**Ministering Through the Menopause: A study of the experience of Baptist women ministering through menopause and the support and understanding offered at the Regional Association level in the UK Baptist church.**

## Introduction

This particular research contribution to Project Violet hopes to explore how we, as a Baptist movement, can improve the experience of women in ministry experiencing menopause—celebrating and encouraging their gifts, signposting to appropriate support, and improving retention of this valuable resource of ministers. I am a bi-vocational Baptist minister with 26 years of experience as a general practitioner and a newly accredited Baptist minister based in the West Midlands.

A year or two ago, a fellow female Baptist minister had recently been at a Regional Association ministers' conference and had noticed that she had several conversations with female ministers around ministering through menopause. She reflected that there was an absence of safe spaces to discuss our experience of ministering at this transitional stage of life or signposts to support. My colleague wondered if providing virtual safe discussion spaces on Zoom might go some way to meeting this need and asked if I, as a GP and Baptist minister, would be willing to co-facilitate such a virtual space. We held two Zoom discussion groups, which were well-attended and valued by those who participated. Jane Day and Helen Cameron from Project Violet approached us. They invited us to contribute on this topic to the collaborative Theological Action Research (TAR) project they are co-facilitating. In response, I was enrolled as a co-researcher In Project Violet to study and reflect on this particular experience of Baptist women in ministry.

Until recently, menopause has received very little public attention other than headlines in the media regarding the safety of hormone replacement therapy (HRT). However, perhaps due to two documentaries by television presenter Davina McCall on this topic and campaigns to raise awareness of the support and treatments available to menopausal women, this almost taboo

subject is being discussed more openly in society and the workplace.[1] As a GP, I have seen a significant increase in women wishing to discuss their menopausal symptoms and seek appropriate support. As a menopausal woman, I have insight and empathy with women navigating working and adapting to this sometimes challenging transitional stage of life.

The medical definition of menopause is the date when a woman ceases her periods. Most will have achieved menopause by the age of 55. Early or premature menopause is defined as when this cessation of periods occurs before the age of 45. Women may experience menopausal symptoms in the years leading up to and after actual menopause, described as perimenopause. The average duration of perimenopause is between 4 to 7 years but can last up to 12 years. Some women will experience surgical or chemical menopause due to treatments for other conditions, and for these women, the onset of menopausal symptoms may be more sudden.[2]

Women often experience perimenopause when they may have also transitioned from caring for children to caring for elderly relatives, and they may also be combining this with the peak of their careers.[3] A survey of 1132 women in 2019 by Dr Louise Newson and Dr Rebecca Lewis found that 94% of respondents believed that menopausal symptoms negatively impacted their work.[4] 51% of respondents had taken time off work due to their symptoms, and these absences were often incorrectly classified as stress or anxiety rather than menopause-related absence.[5] The Advisory, Conciliation and Arbitration Service (Acas) suggests that menopausal absences should be recorded differently to sickness—perimenopause being a natural life event for most rather than an illness—to prevent unfair discrimination in assessing an employee's attendance record.[6] More than half of the women answering the survey had

[1] 'Menopause at Work: Survey Results Published!', *Balance Menopause* (blog), 6 October 2021, https://www.balance-menopause.com/news/menopause-at-work-survey-results-published/; *Davina McCall: Sex, Myths and the Menopause*, accessed 28 July 2023, https://www.channel4.com/programmes/davina-mccall-sex-myths-and-the-menopause.
[2] Simon Curtis and Stephanie de Giorgio, *Hot Topics: Women's Health* (NB Medical Education, 2021), 5.
[3] Curtis and de Giorgio, 5.
[4] 'Lewis-Newson-BMS-Poster-SCREEN-1-1.Pdf', accessed 28 July 2023, https://balance-menopause.com/uploads/2021/10/Lewis-Newson-BMS-poster-SCREEN-1-1.pdf.
[5] 'Lewis-Newson-BMS-Poster-SCREEN-1-1.Pdf'.
[6] Kate Muir, *Everything You Need to Know About the Menopause* (New York, USA: Gallery Books, 2022), 81.

