviews allowed for in-depth personal narratives that helped us to understand how women navigate and make sense of their menopausal journey within the Polish context (**Q1**), they also revealed communication gaps and approaches to changing bodies. They also showed how menopause reshapes relationships at multiple levels – with oneself, with close ones, and with systems (**Q2**).

The workshop built upon these findings, creating a space for collaborative knowledge-making and validation of these experiences. Together, these two methods generated a rich understanding that honours both individual experiences and collective patterns. The Anticipatory Care Package concept, which emerged during the workshop, while not the final solution, reveals crucial design considerations that I will expand upon in the next chapter.



Chapter 4: From research to design

Introduction

The research findings revealed a fundamental tension between the systemic nature of menopausal challenges and the limitations of the available individual solutions for women. While participants identified specific needs relating to the medical system, workplace accommodations and reliable sources of information, they also expressed a desire to be understood by both themselves and the people around them. My research showed that, although women possess embodied knowledge about their menopausal experiences, they struggle to make sense of it and find a context in which this knowledge can be shared. Interestingly, two of my interviewees use Instagram to educate people about menopause, and two more said they would be willing to do something similar.

This tension between possessing knowledge and finding an outlet to share it informed my shift in approach from traditional design methods to more speculative interventions that explore alternative social structures around caring and conversation.

Moving on to the second part of my research, I focused on the following design question:

Q3: What if caring for others and forming deep relationships was a skill that could be trained throughout life, like a craft?

This question emerged from the recognition that care is not merely something to be received, but an active practice that can be learnt, shared and cultivated collectively throughout life.

The design guidelines

While the Anticipatory Package is not the final solution, discussions about this concept revealed what participants valued most about the project and what was missing from current approaches. Five core guidelines emerged from the analysis of the workshop to inform further intervention:

Proactive action and anticipatory design

Rather than designing for something that is already happening, we should take a proactive stance. Information should reach women before they need it.

Workshop insights:

Participants emphasised their own feelings of confusion during the first months of menopausal transition. They both agreed that they would have preferred to know what to expect beforehand.

Design implications:

Interventions should reach women before they start the menopausal transition and normalise the existence of menopause in the public sphere.

Designed for conversation

The design should facilitate open dialogue and provide important information and FAQs.

Workshop insights:

Participants recognised communication barriers in their own lives and in the stories of their friends.

Design implications:

The design artefact should facilitate dialogue by providing language, prompts or frameworks that make it easier to articulate difficult topics.

Multiple entry points

The design should be accessible to people with different levels of health literacy, disabilities and from different cultural backgrounds.

Workshop insights:

Participants recognised their privilege in living in a big city where they have no issues accessing the necessary information or help. They emphasised the need for the solution to work on multiple dimensions and accommodate varying health literacy and physical limitations.

Design implications:

The design must accommodate diverse needs and be accessible to as many women as possible and avoid medical jargon.

People's own choice

The design should avoid stigmatising any particular approach and should not favour one method over another.

Workshop insights:

Participants rejected the one-size-fits-all solution, recognising that women's experiences may differ and that they should be able to customise the information they receive.

Design implications:

The design should provide guidance rather than offering a fixed solution, allowing women to navigate their own path through information and support.

Menopause as a transformation

The design should not frame menopause solely as a medical condition, but as a multidimensional transition affecting all aspects of life.

Workshop insight:

Participants emphasised that menopause is not just about taking medication or the end of menstruation; it changes your whole approach to life.

Design implications:

The design language, framing and approach should treat the menopausal transition as a life stage worthy of attention.

With the design intervention guidelines emerging from the participatory activities, I wanted to find a way to implement them to their full potential. However, these proposals require significant societal change: normalising casual conversations about menopause, reframing it as a holistic rather than medical issue and creating anticipatory rather than reactive care. Such a shift cannot be achieved by a single app, toolbox or social campaign alone. It requires us to imagine the change and ask not "What product solves this problem?", but "**How should society look for this problem to not exist?**" These realisations led me to adopt a speculative design methodology. It opens up a dialogue about the future we want to create for ourselves, our daughters and future generations.

Speculative design framework

What is it?

Speculative design enables us to disregard the question of feasibility and explore possibilities instead. In this case, it enables us to ask questions such as: **What if menopause was celebrated rather than hidden? What if intergenerational knowledge sharing was normalised? What if nobody shamed women for being women?** The speculative proposals that follow do not serve as designs ready for implementation; rather, they are provocations that invite us to question the *status quo* and imagine the possibilities (Dunne & Raby, 2013).

Why should we use it in this context?

Speculative design requires us to fundamentally rethink the world we live in, and the question guiding this stage calls for the hypothetical, rather than practical, exploration. These questions cannot be answered through research alone, but rather by imagining and prototyping different social contexts.

Speculative design enables us to test this proposition by creating and validating different '*what if*' scenarios in the dimension of plausibility, rather than as a series of points and quantifiable markers.

From speculations to materiality

Finding form through crafts

The speculative explorations opened up possibilities for imagination, yet they remained very abstract. **What if we lived up to 200 years? What if men also went through the menopause?** I found myself asking, "**What tangible form should the care-centred interventions have?**" Should it be a ritual? Or an instruction? How could I incorporate the guidelines of anticipation, conversation, accessibility, choice and transformation into a real design?

This search for materiality led me, somewhat unexpectedly, towards crafts. This shift emerged as I explored ways of sharing knowledge beyond the traditional educational setting. I found myself recalling my grandmother teaching me to knit, embroider, and mend my clothes. Those moments were important to me. We occupied the same space, we did the same thing, we felt comfortable with each other. Those were the qualities I wanted my design to possess.

For a long time, craft traditions have played an important role in passing on knowledge and marking important events. Intricate embroideries handed down through the generations, recipe boxes that contain the histories of the family, handmade blankets created for newborn babies. These artefacts operate on a completely different dimension to digital interventions or services. They occupy an intimate domestic space; they grow and accumulate meaning with every touch; and they embody caring interactions through the labour involved in their creation.

Tim Ingold's "Making as knowing"

Tim Ingold offers a radical rethinking of how knowledge is created, especially through the act of making. His notion of 'making as knowing' emphasises the idea that knowledge emerges from the active process of creation. (Ingold, 2013).

For Ingold, learning is fundamentally social and embodied. People learn not by passively receiving information, but by participating in ongoing practices and traditions alongside others. He describes learning as an 'enskilment', in which the next generation learns from the previous one through lived experiences rather than abstract definitions. In his book *The Perception of the Environment* (Ingold, 2000), he recalls how his father taught him about the world of plants and fungi by encouraging him to experience them empirically.

“

When I was a child my father, who is a botanist, used to take me for walks in the countryside, pointing out on the way all the plants and fungi – especially the fungi – that grew here and there. Sometimes he would get me to smell them, or to try out their distinctive tastes. His manner of teaching was to show me things, literally to point them out. If I would but notice the things to which he directed my attention, and recognise the sights, smells and tastes that he wanted me to experience because they were so dear to him, then I would discover for myself much of what he already knew” (Ingold, 2000)

In the case of this project, craft becomes an act of care and a way of sharing knowledge and creating connections across generations.

Donna Haraway's "making kin"

Craft also provides a means of exploring feminist notions of care and relationships. Donna Haraway's concept of 'making kin' explores these ideas, stating that relationships are actively constructed through practices of attention rather than imposed by biological or social structures (2016). Here, the art of making becomes a form of care practice that strengthens the bond between participants. The crafted object then becomes a means of sharing that care, creating connections across generations and experiences.

Including crafts in this research does not negate the speculative nature of this work. Rather, it provides a means of grounding it by testing how abstract principles might be translated into tangible interventions that women could encounter and use in their daily lives. What follows is an exploration of how crafts informed the development of design proposals that bridge the speculative and the plausible. Provocation and practicality.

Conclusion

This chapter traced a way from empirical research on menopausal experiences to the development of design guidelines. The findings exposed tensions between systemic shortcomings, such as limited support, lacking access to knowledge, and fragmented information; and women's rich, but under-recognised embodied knowledge. The resulting guidelines emphasise on the need for proactive actions, interventions focusing on communication, accessibility, plurality of choice, and treating menopause as multi-dimensional transition.

Speculative design offered a way to explore "what if" scenarios, that imagine futures in which menopause is visible, celebrated,

and supported across generations, shifting the question from "what product can fix this?" to "what kinds of worlds would support women in going through this transition?". To avoid remaining too abstract, these speculations needed to find a material form. Here, Tim Ingold's notion of "making as knowing" and Donna Haraway's "making kin" became a central point, positioning craft as both mode of learning and practice of relation.

By approaching craft as anticipatory, conversational, and relational medium, the chapter introduces caring as a situated skill, trained over time through shared making together.



Figure 17. *Przeszycia* craft set

Chapter 5: Crafting care

Introduction

This chapter presents the design development process and returns to the core question fueling this project: **How can we create and sustain caring spaces in which menopausal experiences are spoken, shared, and recognised?**

Following the interviews and workshop, which revealed a deep communication gap around menopause, particularly between generations, the design phase aimed to create a way of having these conversations that was gentle rather than forced.

Craft did not simply emerge as a technique, but as a response to the lived experience of menopause. Slow, tactile work can provide a sense of grounding during a time that can feel emotionally challenging and shared making offers a relational space in which difficult topics can be discussed without confrontation.

This chapter follows how the project moved from speculative ideas into a concrete menopause-focused intervention. It begins with a personal design probe that I conducted with my mother. This revealed practical patterns for the intervention as well as emotional insight into how we approach talking about menopause. These insights guided the conceptual shift towards creating an embroidery-based conversation kit for mothers and daughters, resulting in the final design *Przeszycia*. The following section translates findings into design decisions, demonstrating how themes associated with menopause are addressed through material choices, structure and interaction. The aim is not to fix menopause, but to create a space in which it can be acknowledged and shared.

Design probe

Rationale

Finding the means of craft was one thing, but another was to actually make it work, as a proper design intervention rather than a purely speculative idea. Around the end of the workshop phase of the research, I kept asking myself the question of the relevance of this project, after all **the most reasonable answer is just for people to talk with each other**, they don't need any fancy cards, designerly totems, nor anything else to do this. At least that's what I thought.

This conviction brought me back to my own experiences. How do I talk with my own mother? How do we create space for ourselves? My mother is a woman in her early sixties who navigated her own experience of menopause largely in silence. She is my closest intergenerational relationship. If I could not design a meaningful space for a conversation between the two of us, how could I expect others to use this design?

Preparation

For the probe, I prepared a selection of materials: fabric, yarns and threads in various thicknesses, needles, an embroidery hoop, and scissors. I also prepared a small list of questions to guide our conversation. Then I travelled to my mother's home to carry out the experiment.