chosen to reduce their hours at work, and 10% of women left employment because of the severity of their menopausal symptoms.[7] This represents a significant loss of expertise and productivity, not to mention the economic impact.[8] 76% of respondents stated there was an absence of support, training, or information about working through menopause offered at their workplaces.[9] Larger multinational organisations, including supermarkets and police forces, that facilitated training to increase awareness, reduce stigma, and signpost to support as well as making simple small-scale accommodations, found appreciably improved retention of this valuable workforce sector.[10] However, smaller organisations may lack awareness or have yet to consider this issue.[11]

It is essential to understand that every woman's experience of menopause is different and to have a holistic appreciation of the wide-ranging nature of gifts and challenges menopause brings. Baptist ministers are officeholders stipended to individual, autonomous churches, so employment and occupational health issues are unclear. Where do women Baptist ministers seek support in this potentially challenging time? Baptist churches are in association with their regions which are led by Regional Ministers, whose roles include supporting local churches and their ministers. This study aims to explore the experience of women Baptist ministers ministering through menopause alongside investigating the awareness and support that the Regional Ministers in Regional Associations offer.

There is a tension between recognising the challenges that a woman transitioning through the menopause can face and recognising the gifts and abilities that ministering through this stage of life can bring. I was therefore determined to explore both the challenges and the gifts of ministering through perimenopause and menopause as experienced by women in ministry and the awareness and understanding of Regional Ministers who may be called upon to offer

[7] 'Lewis-Newson-BMS-Poster-SCREEN-1-1.Pdf'.
[8] Muir, *Everything You Need to Know About the Menopause*, 76.
[9] 'Lewis-Newson-BMS-Poster-SCREEN-1-1.Pdf'.
[10] Muir, *Everything You Need to Know About the Menopause*, 81,86.
[11] Muir, 83.

support, and to signpost, celebrate, and champion women who God has called to serve him at such time as this.

**Methodology**

This study had two arms.

First, small semistructured groups of Baptist women in ministry discussed the following questions:

1. What are the challenges of ministering through menopause?
2. What are the gifts of ministering through menopause?
3. Where have you sought, or where would you seek, support?
4. What support did you receive or would you like to have received?

Second, Regional Ministers were surveyed with the following questions:

1. Have you ever been approached by women in ministry for support during menopause?
2. What support would you give and/or where would you signpost a minister who was asking for support during menopause?
3. Does your association have a menopause policy?
4. If yes to question three, could you please email it to me? If not, please state whether this is something you think your association would find helpful.
5. What would you see as the challenges of ministering through menopause?
6. What gifts do you think ministers at this stage of life bring?
7. Would training and understanding, and supporting women ministering through menopause be helpful?
8. Please write any other comments that you think may be helpful in the text box.
9. What is your gender? (Answer in a free text box.)

The data collected from the focus groups were analysed to recognise common themes and compared to the data generated from the survey of Regional Ministers to explore correlation and gaps in provision and understanding. These findings were reflected upon together with relevant excerpts from the 48 written reflections collected in the MOSAIC phase[12] of Project Violet to inform the conclusions of this study.

A full description of the methodology can be found in Appendix 2.

**Results and analysis**

Eight Baptist women ministers took part in one of two focus groups held on Zoom. Their ages ranged from 46 to 60. This small sample size still represents a diverse range of menopausal experiences, including early menopause, surgical menopause, chemical menopause and natural menopause, perimenopausal, and postmenopausal. Some women were on HRT. Some women were unable to take HRT or found it unsuitable. Some postmenopausal women were no longer symptomatic and not on any form of HRT.

Seventeen Regional Ministers completed the questionnaire via Survey Monkey—ten male Regional Ministers, six female Regional Ministers and one Regional Minister who did not disclose their gender.

There were four extracts from the MOSAIC data which were deemed to be pertinent to the impact of menopause on ministry.