Activity

We began the exercise with me explaining the purpose of this project, its theoretical background, and the ideas I have for its implementation. Because I was keen on having the tangible artefact of the meeting, I was pushing towards the idea of creating a textile. However, my mother doesn't particularly enjoy knitting or embroidery, creating an immediate challenge to the craft framework.

Finding the common ground, something that we will both enjoy and also provide us with a tangible object, required flexibility and attention to my mother's actual interests rather than imposing my theoretical preferences.

The solution for this predicament was gardening, which my mother loves. We stayed in her garden, talking about health, wellbeing, our views on femininity, all while keeping our hands occupied. The talks happened incidentally, with only a slight push at the beginning, which also encouraged my mother to ask me questions which she might not have asked in a different setting. Afterwards, we gathered flowers from her garden and stitched them onto a white canvas, creating a fragile record of our shared time. **Figure 18** presents the outcomes of our activity.



Figure 18. Flower design probe

Design development

Insights emerging from the probe

The probe with my mother revealed several critical insights, that later informed the final design:

1. Flexible over ideal My initial assumption that the embroidery would be the appropriate means for this intervention was instantly challenged. My mother's lack of affection towards embroidery or knitting forced me to recognise that imposing specific craft or technique on people, that are unwilling to do it would contradict the whole core of this project. The design needs to accommodate participants actual interests and existing practices. This, in turn made me focus my design for specific group of people, who in fact enjoy crafts.

2. Activities are conversation enablers, not goals. Gardening provided here something, that embroidery couldn't. It created a space for the conversation to happen "incidentally". The craft or activity isn't the point by itself; it rather creates the opportunity for the natural conversation to occur. The project needs to frame the craft as a tool for conversation, not the primary objective.

3. Tangible artefacts. Creating physical record of the meeting was more than an empty sign, it was an important memento of the time spent together. Our cooperation and mutual agreement on the types of flowers and their position of the canvas meant more than the aesthetic part of it.

4. Need for structure. The most important insight from this probe was a need to have some sort of start, middle, and end of this interaction. During this activity we both felt lost on what to ask and what to do next. Within the activity participants need some sort of guidance, even if open-ended.

With the probe experiment I explored the potential of crafts as conversation enablers. Whereas I confirmed the main assumption, which is creating space through craft, there were a lot of loose ends that required addressing.

Interaction vision

Throughout the development process, I was asking myself "how should I make this interaction interesting enough so people would come back to it?". The interaction that felt like an interesting analogy was **campaign in role-playing board game**. A type of entertainment in which people create their own characters guided by the rules of the game. The campaign can last between days and years, depending on the players and their engagement. Thus, the interaction vision was coined.

I want my interaction to feel like a Dungeons and Dragons game campaign.

The main attributes:

- ✘ a guided structure that sets the world,
- ✘ the freedom to build personal meaning,
- ✘ continuity over multiple sessions,
- ✘ the ability to pick up the process whenever needed.§



Figure 19. D'n'D game setup

This interaction vision helped me understand that this design needed to function like a game system rather than manual. It was required to have a structure, a scaffolding strict enough to guide participants through the activities, but at the same time open enough to leave space for the participants to create their own meaning.

Translation into the final design

Why embroidery?

The decision to situate my design around embroidery emerged from combining cultural context and practical insights from the probes.

Cultural grounding

Embroidery serves as a traditionally feminine activity, associated usually with domestic work, deeply rooted in Polish tradition. The embroidered clothes served as a way to recognise people from the same region and continue the traditions.

Importantly, the embroidery carries the class considerations. Unlike some craft practices that require expensive materials or specialised tools, basic embroidery is relatively cheap. The materials are simple: threads, textiles, needles, hoop.

Practical considerations

The embroidery offers practical advantages as a design medium:

Portability. Embroidery project is something that could easily be set aside when needed and quickly returned to. The project can live in a bag or a drawer, waiting for the next opportunity to continue.

Complexity. With embroidery we can accommodate multiple skill levels simultaneously. Beginners can execute simple stitches, whereas more advanced craftswomen can show off their skills with more advanced moves. And all of the levels can fit into one project

Tangible process. The most interesting aspect of embroidery is its visible progress. We can see the progress with every stitch, which in turn creates satisfaction and motivation to continue, even when the conversation becomes difficult.

With the embroidery as a medium for this project, and the interaction vision being established, the final challenge was to determine what exactly the intervention would consist of and how it would guide the participants through the experience.

Design structure: 3 stages

The structure moves across three escalating registers of intimacy and difficulty. Each stage pairs a conversational theme with a corresponding embroidery task.

Stage 1: foundation (fundament)

The first stage functions as a warmup, focusing on present moment, relatively comfortable topics; How are you feeling today? What made you happy recently? What do you appreciate about our relationship? These questions warm up the conversation and establish safety.

The corresponding embroidery task, creating a frame (or border) around the fabric, serves multiple purposes. It's technically simple, accessible even to complete beginners. It defines the boundaries of the shared workspace, and it allows the participants to make themselves familiar with the project.

Stage 2: Structure (Struktura):

This stage moves into more reflective territory, exploring the past and the future. What did you dream about when you were younger? How do you imagine your future? When did you first hear about the menopause? While these questions require vulnerability, they stop short of the most difficult topics.

The embroidery task, which involves filling the interior space with patterns and forms, is technically more complex. Participants learn additional stitches and begin to develop their own visual language. Their work becomes more personal and expressive.

Stage 3: The End (Koniec)

This final stage addresses topics that are the hardest to speak about openly, such as fear, body changes, regret, loss, and ageing. These are the conversations that often remain unspoken and the questions we're afraid to ask, even of those we love most.

The embroidery task here is open-ended: you can add details, refine them, or leave some areas unfinished if that feels more honest. Technical skills have been developed, and the focus now shifts entirely to emotional content.



This three-stage structure mirrors the three layers of interaction identified in the interview findings (self, inner circle, outer circle) and the natural progression of building trust in conversation. You start with easy topics and gradually move towards harder ones as safety and connection deepen.

Material decisions

Every component of the kit was chosen intentionally to support the interaction

Embroidery hoop – The decision to include only one hoop was strategic, as it serves as a token, symbolising who is currently answering the question, the person who holds the hoop speaks, while the other one carefully listens.

The fabric – Raw linen was chosen for the fabric to provide a blank canvas for the project. Measuring 50x50 cm, it is large enough to accommodate two people working over multiple sessions, yet small enough to avoid feeling overwhelming and taking months to complete.

Thread colours – The kit provides thread in a variety of pink and rose shades, colours that are culturally associated with both femininity and the body. The range of shades, from pale to intense, allows for emotional and visual variation.

The booklet – the instruction and centrepiece of the kit.

This 24-page guide provides:

Introduction to the project's purpose

Guidance on preparing the space and setting up sessions

Instructions for embroidery techniques appropriate to each stage

Question prompts for each of the three stages

Practical advice for managing difficult moments (tears, silence, disagreement)

Suggestions for opening and closing sessions

Information about where to find additional resources about menopause

Complete English booklet is shown in Appendix D



How the kit embodies the Design Guidelines

Proactive action and Anticipatory design.

The kit is designed for intergenerational conversations. By design, it is meant to have the conversations between the woman that already experienced menopause, and the woman who is still before this transition. The anticipatory quality of this design lies in preparing the younger woman for the times to come (among other things).

Designed for conversation

Every element of this kit serves conversation; the hoop creates a turn-taking structure, the questions provide the prompts when the words are hard to find, and the craft lowers the pressure of face-to-face conversation.

Multiple entry points

The booklet avoids medical jargon and includes a link to accessible health resources, acknowledging that health literacy varies widely.

People's own choice

This design is fundamentally about agency. Participants are allowed to choose how their interaction will unfold, what visual form their embroidery will take, and how to interpret and adapt the guidelines. Because at the end of the day, the booklet states: *"To wasze reguły, wasza gra"* (*These are your rules, your game*). The kit provides structure but insists that participants remain in control.

Menopause as a transformation

The kit frames menopause not as a problem but as a significant life transition that isn't always pretty or easy, but that nevertheless needs acknowledgement.

This chapter presents how the project translated speculative questions about caring into a situated, material practice that women can actually use in real life. Drawing on the communication gaps revealed in earlier research, the design development focused on creating a gentle, structured space in which menopause could be spoken about, validated, and acknowledged.

The design probe demonstrated that the activities, such as crafts or gardening work the best as enablers of conversations, rather than the end goals. It also showed that the meaningful interventions should accommodate participants' existing interests and relationships, not the other way around. These insights informed the decision to frame the kit as a system that supports ongoing interaction, more like a long-term game campaign than a one-off exercise.

Grounding the final design in embroidery brought together cultural resonance and practical qualities: it is portable, low-cost, and capable of accommodating for different skills. Through the three stage structure, the set guides women in gradual deepening of intimacy, moving from everyday topics towards the often-silenced experiences of menopause.

Ultimately, the embroidery kit embodies the design guidelines established in the previous parts of this research. It anticipates menopause by making the intergenerational dialogue happen, it is precisely built for fostering dialogue, it offers multiple points of entry and degrees of engagement, and it frames menopause as a complex, transformative stage of life.



Chapter 6: Design Validation

Introduction

After creating the kit, the next step was to validate and test it in a real-life context. This chapter presents the results of a small-scale validation study, in which two mother–daughter pairs from Warsaw used the kit for one week, after which they took part in in-depth interviews about their experiences.

The aim of this phase was not to measure impact statistically, but rather to gain an understanding of how the kit facilitates care, conversation, and shared activities in real-life situations, and how it is interpreted, adapted, and sometimes resisted by participants. The analysis therefore focuses on patterns that emerged across both pairs, as well as significant differences in how the structure, materials and topics were adopted, in order to assess whether the design genuinely fosters caring connections and identify areas for refinement.

Design goal

My design goal is to **foster** intergenerational, **caring connections** between **mothers and daughters** through crafts

Validation goals and process

Following the development of the project, validation sessions were conducted to evaluate how the kit was used in the intended contexts. Two pairs of participants: **(A)** daughter and **(C)** mother, and **(B)** daughter and **(M)** mother, were given the kits to use independently over the course of one week. They engaged with the first stages of the embroidery and were encouraged to familiarise themselves with the rest of the booklet before meeting with the researcher to discuss their experiences.

This validation aimed to address several key questions:

Does the kit successfully enable intergenerational conversations about menopause? (hence the title)

Is the structure appropriately supportive of the conversations, without being overwhelming?

How does the physical act of embroidering influence the quality of conversation?

What aspects of the design work well, and what requires refinement?

The session revealed both strengths and areas for improvement, while showing unexpected insights.

Participants and contexts

Participant A: Woman in her late 20s, daughter of C, psychologist

Participant C: Woman in her 60s, mother of A, doctor

Participant B: Woman in her late 20s, daughter of M, designer

Participant M: Woman in her 50s, mother of B, office worker

Both pairs have close relationships and regular contact but didn't mention previously discussing menopause in depth.

Data recording

No physical notes were taken during the meetings. Instead, the meetings were recorded using voice recorders and transcribed using the transcription feature in MS Word. The transcriptions were then manually edited and adjusted to match the originals. The transcriptions were then thematically coded and chosen quotes were translated using DeepL software.

Furthermore, two participants contacted the researcher afterwards to provide additional comments that they had forgotten to mention during the debrief sessions. Participants provided the researcher with photos of the artefact they created.

Participants' opinions

Initial expectations

Preconceptions about the kit

M's initial understanding of the project was somehow different from the actual purpose. She understood it as a craft kit to test and talk about. This misunderstanding reveals an important insight: the kit's purpose isn't instantly obvious from the description alone; it requires physical contact with materials and the booklet to understand what it is.

B., having slightly more information beforehand, had more expectations, but was surprised by how comprehensive the booklet was:

I felt that the booklet was very detailed, more than I expected. I felt that you didn't leave the users alone

This response validated a key design decision: providing structure, without being overwhelming. B. on multiple occasions underscored that she perceived this project as an invitation. To talk, to explore, to make this project about their relationship.

However, M's comment about the misunderstanding showed an important design quality that was missing there – the package of the set doesn't communicate the topic of this project, and users need to be previously prepped to know what it is.

First impressions

A and C. mentioned that they appreciate how carefully the box was made. They felt taken care of with the way the booklet was designed, and how the order of things written in it prepared them softly for the next exercises.

B and M also responded positively to receiving the kit. M shared news of the project with her work colleagues, indicating engagement and pride in participation.

Experiences of the structure

Scaffolding

When asked whether the booklet helped them with facilitating their meeting, M immediately responded that the kit **“leads you by the hand”**. This sparked the conversation on whether guidance was too overwhelming or appropriately supportive. B reflected that the project offers a support rather than impose strict rules:

If we approached it in a very disciplined manner and discussed topics from group one at a given meeting, then from group two and then from group three, it would be a bit too task-oriented. But the form itself is open enough that I perceived it as an invitation that I don't have to accept, or don't have to fully accept.

For A, however, the structure felt too imposing:

In those phases, I felt a bit of pressure. [...] as a person who doesn't have a lot of experience with embroidery, I felt pressured to do all of the exercises from the first stage. And I was wondering if we could move forward if we won't learn how to do those stitches.

Those contrasting responses show that the **open-yet-structured** approach that I employed here could be more refined, to underscore that the importance of conversations exceeds the need for pretty embroidery. It reveals important tension in design and shows that, as in the design guidelines established in the previous chapter, there is no such thing as one-size-fits-all design when creating for things as intangible as caring connections, and the project should be adaptable for different needs and approaches.

The three-stages division

B. acknowledged that any division of conversation topics is “somewhat artificial”, and it depends on your relationship whether or not you need 2, 3, or 4 stages, as you cannot describe intimacy just in numbers. She, however, appreciated the gradual introduction to difficult topics, as avoiding the pitfalls of starting too deep or too sensitive.

I don't treat this as some kind of lie, but rather as a wayfinding. I don't think this description in 3 stages limited me in any way, but it's good advice about not starting a conversation with such heavy topics.

A liked the stage division, although for their session, they began the meeting with more serious questions. They understood that the questions in the booklet serve as suggestions, not mandatory points to be checked out.

The role of craft in conversations

Embroidery as a conversation enabler

Both pairs confirmed that the physical activity of embroidering influenced the way their meetings went, though in different ways

For A and C, the process of embroidering was very pleasant, and, as they reflected, it showed the ways they are behaving in relation to each other.

Mom is more crafty, and I saw that there were moments when she wanted to do something for me, like threading the needles or sewing some stitches. But I was explaining that it is not the point, that it has to be ours. There was a time when I did something not exactly aesthetic on purpose, just to see the reaction.

For M. craft created almost a meditative space, which contrasted with daily rush that she encounters in work. For her this activity enabled the space to clear up the misunderstandings.

B. on the other hand pointed out that the structure of this craft, taking turns, forced deep attention and served as a listening exercise.

Sitting and doing something that doesn't have a clear goal is difficult for me. But while embroidering, or waiting for my turn, I didn't have a chance to drift away and not be present during the conversation.

This insight revealed one of the crucial aspects of this project: by occupying hands with a relatively simple task, the kit prevents the tendency to multitask or mentally check out during conversations. Additionally, all of the participants appreciated the note at the beginning of the booklet about turning off the phones and creating attentive spaces for each other.

One hoop: multiple purposes

For B., the decision about having only one hoop proved to be logical in the case of attentiveness. She admitted that if she had a separate project to work on, she would look like she's listening, but she would be too focused on her work to do so.

M. however, had a different opinion, as she participated in women's meetings aimed at crocheting together while talking. She noted that “women have an ability for divided attention”. That comment sparked an important conversation about gendered norms and different expectations for males and females that aren't exactly biological capacities, but rather learned behaviours.

B. defended the single-hoop design by underscoring the importance of not being for each other “**on the side**”

The aspect of waiting for your turn and only listening is important. Because normally we do the other thing—I listen to you on the side. I listen to you while cooking. While hanging laundry.

This design decision reinforced the creation of attentive spaces, centring listening as a practice of caring.

Content

Clarity of instructions

M and B found the instructions in the booklet clear and approachable, and they enjoyed using them as an excuse to create something together. After the initial confusion, A and C also found the structure easy to follow and very helpful.

None of the participants pre-planned a specific design, instead approaching the embroidery as an exploratory process. For B., this was also an opportunity to learn something with her mother, and maybe, over time, while creating something, it will become better.

We didn't do anything sensible, we didn't make any joint work—it was done without much thought. There's a greater probability that such things will emerge. But maybe it's also a beginning, learning a skill or learning to sit together. After some time, it comes out better.

This view reframes perception of failure (imperfect first attempts) as something appropriate, something that needs to happen. B. suggested thinking of it as a “warm-up” of some kind.

Intimidation

After being asked if they would prefer to see other, finished works as examples, B said that she would prefer not to.

If I saw examples and saw how the kit was used by Kasia and Stasia and I saw a lot of really polished works, it could intimidate me or I totally wouldn't understand how it's possible that a conversation flowed and someone spent X hours making something very meticulously. It would feel like a chore then.

M added that the openness allows freedom and creates a different relationship to time. The activity helps you “stop” in a way that supports conversation rather than adding pressure.

Lack of a correct or perfect solution removes the pressure of performing something; it eases the burden of trying too hard. With this design, it shifts the importance from product-orientation to process-orientation.

Practical design elements

Materials

Needles: All of the participants identified that the size of the needles was too small, as both mothers and daughters had issues with threading them. They also pointed out that maybe they do not need so many.

Thread Colours: Participants appreciated the pink/rose colour scheme. Though the booklet's explicit invitation to add personal materials (buttons, ribbons, different colored threads) was appreciated, and mentioned that the extra elements could hold a special meaning, like threads from grandma's box or buttons from a childhood dress.

The kit provides starting materials without constraining creativity. A and C added the magnet that is important for both of them to their embroidery.

Fabric: The kit contained two pieces of fabric – one small, for training stitches and warm-up, and one final, visibly bigger. Both pairs used a smaller piece of fabric as the final piece on which they decided to embroider. It served as an important observation on the physical aspect of the set, that the final piece doesn't have to be big, and making smaller pieces feel less intimidating.

Physical experience

M. noted that crafting reactivated positive experiences from decades ago:

It was decoding good memories, because I remember the last time I embroidered was when I was pregnant with B. [...] It gave me such good memories because I was waiting for her and thinking, and calming myself.

Impact on Relationships and Communication

Shared time

Both pairs pointed out that the kit succeeded in creating meaningful shared time, and they appreciate doing this exercise. C. reflected on how in modern times we don't have time for each other:

We do so few things together. Really together. [...] It's a nice thing that we leave all that daily rush and just stop.

Although it wasn't the primary goal, the participants agreed that this kit legitimises pausing. It provides a purpose for stopping the constant rush.

Opening Difficult Topics

Although this validation focused on **Stage 1**, which contains warming-up questions, participants recognised the kit's potential for guiding more challenging conversations. The structure normalises the move from comfortable to vulnerable topics.

M specifically noted the value of discussing menopause with B before she experiences it, which validates the kit's anticipatory rather than reactive approach.

A, on the other hand, was shocked by how many stories and facts about menstruation, menopause and her mother's health were discussed during this exercise that she had never heard before.

Mutual Value

Importantly, participants valued the experience, not just the person "learning" but also the person "teaching". This reciprocity confirms the kit doesn't position one person as expert and another as student, but creates conditions for mutual exchange.

Created artifacts

Both pairs created work-in-progress artefacts, which were later presented as the history of their conversation. For B and M (fig. 22), they talked about a specific stitch that they had to figure out together, and showed the researcher which part was the most difficult one.

A and C (fig 21), on the other hand, decided to insert the magnet in the middle of their artwork and tell me about the significance that it carried for them and their relationship.



Figure 21. Artifact created by A and C



Figure 22. Artifact created by B and M

Potential distribution contexts:

Participants came up with many ideas about how this project could reach people.

Personal contexts:

Gift-giving: This is especially relevant during the holidays, when families want to spend more time together, but often don't know how.

Institutional contexts:

Women's health clinics offering the kit alongside medical consultations.

Workplace wellness programmes as part of health support.

Corporate integration events, offering it as an optional activity for female colleagues.

Women's circles or community gatherings (e.g. yoga groups or craft circles).

Unexpected context: Bachelorette parties

B. suggested that the kit could be used as an icebreaker at bachelorette parties for guests who don't know each other well:

It could be interesting. You gain at least one new friend or get to know your friends better, and you touch on... well, bachelorette parties are unusual in that you don't want to think about the end of life, menopause and changes; you only want to think about the present. However, it's interesting to talk about and demystify menopause, even during such joyous moments, so that you don't treat the topic as foreign to life.

This unexpected proposal highlights a key insight: normalising menopause means discussing it in all contexts of life, not just when it is immediately relevant. B. compared menopause to talking about death: topics we tend to avoid, which makes them seem "strange or dark" when they are raised.

Conclusion from validation

Strengths:

- Structure enabled calm, intimate conversations.
- Physical activity allowed for attentive listening.
- Artworks hold meaning beyond aesthetic value.
- Participants engaged in conversations about menopause and menstruation, and found it important to talk about it.

Areas for refinement:

- The physicality of the packaging – it should tell more information about the project
- Needles and fabric – add bigger needles to the set, or maybe consider adding a tool for threading needles; Consider using a smaller piece of fabric
- Stronger framing on stages as suggestions, not mandatory steps

Discussion

What the kit enabled

This validation of the “Przeszycia” kit proved that it served not only as a conversation tool but also enabled creating a space for conversations that wouldn’t otherwise occur. It helped foster caring, intergenerational connections between mothers and daughters.