The gifts of ministering through menopause highlighted in the MOSAIC data included embodiment: acknowledging that as a woman, we are also made in God's image and valued by God as we serve him and 'to be able in my body to put a woman's flesh and blood bits as

[12] The MOSAIC phase of Project Violet was when all women Baptist ministers were invited to submit a reflection on the joys and sorrows of ministry.

valuable, and unique in God's service' is a gift. The theme of embodiment resonated with the discussions in the focus groups. We discussed how God had created us to be female, designed our physiology, and made us in God's image (Genesis 1:27, 'so God created mankind in his own image, the image of God he created them; male and female he created them.'). Therefore, if menopause is part of God's good design of human physiology, and not a product of the fall, there must be a gift in it. There were the obvious physical gifts of not being troubled by dysmenorrhoea, dysfunctional uterine bleeding, needing to plan clothing and service times around menstrual cycles, nor worry about the unpredictability of heavy erratic periods that may cause flooding and leakage at inopportune moments.

We are made fully women and fully loved children of God, part of the total incarnational image of God. There is a gift in being able to minister as fully female at every stage of our lives, redressing the imbalance of perception of God's image as being predominantly male.

Another contributor to the MOSAIC data spoke of the 'joy of being able to speak about [her] experience as a woman in a way that she hopes supports and encourages other women' personally through pastoral care and publicly in preaching. I want to ask whether women ministering through menopause also have unique gifts to offer the whole congregation, including the men, while recognising the value and importance of being able to minister to other women using their particular experiences.

The women in the focus groups believed it could be liberating, empowering, and validating for women to observe the increased visibility of ordinary women going through common life transitions—whether that be pregnancy, maternity, or menopause—and adapting and managing, surviving and thriving as God uses them to serve in leadership in the church. One focus group participant felt that she had received a gift by sharing her pathway through menopause spiritually with others. Women in the focus groups also spoke of an increased sense of solidarity and appreciation of women, particularly menopausal women and those who have experienced menopause, valuing their wisdom and seeing their worth. As women

ministering through menopause, we perhaps have increased insight and empathy with the stories of Anna or the woman suffering from bleeding who spent all her income on doctors.

The benefit is not just for women in our congregations. It may benefit the whole community to understand the different aspects of everyday life among the varied members of Christ's body on earth, the church, and to embrace that women are not unclean or less than, but an equal part of God's good design and reflection of his image. Some participants in the focus group spoke of the permission-giving nature of ministering through menopause. For example, one participant told of congregation members thanking her for permission to not always stand during worship or carry a fan to combat hot flushes. Facilitating the ability to worship in freedom without being concerned about what others may think is considered a gift, not only to the women in the congregation but perhaps to others who find different elements of a service challenging.

One of the focus groups suggested that perhaps we were living at an exciting time for women in ministry as we claim our place as women of wisdom. Many focus group participants spoke of growing more confidently into their calling. Being able to minister more authentically as themselves with the gifts that God has given them, in the knowledge that God knows who they are, and how they are made, calling them to minister at this stage of life. Not only that, but he has given all gifts to use, share, and bless others. They feel more confident not to conform to the perhaps more male model of ministry that the formation training in college projected. Some women had experienced feeling more assertive and more unguarded, giving in less to the temptation to people-please at the expense of their ministry or well-being. There was also a general recognition that being emotionally intelligent and able to express our emotions is a strength and not a weakness. At times, it led to an increased sensitivity and awareness of the closeness of God and the work of the spirit in and around them. There was talk of the strength of ministering in vulnerability, knowing that one is ministering in God's power and not their own, because of a heightened awareness of our own weakness. It was suggested that this freedom to minister authentically from who we are, may also encourage, release, validate, and empower our male colleagues, who may not comfortably conform to an

alpha-male model of leadership and ministry, allowing them to grow in confidence into the shape and style of ministry that is more authentic for them.