Additionally, participants saw the potential of implementing it beyond the family context, to invite their friends, partners, and bosses into the conversations about menopause. They all underscored the importance of having such talks and being proud of being a woman. B. perceived talking about menopause as a way to oppose the everlasting cult of youth. She mentioned how nice it is for her to listen to older women, as it gives her the feeling of safety, that in 20

years she will still be okay, in her career, in her relationship, in herself.

Spaces of reciprocity

Across both pairs, the kit served its purpose of creating a space of reciprocity, attentiveness, and becoming accessible to each other. The tactile, slow nature of this craft served as a central point in this; the pairs had a gentle task to perform, but the separation into roles helped them remain attentive. And, the thing that wasn’t explicitly stated as this project goal, but happened organically along the way, served as an important factor creating the atmosphere of reciprocity – they’ve learned from one another, supported each other, whether it was with showing how to make a certain stitch, or thread the needles.

Intimate topics

The project also met its core communicative goal: it helped participants talk about the topics, particularly around menopause and intimate bodily experiences, that they had rarely or never discussed before. Even though the validation sessions focused primarily on **Stage 1**, which contains introductory questions, both pairs naturally transitioned to deeper topics. This confirms that the kit’s progressive structure and supportive framing are effective in normalising conversations that might otherwise feel taboo or difficult to initiate.

Limitations and pitfalls of the validation

The validation offers encouraging insights into the potential project; however, those findings must be interpreted with caution. As a researcher, it is important to acknowledge the conditions under which the validation took place and the limitations that accompany them. These constraints do not undermine the results but rather point out where further work and research are needed.

Small sample

The most important pitfall is the size of the group that I tested the project with. With only two mother-daughter pairs, both drawn from the researcher’s extended network, we might argue that this size

isn't representative enough. Another thing is that the participants share similar characteristics: relatively close relationships, similar socio-economic backgrounds, and a positive approach towards creative activities. Additionally, their comfort with the researcher could have amplified the positive responses.

Because of this, the outcomes should be treated more as indicative rather than definitive, as they point out the possibilities but do not entirely confirm existing patterns.

Lack of direct observation

Due to the sensitivity of this interaction, and for the sake of my participants' privacy, I didn't witness the process itself; the insights rely on self-reported data gathered during a post-activity feedback session. While these reflections were thoughtful and detailed, they might omit the moments of doubt, frustrations and issues with the set that the participants did not consider relevant or did not recall. This means that certain aspects of the interaction, body language, pauses, and negotiations during making, remain invisible during analysis.

Reframing the limitations

It is important to say these pitfalls do not cancel the value of this validation in any way. I'm immensely grateful for the participants who took their time to test this project, and later invited me into their lives to talk about their experiences. They are the experts of their experiences, their relations, and my role here was only to support them in doing something differently than usual. The outcomes accurately position the knowledge they produce as personal and exploratory, rather than generalizable. This is in line with Donna Haraway's theories of Situated Knowledge that I employed as a theoretical scaffolding of this project.



Chapter 7: Conclusion and further possibilities

Introduction

This project set out to explore how we can create and sustain spaces in which women's menopausal experiences are voiced, validated and understood on their own terms. Through feminist methodologies, care ethics, and participatory design, it examined menopause not as an isolated medical experience, but rather as a relational, political, and cultural transition that not only influences women going through it. The design and validation of the mother-daughter craft kit represent a culmination of this goal, a material, situated, and caring intervention.

Understanding menopausal experience

The interviews and workshop conducted in Phase 1 of this project revealed that many women already possess an understanding of their menopausal transitions, yet they struggle to find language or contexts in which this knowledge could be expressed or shared. Their experiences were deeply shaped by their relational dynamics within their families, workplaces, and intimate relationships. As well as the systemic silencing within the society. The three layers of interaction (self, inner circle, outer circle) made it visible that women experiencing menopause navigate this transition on multiple levels at the same time.

Participants' stories revealed important communication gaps: between mothers and daughters, between partners, between women and healthcare specialists, and between women and society. These findings laid the foundations for the design opportunity that puts communication in the first place. That creates a space of reciprocity, openness and caring relations. Spaces where all of the dimensions of menopause could not only be spoken, but also heard.

From insight to intervention

Drawing from the Ethics of Care and Situated Knowledge, the design process aimed to create an intervention that would not fix the menopause but hold space for it. The design guides: anticipatory action, centring it on conversations, multiple entry points, user agency, and acknowledging menopause as a transition, generated a direction that emphasised relational practice. The workshop's **"Anticipatory Support Package"** concept revealed participants' desire for a structured, anticipatory approach, yet, given the scope of this project, the design turned towards smaller-scale but deeply personal intervention. A conversation kit designed for mothers and daughters.

Craft, as formulated by Tim Ingold's 'making as knowing' and Donna Haraway's concept of "making kin", served as a scaffolding for creating embodied knowledge, which, in turn, became a medium

for caring interactions. Craft practices slow down interactions, require users to focus, be present, and allow for meaning-making through shared doing. This made embroidery not only an aesthetic choice but also an ethical stance, a way to enable voice, listening, and mutual recognition, as advocated by Carol Gilligan.

The choice of textile craft emerged as uniquely suited, not only for its material or sensory qualities, but also because of its profound cultural and political place within feminist history. Textile work has long been associated with domestic labour, undervalued because it was "feminine". Historical examples, such as the Bauhaus, where women were excluded from "higher" disciplines like architecture or metalwork and instead placed in weaving workshops, demonstrate this tension clearly. But the practitioners, such as Gunta Stölzl or Anni Albers, transformed this boundary into a space of experimentation. In this context, embroidery became a field of politics, an act of reclaiming agency, time, and knowledge. Craft becomes a form of protest, where slowness, attentiveness and care are of value in a world that prioritises speed and instant gratification.

Validation: What makes it possible

The validation with mother-daughter pairs revealed the need for such conversations, and craft served the purpose of enabling intimate spaces for them to occur. The embroidery process created an attentive, slowed-down atmosphere in which participants reported feeling more present with each other. The single-hoop design served as an intentional disruption of everyday multitasking, turning listening itself into a material act.

Participants described the experience as intimate, grounding, and surprisingly revealing. Even though they engaged only with the introductory stage of the design, the conversations they reported had already moved towards deeper topics.

The validation also revealed areas for refinement, including clearer framing on the packaging, more accessible materials, and stronger communication that this design is just an invitation, a suggestion rather than an imposed framework.

Future possibilities

However, the bigger question still stands: **How to engage with the project on more than one-time occasion?** The validation of this project captured relationships at a specific point in time. Due to the time constraints, considering this project, it wasn't possible to observe how the interaction with the set unravels over time, and how it changes the participants' approach to menopause; thus it remains only in the area of speculation how the answer for the research question 3 (**What if caring for others and forming deep relationships was a skill that could be trained throughout life, like a craft?**) would be answered.

Broader Implications: Reframing Menopause Through Design

Taken together, the design and its validation contribute three significant insights:

Care can be demonstrated through physical activities.

Craft operates as a relational medium: enabling reciprocity and making space for difficult or intimate topics without forcing them.

Conversation itself is a form of caring.

By offering prompts, rituals, and shared focus, the kit helps contest the generational silence around menopause and reframe cultural norms that position midlife bodily changes as invisible or shameful.

Design can challenge stigma by normalising presence.

The kit positions menopause not as a deficit but as a life stage worthy of connection, love, and tenderness. Even the unexpected suggestion of using it at a bachelorette party illustrates how normalisation can occur in playful, joyful contexts, not only in medical or educational ones.

This research provides a foundation for understanding some of the aspects of menopausal transition. The project enables open, profound conversations between women and hopefully could contribute to a destigmatisation of female bodies at every stage of life.

It is by no means a finished product, but rather speculation, “**what if**” scenario, an exploration of how caring relations and materiality might intersect in unexpected ways. Looking ahead, there are several ways in which those frameworks could emerge.

One possibility is to explore how the kit functions over time. The validations captured but a single moment in these relationships. However, returning to the hoop across weeks, months, years, through different events in life, different problems, and contexts could reveal how (and if) the sustained practices of craft and care influence the relationships between mothers and daughters, and long-term attitudes towards menopause. Treating this kit as a long-term ritual rather than a one-time occurrence opens a question about how care practices accumulate and could be trained. (It is worth noting here that the participants received the kits for themselves and were encouraged to continue with the process even after the research ended)

Another direction in which this project could expand is the relational configurations for which this kit could be used. While this specific booklet focused on mothers and daughters, the underlying framework could equally support sisters, partners, chosen families, or intergenerational community members. The participants saw potential in implementing those kinds of conversations in the local community centres or in workplaces. Such an approach aligns with Haraway's ideas of “making kin” beyond biological ties, and recognising that caring relations could manifest themselves in broader relational networks.

Future iterations could also take the form of implementing **the framework into different contexts**, offering the possibilities of crafting a kit that serves different purposes at different stages of life, and resonates with specific experiences of users encountering different transitions, such as puberty, fertility journeys, postpartum recovery, body image, or end of life. Designing kits that support conversation around these transitions could contribute to a broader ecosystem of care-based, feminist design interventions.

Finally, **institutional contexts represent another way of development**. Collaborations with NGOs, or community centres could transform the kit into a supportive tool that complements organisational care.

Together, these possibilities point towards a future where craft could serve as a tool for creating spaces of caring, connecting, and reimagining life transitions in a more open, relational way.



Chapter 8: Personal reflection

The feminist approaches to research call for constant reflection, positionality, and awareness of how personal histories shape the production of knowledge. Entering this project, I carried with me a particular kind of anger, one that had been building for years. My rage didn't emerge from nowhere. I grew up in a misogynistic society, where hostility against women seeps from every corner of the internet, where the cities are designed in a way that is anti-woman. Where violence seeps through media outlets, through political actions, and in everyday conversations and jokes. Involuntarily, it sometimes shows in my language, in the way I call women.

I wanted to scream that women are ignored, that their health is deemed less worthy than men's. In my first iterations of the design brief, it sounded more like a manifesto than a design approach – a declaration that women are ignored, their health undervalued, their bodies judged and regulated. It's exhausting even to think about it.

Yet, throughout this project, I learned something essential: **everything is nuanced.** If I had a dime for every time I wrote that word in my notes, I could buy myself a small apartment—or at least a small studio. The nuances became visible everywhere: in how women experience menopause, in the diversity of coping strategies, in the way care is given and received, in how medical practitioners balance constraints with compassion.

I discovered communities, of women, and also of men, who genuinely care, who are building tools, resources, and practices to support menopausal transitions. I came to understand that while some interventions flatten menopause into a purely hormonal imbalance, many others embrace the complexity I initially feared was missing from the discourse. My critique of “solutionist approaches”

softened, evolving into a more grounded appreciation of the subtleties between biomedical support and emotional, relational, and societal care.

On the Design process

Looking back, I carry a few regrets. I wish I had pivoted earlier when the initial idea stalled, and I wish I had asked for help instead of attempting to shoulder everything alone. If I were to begin again, I would involve younger women much earlier in the process, as I was told by the very wise women from Erasmus MC.

But I also recognise how much I grew as a designer. This project taught me how to listen better, how to follow where research wants to take me instead of forcing a predetermined direction, and how to design from a place of care rather than outrage. I learned to trust slow methods, to embrace uncertainty, and to let the voices of participants transform the work.

On the impact of the project on my personal life

Perhaps the most unexpected outcome of this project was how it changed my conversations with the women closest to me. I only began speaking openly with my mother and my sister about their menopausal experiences once this research began. I learned stories marked by confusion, pain, sadness, medical uncertainty, but also resilience and relief. I realised how little information is open knowledge, and how much disinformation still finds its way, in both Poland and the UK. We talked for the first time about osteoporosis, cardiovascular risks, hormonal treatments, and the emotional dimensions of menopausal transitions.

These conversations scared me at times. They made me aware that I will one day navigate the same journey. But they also reassured me. The warmth and honesty of these discussions made menopause feel less like a terra incognita and more like a shared journey that continues across generations.

On approaching feminism more intentionally

When I began, I wanted to be a voice: a fighter, a representative. Through this project, I learned instead that my role is not to speak for women, but to create spaces in which they can speak for themselves. My skills, sensitivity, and positionality allow me to design environments where stories emerge, not to become the story myself. This shift, from representing to facilitating, was a pivotal moment in my understanding of feminist practice.

My understanding of the place of this project evolved. I might sound harsh when I describe medical interventions, but I never wanted to be critical of them per se; there are multiple situations where medical interventions are needed, and careful use of HRT drastically improves women's lives. It is amazing, and doctors are doing everything to help their patients. I'm critical of treating HRT as a panacea. My concern lies in flattening the menopausal experience to a simple hormonal imbalance. **This frame tends to ignore all of the social, cultural and emotional dimensions of this life transition. A woman might need hormonal support AND workplace flexibility AND community connection AND validation of her changing identity - but if we only focus on the medical solution, we miss these other crucial dimensions.**

On my personal growth as a designer

Through engaging with craft, care ethics, and relational design, I learned to work differently. I discovered the value of slowness and embodied making; the political potential of textiles; the emotional intelligence required to work with sensitive topics; and the beauty of creating something that invites dialogue rather than provides answers. When the participants thanked me for the opportunity to experience it, I felt that small pinch in my heart. The quiet weight of supporting someone's life, even if just for a moment.

This project helped me understand who I am becoming as a designer, who I want to be: someone who builds meaningful

interventions, who trusts materiality and relationality, and who creates conditions for care to emerge rather than designing care itself.

Long time ago, when my sculpture professor told me that I should “*trust my sensitivity*”, because that is a great asset to have, both as a designer and as a person, I scoffed, because why would you need sensitivity when designing for industry? But he was right all along. Sensitivity is not a weakness in this field; it is a method. It is a way of noticing, of attuning, of designing for the nuances that make human experiences so complex. I return to it again and again, and I cannot imagine working any other way.

On my evolving view of menopause

Before this project, menopause felt distant and almost abstract, a stage of life I knew existed but never thought about. Now it feels tangible, relational, and deeply human. I no longer imagine it as a decline, but as a transformation, intertwined with identity, relationships, and community. And surprisingly, rather than leaving me fearful, this project has made me feel more prepared for my own future. I know it will not be easy; there will be moments of discomfort, uncertainty, and perhaps even grief, but I’m excited to reach this point somewhere in the future.

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Personal Project Brief – IDE Master Graduation Project

Name student Olga Kozłowska

Student number 6072410

PROJECT TITLE, INTRODUCTION, PROBLEM DEFINITION and ASSIGNMENT

Complete all fields, keep information clear, specific and concise

Project title Reframing menopause

Please state the title of your graduation project (above). Keep the title compact and simple. Do not use abbreviations. The remainder of this document allows you to define and clarify your graduation project.

Introduction

Describe the context of your project here; What is the domain in which your project takes place? Who are the main stakeholders and what interests are at stake? Describe the opportunities (and limitations) in this domain to better serve the stakeholder interests. (max 250 words)

Despite the similarities male and female bodies are different, often are affected by different illnesses, and their symptoms are not the same. Historically, the male body has often been treated as the model in healthcare research and practice. This bias has led to the underrepresentation of female-bodied individuals in clinical trials and a lack of gender-sensitive data in emerging technologies such as AI. These oversights continue to shape both diagnostic and treatment approaches, reinforcing gender disparities in healthcare. [1]

This project focuses on menopause—a state specific to female-bodied individuals—defined by hormonal changes that occur naturally with age or medically induced. Despite affecting nearly half of the global population, menopause is frequently approached through a problem-solving, medicalised lens that treats this natural life transition as something to be fixed or hidden. [2] This framing often neglects the complex emotional, psychological, and social aspects of the experience.

In response, this project seeks to reframe menopause not as a deficiency, but as a meaningful transition deserving of care and attention. I aim to explore how design can offer more holistic, empathetic, and inclusive approaches to menopausal care—approaches that validate lived experiences and center relational, rather than purely functional, forms of support.

The primary stakeholders of this project are females aged 50-60 going through the natural menopause. This age range reflects the median start age of menopause in Europe, which is approximately 51 years old [3]. (While I'm aware that not only cisgender females experience menopause, however, for the scope and feasibility of the project I chose to focus only on them. Hopefully, the findings from this project could be, to some extent, applicable to transgender and non-binary individuals that also experience menopause.)

Secondary stakeholders include healthcare professionals such as doctors, gynaecologists, or nutritionists, who could benefit from a reframing of menopausal care that goes beyond symptom treatment and embraces more nuanced, woman-centred approaches.

→ space available for images / figures on next page



Personal Project Brief – IDE Master Graduation Project

Problem Definition

What problem do you want to solve in the context described in the introduction, and within the available time frame of 100 working days? (= Master Graduation Project of 30 EC). What opportunities do you see to create added value for the described stakeholders? Substantiate your choice. (max 200 words)

For the sake of clarity, I would like to avoid 'solving' any 'problems' as I do not believe that this is the issue in the context I have chosen to work on. That said, my project aims to contribute to reframing the experience of menopause and support women in finding their own voice to express it.

Current solutions focus mainly on biomedical approaches, such as the importance of exercise, proper nutrition and the right medication to avoid menopause-related conditions in the future. [2] But all of these solutions, however important, frame menopause as an inconvenience to be treated, without a caring approach to the emotional and social dimensions of the experience. In the limited timeframe of this project, I want to explore how design can contribute to a more holistic and woman-centred understanding of menopause, and support women themselves in finding their own means of expression during this transition as well as supporting them in the process of understanding what is happening. By framing menopause not as a problem to be solved but as a complex transition deserving of care and attention, I hope to contribute to an ongoing cultural shift towards the destigmatisation of female health.

Assignment

This is the most important part of the project brief because it will give a clear direction of what you are heading for. Formulate an assignment to yourself regarding what you expect to deliver as result at the end of your project. (1 sentence) As you graduate as an industrial design engineer, your assignment will start with a verb (Design/Investigate/Validate/Create), and you may use the green text format:

In this project I will explore how design can be used to co-create space for the nuanced and often ambivalent experiences of menopause, outside of dominant biomedical frameworks.

Then explain your project approach to carrying out your graduation project and what research and design methods you plan to use to generate your design solution (max 150 words)

The project will adopt a design research methodology, grounded in feminist and care theories. Methods will include co-creation workshops, and interviews. The design process will remain open-ended and iterative, allowing participants to influence the direction of the project.

Ethics of care theory, particularly as coined by scholars such as Carol Gilligan[4], will serve as a conceptual framework. This perspective emphasises relationality, listening, and ethical responsibility—qualities that will shape how I engage with participants and with the topic itself. The goal is not to define a universal menopausal experience, but to create a pluriversal space where different experiences can be voiced and held with respect.

Project planning and key moments

To make visible how you plan to spend your time, you must make a planning for the full project. You are advised to use a Gantt chart format to show the different phases of your project, deliverables you have in mind, meetings and in-between deadlines. Keep in mind that all activities should fit within the given run time of 100 working days. Your planning should include a **kick-off meeting, mid-term evaluation meeting, green light meeting and graduation ceremony**. Please indicate periods of part-time activities and/or periods of not spending time on your graduation project, if any (for instance because of holidays or parallel course activities).

Make sure to attach the full plan to this project brief.
The four key moment dates must be filled in below

Kick off meeting 01.04.2025

Mid-term evaluation 27.05.2025

Green light meeting 19.08.2025

Graduation ceremony 18.09.2025

In exceptional cases (part of) the Graduation Project may need to be scheduled part-time. Indicate here if such applies to your project

Part of project scheduled part-time	<input type="checkbox"/>
For how many project weeks	3
Number of project days per week	4

Comments:
I have one course in Q3 that I have to finish - I plan to spend one day a week to focus on that subject.

Motivation and personal ambitions

Explain why you wish to start this project, what competencies you want to prove or develop (e.g. competencies acquired in your MSc programme, electives, extra-curricular activities or other).

Optionally, describe whether you have some personal learning ambitions which you explicitly want to address in this project, on top of the learning objectives of the Graduation Project itself. You might think of e.g. acquiring in depth knowledge on a specific subject, broadening your competencies or experimenting with a specific tool or methodology. Personal learning ambitions are limited to a maximum number of five.
(200 words max)

My interest in this topic arises from a growing discomfort with how ageing and the female body are framed in contemporary (western) culture. I am particularly concerned with how the body is commodified, often in ways that aim to hide natural transitions, such as menopause. I want to resist the pressures to constantly "fix" or modify the body, and to explore instead how we might create more accepting, caring relationships with our changing bodies.

Through this project, I aim to develop competencies in critical and ethical design research, particularly in applying ethics of care theory to practice. I also hope to refine my skills in participatory design, working with sensitive topics and fostering inclusive dialogue. Ultimately, this project is an opportunity to deepen my understanding of how design can serve as a relational, empathetic, and politically engaged practice.

Reframing Menopause Interview consent form

You are invited to participate in a research study titled "Reframing the Menopause," conducted by Olga Kozłowska, a master's student at TU Delft, under the supervision of Marieke Sonneveld. **The purpose of this study is to better understand menopause experiences, current treatments, symptom management strategies, and their effects on women. Our ultimate goal of this research is to develop tools that help women effectively communicate their menopause-related needs.**

The study involves a one-hour audio-recorded interview where you'll be asked questions about your personal experiences. Your responses will contribute to a master's thesis and, in anonymised form, might be published in TU Delft's intranet.