The importance of community and peer support was seen as a gift by focus group participants. Some had good networks of women in ministry at similar stages of life, perhaps virtually through the UK Baptist Women in Ministry Facebook group or the support of a small group. Others had support from individuals further along the journey that helped them understand what was happening, helped them manage expectations, and gave them hope. For example, 'you will feel awful for some time, and it won't pass quickly, but it will pass'. Focus group participants also viewed menopause as a time of increased self-awareness and learning that can be used to support others and, therefore, is a gift to the community of God's people. For some women, being on HRT was not an option, for others it did not suit them, but for some it greatly improved the symptoms. Whether feeling better off HRT or on HRT, there was a sense of rediscovering their identity in God and in their calling, during this transitional phase.

In the survey of Regional Ministers, 15 of 17 respondents answered the question about gifts of ministering through menopause, although one of those answers stated not applicable. I would like to have been able to clarify this reply: was it that the respondent didn't wish to answer or felt that gifts that would bring ministering at this stage of life were not applicable? This is the drawback of a written survey rather than a dynamic interview or focus group response.

There was a great degree of correlation between the themes that arose from the focus groups and the Regional Ministers' responses. In the surveys, there was a recognition that God uses our experiences to relate to and support others in similar experiences and the gift of being able to speak from the lived experience. There was a recognition of the wisdom, empathy, compassion, and maturity born out of suffering, increased life experience, and experience in ministry that comes when ministering at this transitional stage of life. It was also noted that there may be an increased reflective nature on the transition of body, mind, and spirit. Some

responses acknowledged that women ministering through the menopause can model different ways of ministering and bring fresh insights into pastoral situations—another point of agreement with the themes from the focus groups. There was no discernible gender bias in the responses to this question other than responses from two male Regional Ministers—one the 'not applicable' response referred to above and the other 'Apart from empathy. I can't think of any'. The latter response is at least honest and perhaps derives from this being an area that has not been much considered until recently. A thought-provoking reply from one Regional Minister was 'the same gifts as they've always had'. Interestingly, one of the participants in the focus groups noted that they had the same gifts as they always had, but perhaps more honed with the addition of new gifts they were discovering.

One Regional Minister noted the gift of perhaps being free of family commitments as children have left the nest. Although, this fact was touched upon in the focus groups, it was not so much in the context of the gift as the frustration that at a stage when they should have time to do more, menopausal women often found it took longer to complete the tasks they were able to do quickly before the perimenopause.

Alongside the gifts, the MOSAIC data contributors also spoke about the challenges of ministering through menopause, including the difficulty women find in talking with men about physical and mental health issues. This is especially true of the impact on work and family life that 'hot flushes, heavy bleeding, weight gain, loss of memory, sleep issues and fatigue have'. One contributor asked, 'How do we deal with this while trying to lead a church? Do we even dare have this conversation?' I wanted to explore the reasons behind the perceived barriers that prevent women in ministry from seeking support at this stage of life. Why are we frightened to have the conversation?

All seventeen Regional Ministers responded to the question of challenges, even if some male Regional Ministers did not feel equipped to identify the challenges due to a lack of knowledge, having never heard it discussed in any context, or not wanting to make assumptions. Again I

am unsure why one Regional Minister responded with ‘not applicable’. Those that did demonstrate some understanding were able to name many of the common symptoms highlighted in the MOSAIC contribution above and those experienced by the participants in the focus groups (e.g. brain fog, hot flushes, sweats, tiredness, memory loss, weight gain, and even vaginal dryness). Others were more vague but did recognise the challenge of dealing with the physical and psychological effects of ministering through menopause. Some respondents were more insightful into the impact of these issues on ministry and had drawn from experience of family members, acknowledging the need to adapt to a new way of working. They noted that brain fog, sleeplessness, and fatigue impacted daytime functioning and led to difficulties in ministering as you once did before—for example, increased challenges in public speaking and in preaching without full notes.

In the focus groups, the women spoke of the perimenopausal difficulty of unpredictable, erratic, heavy periods, with the risk of flooding and needing to change sanitary protection part-way through a service. Brain fog, night sweats, and disrupted sleep and its associated fatigue greatly impacted how women in the group ministered. Some who had been able to preach without notes changed to preaching from full scripts with the associated increased time required in preparation. They relied more heavily on to-do lists and diaries to help with memory issues. They spoke of the embarrassment of not remembering people’s names and the challenges of being unable to retain information in the way they could before menopausal symptoms began. Hot flushes that could occur during meetings, or while leading a service or meeting, were uncomfortable and led to concerns that people may believe them to be embarrassed or blushing, not to mention the embarrassment of knowing that perspiration may be evident to those present. The women noted that, sadly, our appearance seems to be a measure of our competence and ability for many people, especially as we are women. It was thought that being sweaty and overweight was perceived and understood as being uneducated and incompetent.

All the women in the group had devised strategies and adapted working patterns to fulfil the functions of ministry. Some felt they would be unable to work full-time and sought part-time

ministerial positions or ministry positions not in traditional church settings. This pattern reflects the findings of wider society in Lewis and Newson's research.[13] It was noted to be especially difficult for those studying for academic qualifications during perimenopause. It was felt that being a woman in ministry is hard enough when it is not universally accepted in all our churches. We have had to work hard to get to where we are. Women feel the added weight of responsibility of representing all women, as well as sometimes being the first woman in ministry in the church. So there is a pressure of feeling that they cannot fail because they do not want to give those who do not believe in women in ministry an excuse to say, 'She isn't up to it because she's a woman!' There was a perceived weight of expectation to do all that male ministers do and more because we are women. Often, it was felt women in ministry are expected to be more pastoral or more involved in women's, children's, and family ministry and still balance this with the greater burden of caring responsibilities and running the home.

The groups highlighted a sparsity of theological reflection around menopause. They noted two prominent church models of womanhood were the perfect Virgin Mary or the maligned Mary created from the conflation of Mary, the sister of Martha; Mary Magdalene; and the prostitute who washed Jesus' feet with her hair. The patriarchal nature of church history and tradition does not recognise, celebrate, or offer support to women, particularly in the perimenopause and menopausal transition.

Fluctuating hormones, mood swings, low-level anxiety, self-doubt, and lack of confidence were all discussed as challenges experienced during perimenopause. Some had found that the low mood and anxiety of perimenopause had been confused by colleagues and health professionals with depression and they had been signposted to antidepressants and counselling rather than menopause support. For many women in the group sadness, mood swings, and shorter tempers were challenges they had navigated. The insidious nature of the onset of perimenopause meant that it was difficult to know and understand what was happening, causing some women to question their calling or ability—'Am I clever enough or capable to do this?' or 'What is God doing with me at this stage of my life?' or 'Will I ever

[13] 'Lewis-Newson-BMS-Poster-SCREEN-1-1.Pdf'.

bounce back to who I was?' The focus group participants shared how it was difficult to know what questions they needed to ask, what to expect, or where to seek support. This may, in part, be due to the increased tendency to move away from family and support networks when in ministry. A few Regional Ministers acknowledged the anxiety, struggles with self-doubt, and tendency of women ministering through menopause to question their sense of worth and value.

Women in the focus group spoke of a feeling of being 'less than' at a time when men at a similar age were thriving in their careers and full of self-confidence and assurance, which compounded the concern that were they themselves to be vulnerable and share their struggles they might be perceived as weak. The women in the focus group spoke of the difficulties of working where colleagues and peers—for example, in clusters and local ecumenical clergy groups—were predominantly male. There was a perceived lack of understanding of women's experience of the menopause from male colleagues of those in the focus groups. This finding correlated with some responses from male Regional Ministers answering the survey who did not feel able to give informed answers to the questions regarding gifts and challenges of ministering through menopause. Their responses included not answering questions or phrases such as 'I don't feel I have the experience or expertise' or 'I wouldn't want to assume'.

Some women had found that some male colleagues minimise their symptoms or wanted to 'fix' them by telling them to go on HRT or see the GP. The women in the focus group admitted that we often undermine our own case by being self-effacing or making jokes about menopausal symptoms such as brain fog to diffuse tension or cope with embarrassment. This does not help educate our colleagues in understanding menopausal gifts and challenges, nor does it help other women in our communities.