We prioritize your privacy and comfort throughout this process, while no process is completely risk-free, we will protect your confidentiality by storing all data on encrypted TU Delft servers. We will not use AI tools to process your information and will only use secure recording devices. All identifying details such as names, ages, and locations will be removed from the final data. If we quote you directly, we will modify the text to prevent anyone from identifying you through your speech patterns.

Your participation is entirely voluntary. You may withdraw from the study at any time and may skip any questions you prefer not to answer. You retain the right to request that your specific contributions not be included in the final research no later than to 10th of August 2025. Raw data obtained during the interview will be removed within 4 weeks after the research. Processed data will be stored at TU Delft servers for 5 years, and removed after that.

If you have any questions or concerns about this research, please contact Olga Kozłowska or Marieke Sonneveld.

By participating in this interview, you confirm that you understand and agree to these terms.

Reframing Menopause Workshop consent form

You are invited to participate in the second phase of our research study "Reframing the Menopause," a creative workshop conducted by Olga Kozłowska, a master's student at TU Delft, under the supervision of Marieke Sonneveld. This workshop builds on our interview findings and invites participants to express their menopause experiences through various creative methods.

The workshop will last approximately 2 hours and will involve activities such as drawing, writing, discussion, and other creative exercises. You will be encouraged to share your personal experiences of menopause in a supportive group environment. The creative works produced and discussions held during this workshop will be documented and analyzed as part of the research. These materials will contribute to the master's thesis and may inform the development of tools to help women communicate about menopause.

We prioritize your privacy and comfort throughout this process. All materials collected during the workshop will be stored securely on encrypted TU Delft servers. While the workshop is a group activity, you control how much personal information you choose to share. In our research documentation, we will anonymize all contributions by removing identifying information. Photographs of creative works may be included in the research, but no identifiable images of participants will be used without separate explicit permission. Workshop discussions may be recorded for accuracy, using only secure devices.

Your participation is entirely voluntary. You may withdraw from the workshop at any time without explanation. You may also decline to participate in specific activities while continuing with others. You retain the right to request that your specific contributions not be included in the final research no later than to 10th of August 2025. Raw data obtained during the interview will be removed within 4 weeks after the research. Processed data will be stored at TU Delft servers for 5 years, and removed after that.

If you have any questions or concerns about this research, please contact Olga Kozłowska or Marieke Sonneveld.

By participating in this interview, you confirm that you understand and agree to these terms.

Explicit Consent points

PLEASE TICK THE APPROPRIATE BOXES	Yes	No
A: GENERAL AGREEMENT – RESEARCH GOALS, PARTICPANT TASKS AND VOLUNTARY PARTICIPATION		
1. I have read and understood the study information dated [DD/MM/YYYY], or it has been read to me. I have been able to ask questions about the study and my questions have been answered to my satisfaction.	<input type="checkbox"/>	<input type="checkbox"/>
2. I consent voluntarily to be a participant in this study and understand that I can refuse to answer questions and I can withdraw from the study at any time, without having to give a reason.	<input type="checkbox"/>	<input type="checkbox"/>
3. I understand that taking part in the study involves: <i>[see points below]</i>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <i>An audio-recorded interview</i> <i>An audio-recorded workshop</i> <i>A video-recorded parts of the workshop</i> <i>Photo documentation of the workshop</i> <i>The audio recordings will be transcribed to text, and, in anonymised form, used in research.</i> <i>Photographs and videos will be processed and, in anonymised form, used in research</i> <i>All the raw data will be destroyed within 4 weeks from processing</i> 		
B: POTENTIAL RISKS OF PARTICIPATING (INCLUDING DATA PROTECTION)		
4. I understand that taking part in the study also involves collecting specific personally identifiable information (PII), such as name and email address, and associated personally identifiable research data (PIRD), such as age and gender; audio-recordings of the interview; (for the workshop) photo- and video- documentation of the artifacts created during the workshop.	<input type="checkbox"/>	<input type="checkbox"/>
5. I understand that the following steps will be taken to minimise the threat of a data breach, and protect my identity in the event of such a breach: anonymisation of the gathered data; voice modification; photo and video modification to remove all of the recognisable items; alteration of the quotes; usage of safe devices to record interviews; manual transcription of the interviews; storing data on secure storage.	<input type="checkbox"/>	<input type="checkbox"/>
6. I understand that personal information collected about me that can identify me, such as name and email address, will not be shared beyond the study team.	<input type="checkbox"/>	<input type="checkbox"/>
7. I understand that the identifiable personal informations I provide will be destroyed within 4 weeks after the end of the research. All of the personally identifiable research data (PIRD) in a raw form will be destroyed within 4 weeks after processing it.	<input type="checkbox"/>	<input type="checkbox"/>
C: RESEARCH PUBLICATION, DISSEMINATION AND APPLICATION		
8. I understand that after the research study the de-identified information I provide will be used for <i>[see points below]</i>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <i>Master thesis that will be published in TU Delft webpage</i> <i>Researcher's personal portfolio</i> 		
9. I agree that my responses, views or other input can be quoted anonymously in research outputs	<input type="checkbox"/>	<input type="checkbox"/>
10. I understand that any written materials I provide may be included in research outputs under a Creative Commons Attribution (CC BY) license. This allows others to share and adapt my contributions with proper attribution.	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> My submitted materials may be published under a CC BY license in research reports. 		

New perspectives on menopause – Research for a master's thesis

Who am I looking for?

I am looking for women from Warsaw and the surrounding areas who are experiencing changes related to the menopause – regardless of whether they are at the beginning, in the middle or already after it.

The aim of the study?

In my master's thesis, I address the issue of how design can support women in understanding the changes taking place in their bodies and lives during the menopause.

The aim of this study is to identify needs that can be met by design, not only the creation of objects, but also the design of information and the way in which knowledge is shared.

What can you expect?

In the first part of the study, I would like to talk to women about their experiences, needs and desires in individual, one-hour conversations.

In the second part, I would like to invite willing participants to joint workshops, where we will imagine the future of the menopause.

Who am I?

My name is Olga Kozłowska and I study design at TU Delft in the Netherlands

I am interested in design in the field of health, especially how design can make medical experiences more human and understandable

o.f.kozlowska-1@student.tudelft.nl

Hello, my name is Olga and I am a design student.

I am interested in design in the field of healthcare, especially how design can make medical experiences more human and understandable. In my master's thesis, I am researching the emotional dimension of the menopause and how it affects women's everyday lives – their well-being, relationships with loved ones, and self-perception.

I am not questioning any treatment or therapy choices – every woman knows best what she needs. However, I want to understand what other needs women have during this period of their lives – those that may be more difficult to talk about, but which are equally important. How do women cope with emotions, changes in their bodies, and the reactions of those around them?

This little notebook is a way to gently prepare for our conversation. The tasks it contains are designed to help you focus on your experiences and needs.

There are no right or wrong answers – all that matters is what is true for you.

Thank you very much for participating in my study.

In this notebook, you will find a few simple tasks that you can complete at your own pace – as quickly or as slowly as you like. Some of them involve briefly observing your body and emotions for a few hours or days.

These exercises will help us later in our conversation – they will enable you to talk about your experiences more effectively, and I will be able to ask more relevant questions. **However, only do what you feel like doing and what you feel is right for you.**

If any task makes you feel uncomfortable, simply skip it. Your well-being is the most important thing.

First, let's get to know each other.

How would you like to be called?

Which three words describe you best?

Write down a few things you like about yourself – your appearance, character, way of being. These can be small things (e.g. eye colour) or bigger things (e.g. sense of humour).

Which ones are most important to you?

Mood barometer

Observe your emotions for a few days. You can do this alongside other tasks in this booklet.

Mark them here – choose a specific time of day (e.g. in the evening) or make notes when your emotions are particularly strong. You decide what suits you best.

Date					
Emotion					
Note					

A day in the life of your body

On the following pages, write down your 'day in the life'. Spend one day listening carefully to your body.

If you already do this, great! If this is something new for you, try to calm down for a moment and listen to what your body wants to tell you.

Observe your body for one day – maybe once, maybe several times, depending on your time and well-being.

I have allocated two pages for this, but you don't have to use both. If you need more space, use a regular sheet of paper.



- 1.** Find a few quiet moments, sit comfortably, close your eyes for a minute or two. Focus your attention on different parts of your body – from your feet to your head.

Try to remember how each part feels. Are they relaxed or tense? Do you feel pain or perhaps a pleasant sensation?

Pay attention to the emotions that accompany you during this exercise. Do you feel them in your body? If so, where?

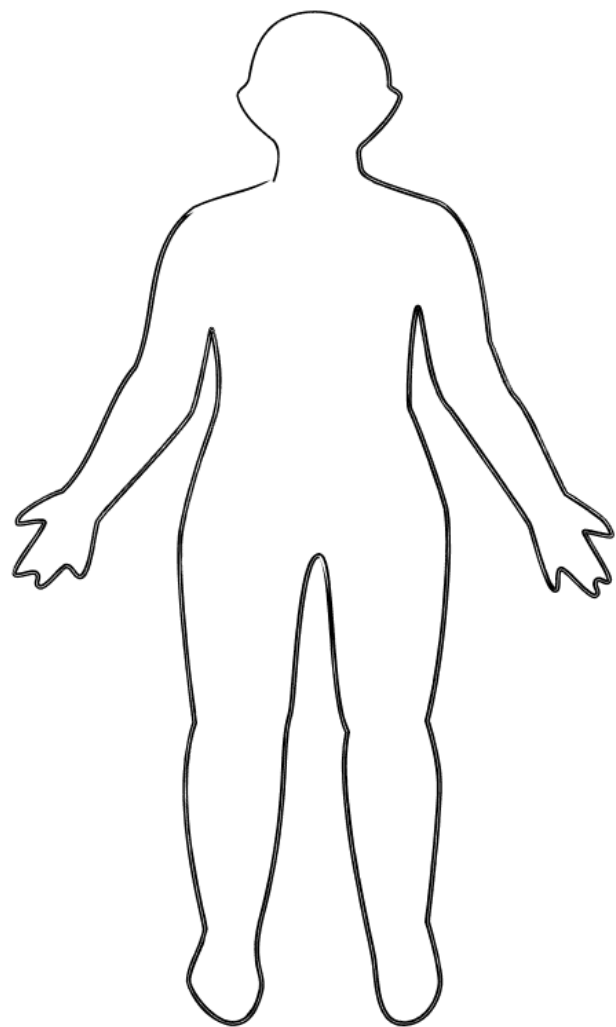
- 2.** When you finish the mindfulness exercise, move on to the drawings on the next page. You have the front and back of the silhouette at your disposal.

Using a pen, crayons or whatever you think is appropriate, mark everything you felt during the exercise on the drawing.

- 3.** You can take notes: what was happening at the time, how you felt, the exact time, the specific event that inspired those feelings.

Remember – there are no right or wrong answers. It does not matter how you draw.

The most important thing is your emotions.



Expectations

What expectations do others have of you?
Which ones do you accept and which ones do you reject?

What do you expect from others?

Finish the sentence:

I have noticed that my body/emotions/needs...



Past//Future

What would you like to say to yourself from the past? It could be you from 10 years ago, or maybe from a month ago.

A large, empty rectangular box with a pink border, intended for writing. The box is centered on the page and occupies most of the lower half of the right-hand page.

The background features several wavy, overlapping lines in shades of brown, red, and gold. A prominent red dashed line forms a large, irregular loop that encircles the text. Other solid lines in brown and gold weave through the composition, creating a sense of movement and connection.

Entanglements

Conversations about care

The things we don't talk about

For years, little was said about femininity and the menopause, sometimes nothing at all. Something natural and everyday became a source of shame.

This set was created to talk and listen and learn from each other.

Hello!

What you hold in your hands is more than just an embroidery kit. It is an invitation to a conversation that you may have been putting off until later. It is an opportunity to take a moment to take a breathe together.

Care as a craft

Care, just like craftsmanship, takes time to master. We cannot learn it overnight; we need hours spent together, repetition, trial and error.

This set will help you talk about femininity. About the menopause – a topic that affects half of humanity. About changes in the body, about fears, about what no one has taught us. But also about ordinary days, joys and memories.

Goal

The goal is not to produce perfect embroidery. The goal is to create a space where you can simply be together: talk, listen, and enjoy the silence. And the embroidery? It will be a reminder of that time. Your time.

For whom?

The project requires two people. It could be a mother and daughter, a pair of friends, sisters, or neighbours. People of different ages, at different stages of life. Or maybe you decide you want to bring more people into the process? It's your rules, your game.

Before you begin

Prepare the space: Find a quiet place. Turn off your phones or put them out of sight. Sit comfortably, you can prepare tea, a blanket, cushions.

Do not rush: There is no set time limit for completing this. For some, one session will suffice, for others it will take several or even a dozen or so sessions. Adjust the pace to suit yourself. You can return to work the next day, in a week, or in a month. Whenever you have the time and feel like it.
Before the session, decide how much time you can spend on it.

Embrace the silence: Craft has a meditative nature. Not every second has to be filled with words. Silence is also part of the conversation.

What will you find in the set?

- **Embroidery hoop** – it will travel between you, symbolising who is answering the questions
- **Fabric** – an empty space waiting for your stories
- **Embroidery floss** – in shades of pink, from delicate to intense
- **Needles** - sewing tools
- **This booklet**

If you want to use other materials, such as your own embroidery floss, sequins, ribbons or buttons, all the better. The more 'yours' this work is, the more it will mean.

Conversation

The set includes one embroidery hoop – this will be your totem.

The person with the embroidery hoop: Responds and embroiders. Has time to think, to search for words, to remain silent. Their hands are busy, so their mind can wander more freely.

The person without the embroidery hoop: Asks questions and practises attentive listening. They do not interrupt, judge or give advice.

After answering, you can switch roles.

Stages

The project is divided into three stages. Each has a specific set of questions and tasks to be completed while embroidering.

Stage 1: Foundation – You learn basic stitches, choose materials, and create a frame for your work. *Questions about the day, how you feel, everyday things.*

Stage 2: Structure – You learn more complex stitches and fill in the interior of your work. *Questions about the past and the future.*

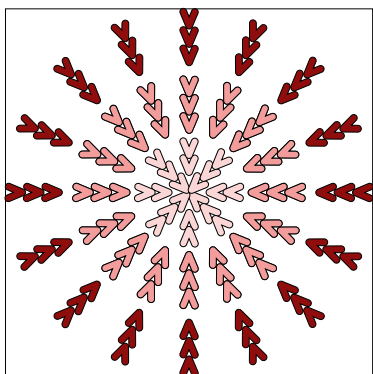
Stage 3: Finishing – Add details, embellishments, finish your work, or leave it unfinished if you feel it suits you better. *Questions you are afraid to ask, topics that are not discussed, menopause, the body, changes.*

A detailed description of the stages can be found on pages 11-20.

Before moving on to the Stages, create a plan.

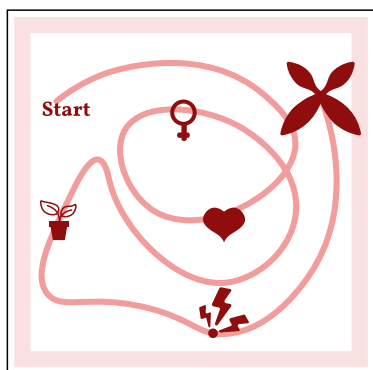
First, decide how you want to fill the fabric. You don't have to stick to one concept throughout the entire project; you can change it, develop it, improvise.

Here are a few suggestions:



1. Concentric circles:

Start from the centre of the fabric and gradually expand the embroidery outwards, like circles on water.



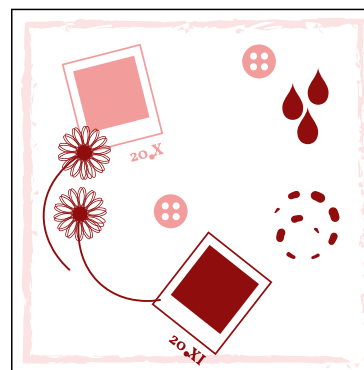
2. Map

Think of the fabric as a map – each place corresponds to a memory, a person, a moment. Connect them with roads, paths, bridges.



3. Words

Embroider words. The important ones, the ones that are difficult to say aloud, the ones that come back. They can overlap, intertwine, create a thicket or a pattern.



4. Assemblage

Collect elements. Each question adds a new symbol, shape, texture. It does not have to be consistent.

You can also create something entirely your own, your own language of symbols, signs, colours. Something that will only have meaning for you.

Closing the session

Before putting away your embroidery hoop and fabric, take a moment to wrap up the events.

1. Stop for a moment.

Look at what you have created today. What can you see on the fabric, what colours, stitches, shapes?

2. Check in with each other

How do you feel after this conversation? Do you need anything from each other right now? Stretch your arms and necks if you need it.

3. Make plans for next time

Is there anything you can do for each other between meetings? How do you want to continue working?

4. Allow yourselves a moment of reflection

You don't have to "fix" all your emotions before leaving.

Starting another session

When you return to work (especially in Stage 3)

Space prior to the conversation

Do not start with difficult topics right away:

- Look at the work you have done so far,
- Talk about something light-hearted,

Check-in

- How have you been since the last meeting?
- Have you thought about the last session?
- Do you have any thoughts on it?

Boundary setting

- How much time do we have today?
- Are there any topics that you don't want to talk about?

Remind yourselves the rules

- You can take a break at any time
- You don't have to answer every question
- Silence is also important

Warm-up for hearts and hands

- Make a few simple stitches
- Start with a light question from Step 1 to open up the space
- When you are ready, move into the next step

Stage I: Foundation

Task:

Create a frame for the embroidery. This could be a line around the fabric, a border of words or your names and the date.

At this stage, you will find tips and samples of simple embroidery stitches that are easy to do, even if you have no experience.

If you wish, you can practise the stitches on an extra piece of fabric before starting the actual work.

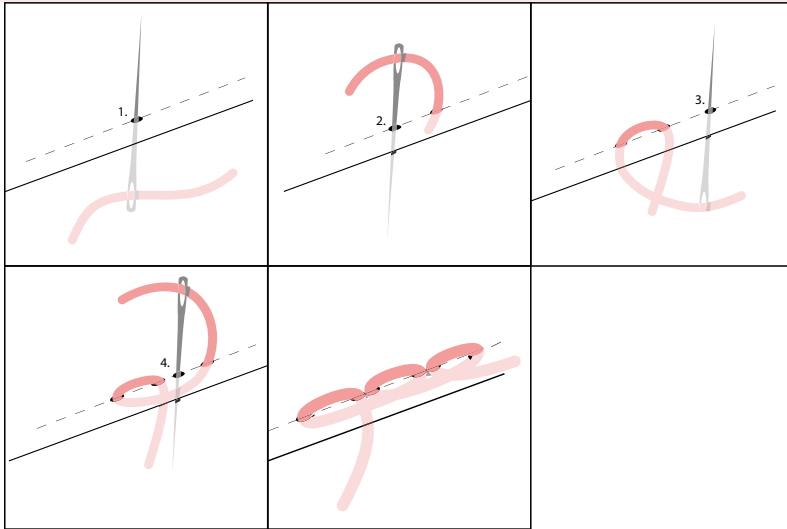
Hint:

- You do not have to ask all the questions; choose the ones that resonate with you.
- You may ask your own questions.
- The phase ends when the foundation framework is ready and you feel ready to move on to the next questions.

Questions:

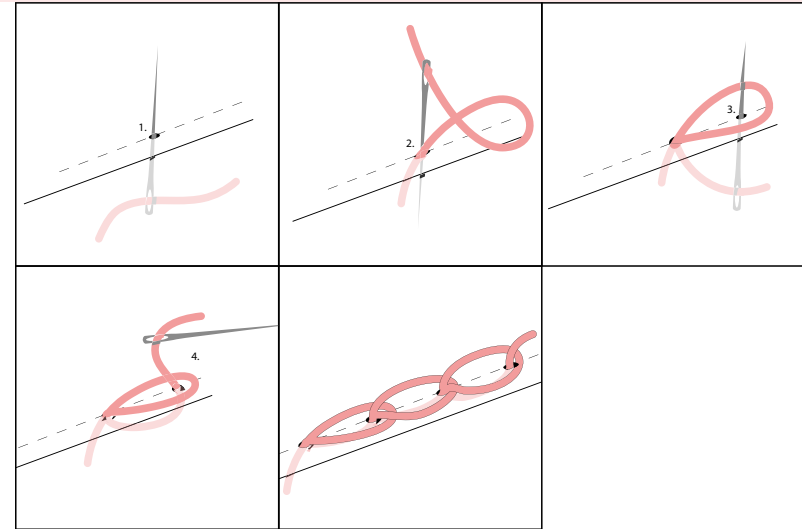
- How are you feeling?
- How was your day?
- What has surprised/delighted you recently?
- If you could do anything tomorrow, what would it be?
- What is your favourite memory of us together?
- What do you like about me?
- What do you like most about yourself?
- If you could be an animal, what would you be? And why?
- What are you proud of?
- What one thing would you like to keep forever?
- What does closeness mean to you?
- What comes to mind when you think of care?

Backstitch



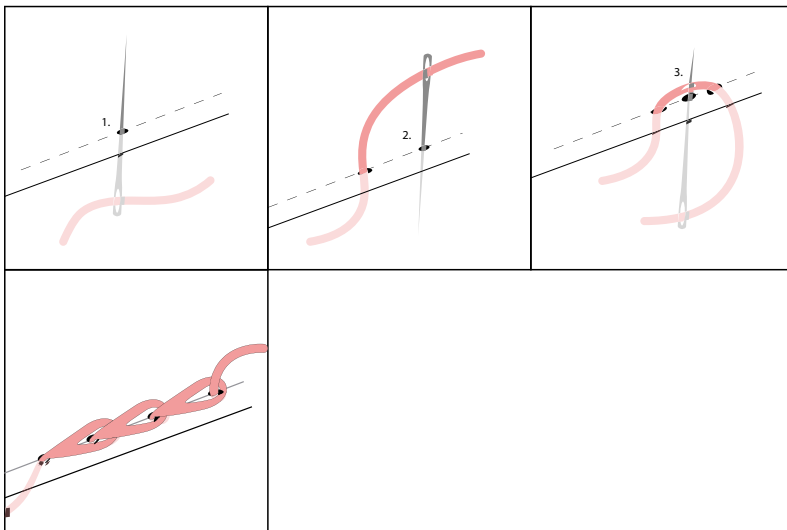
Insert the needle from underneath the fabric and make one stitch 'forward'. Then go back, inserting the needle into the previous hole and bring it out just behind the thread.

Chain stitch



Bring the needle out from underneath the fabric. Insert it back into the same place and bring it out, throwing the thread over the needle. Pull the needle through to form the first loop. Make the next links in the same way. Close the last link with a small stitch.

Split stitch



The stitch is made with an even number of threads. We start by inserting the needle from the wrong side of the fabric and making one stitch 'forward'. We now want to 'split' the resulting straight stitch. We bring the needle out from the wrong side of the fabric halfway through the stitch, passing through the thread. Then insert the needle into the front of the fabric so that the first and second stitches are of equal length.

Stage 2: Structure

Task:

Decide what the work will look like, what effect you are aiming for. Now fill the space inside the frame. Build layer by layer.

At this stage, you will find tips for more difficult embroidery; stitches used to fill centres and create larger elements.

If you wish, you can practise your stitches on an extra piece of fabric before starting the actual work.

Hint:

- You can return to the questions from Stage 1 if the conversation naturally returns there.
- If a question seems too hard, skip it. You can come back to it later or not at all.
- The phase ends when you're ready to move on with the conversation.

Questions:

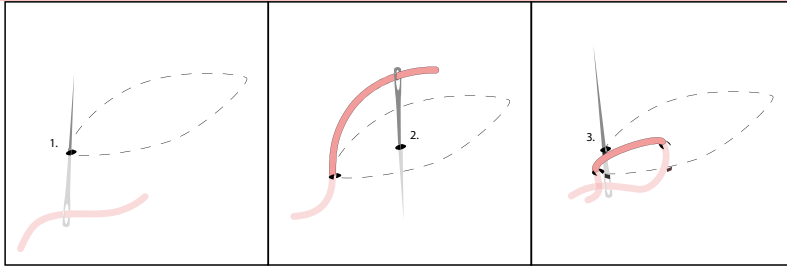
- What did you dream about as a teenager?
- If you could turn back time, what would you change?
- What does femininity mean to you?
- When did you first hear the word 'menopause'?
- How do you imagine yourself at my age?
- Are you afraid of the changes that await you in the future?

From mother

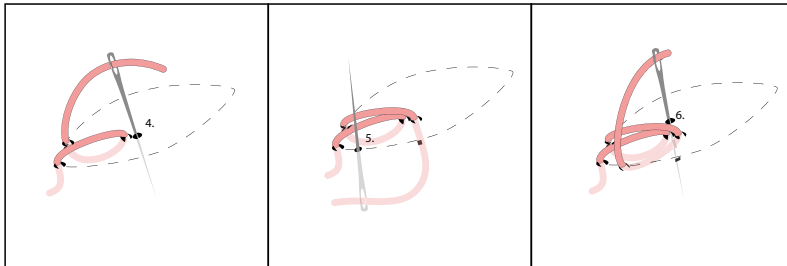
-
- Did you talk to your mum about the menopause?
 - What was the most unexpected thing in your experience?
 - How did you learn to take care of yourself?
 - What would you have liked to know earlier about the menopause?
 - Are you happy where you are now?
 - What conversations with other women have stuck in your mind?

From daughter

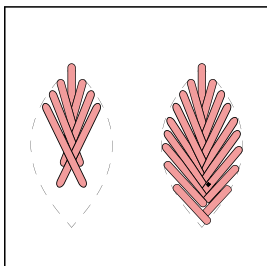
Herringbone stitch



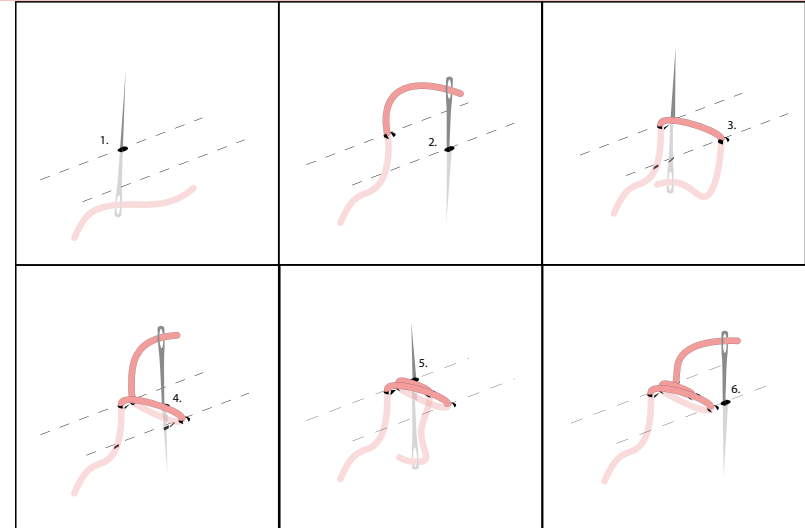
We start at the spine of the leaf – make a single straight stitch along the centre line. Bring the needle out on the left side, close to the top edge, and make a diagonal stitch to the centre line, just below the end of the first stitch.



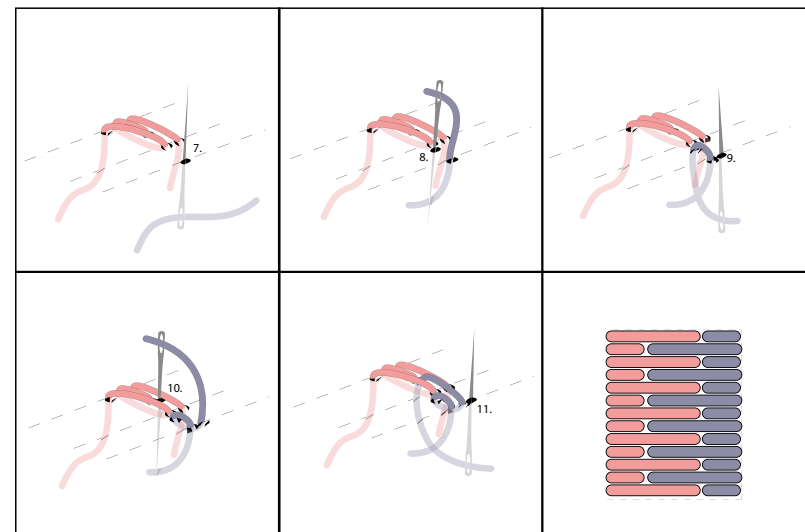
Next, bring the needle out on the right side, next to the previous stitch, and make a diagonal stitch towards the centre, just below the end of the last stitch. Continue alternating – left, right – until the stitches overlap slightly in the centre, creating a herringbone pattern. As the shape narrows, the stitches will become shorter.



Long and short stitch



In the first row, we alternate long and short straight stitches along the edge of the shape.



In subsequent rows, fill in the spaces between the stitches, working between the ends of the previous row. Each row 'blends' into the previous one.

Introduction:

The questions in this phase touch on topics that are rarely discussed. The body, fears, grief, shame, joy – things that have no place in everyday conversation.

Before you begin this phase, remember: you don't have to answer everything. You can remain silent. You can cry. You can laugh.

How to ask difficult questions?

- With care
- With space for every answer, including no answer
- With a willingness to listen to something that may be painful
- With respect for the other person's boundaries

Hint:

- You can take a break at any time. For tea, to catch a breath, to move on to an easier topic.
- If you feel that it is too much, end the session and come back another time.
- The phase ends when you feel that everything that needed to be said has been said.

Questions:

- Would you like to know what lies ahead for you?
- When was the last time you cried?
- What frightens you when you think about ageing?
- What gestures, words, and reactions of mine do you carry within you, consciously or unconsciously?
- How do you feel in your body?
- What would you like me to know about you, even though it is difficult for you to say?
- Would you like to become a mother?

From mother

-
- What did you want to know but never asked?
 - How has the menopause affected your life?
 - How has your relationship with your body changed?
 - What do you miss from before the menopause? What have you gained?
 - Is the menopause the end for you, or the beginning of something new?
 - Have you sacrificed anything for your career/family?

From daughter

The project ends when it suits you. Maybe after one meeting, maybe after a dozen or so. Maybe when the fabric is completely filled, or maybe when you feel that the conversation has reached its natural end.

What next with the embroidery?

The finished work can be hung at home as a memento of time spent together. It can be put in a drawer and looked at like old photo albums. It can be continued over the years and generations.

It is not just embroidery. It is a record of time, care translated into stitches.

Cheat sheet – what to do when...

...the conversation is too difficult:

- Say it out loud: 'This is too difficult for me right now.'
- Go back to embroidering without words for a moment.
- Take a tea break.
- End the session early.

...there is silence:

- That's good. Silence has its place.
- Don't rush to fill it.

...there is crying:

- This is a natural reaction to difficult topics.
- Do not try to "fix" or comfort them right away. Just be there for them.
- You can offer a tissue or a hug if you feel it is appropriate.

...there is anger:

- Anger is natural.
- You can express it with words, but you can also embroider it – with strong, violent stitches, or perhaps a hole in the fabric...

...you cannot agree:

- You don't have to.
- You may have different experiences and both be right.
- The embroidery may reflect these differences – different colours, different stitch directions.

This project is an invitation to talk, but talking is just the beginning.

If you would like to learn more about menopause, what happens to your body during this time, how to take care of yourself, and where to find support, please visit:

<https://krotkainstrukcja.hellozdrowie.pl/instrukcja/menopauza/>



This is a place with reliable knowledge, created with care and without taboos.