Some felt it was easier to be vulnerable with other women but acknowledged that some women were less sympathetic and supportive than others. Some women shared less-than-

positive experiences of discussing the challenges of menopause with Regional Ministers or college tutors, whose response was less than supportive. Therefore, there was a sense of not being sure where or with whom it was safe to be vulnerable. The focus groups discussed the lack of clear pathways to peer support or occupational health. This led to feelings of isolation and loneliness. The women in the focus groups felt that part of the problem was 'lacking the language to adequately express our feelings or describe the impact that menopausal symptoms are having on us.' They were concerned that they might be seen as hysterical, exaggerating, or not coping, and that certain men's actions and words may affect them negatively, but speaking up on this feels risky and the potential reactions could compound feelings of inadequacy. Many in the groups described 'feeling invisible' and 'as if we don't have a voice'.

Of the seventeen respondents, only three (two female, one male) have been approached by women in ministry for support during menopause. Some Regional Ministers expressed discomfort at discussing personal issues such as menopause. Some believed that women ministers going through menopause were unlikely to seek the support of a male Regional Minister or that it would not be appropriate for a male minister to support a woman through menopause other than by signposting and prayer.

From the focus group discussions, it appeared women in ministry wished for good pastoral care at this transitional time of menopause. This pastoral support would take the form of listening and support where they could explore together different ways of working adaptations that might be beneficial. It would be helpful to be reminded of their gifts and calling and discern new gifts that may be developing at this time. They were not looking for someone to 'fix' them or dictate a particular course of action, such as starting HRT, which would remove agency from the women when they already feel vulnerable and lack confidence. This pastoral support might come from a Regional Minister, spiritual director, pastoral supervisor, or mentor. Many male Regional Ministers in the survey said they would signpost to female ministry colleagues or take advice from female colleagues who might have personal experience to draw from. Most Regional Ministers, both male and female, would

offer to listen. Some offered advocacy to liaise with the church setting about adaptations. Some mentioned seeking to clarify the nature of the support hoped-for and walking alongside the minister.

Six respondents in the Regional Ministers' survey would signpost to the GP. However, the women's experience in the focus group discussions varied according to their own GP. Some were very good, well-versed in HRT and supporting women through menopause. Others encountered GPs who confused their menopausal symptoms with depression and anxiety (also not uncommon in the findings by Lewis and Newson[14]). Some found their GP did not listen to them holistically but saw each symptom in a different silo and managed separately rather than looking at the symptoms' pattern pointing towards menopause. This latter attitude saddens me as a former GP trainer and lecturer in undergraduate medicine. I specifically chose general practice as my speciality because of its holistic approach. I trained other doctors to view people holistically—body, mind, and spirit—something that I find is an essential transferable skill in ministry.

Another support offered by some female Regional Ministers was signposting to Facebook groups such as the private UK Baptist Women in Ministry group or other menopause-specific Facebook groups (What the Fog?). One Regional Minister suggested signposting to a social prescriber who might be able to direct to menopausal related support.

A few Regional Ministers recognised the human resources (HR) aspects of supporting a woman ministering through menopause and suggested they would seek advice from the Baptists Together HR and safeguarding lead. None of the respondents had a menopause policy in place in their current association. However, one had developed a policy in a previous association and was hoping to introduce it to her current association. Two more Regional Ministers were looking to develop menopause policies, and seven respondents thought it would be helpful to adopt one. We discussed menopause policies in the focus groups, and

[14] 'Lewis-Newson-BMS-Poster-SCREEN-1-1.Pdf'.

there were mixed opinions about their efficacy. Sometimes menopause policies were seen as a tick-box exercise only as good as their implementation. It was felt that sometimes menopause policies over-medicalised this often-natural transitional stage in a woman's life and forgot to balance the challenges with the gifts that this stage of life may bring or acknowledge the benefits of retaining women in ministry with experience and pastoral insight. Instead, the focus groups hoped that more energy could be invested in training and perhaps a living guidebook of resources. Sharing stories may facilitate listening and learning together to empower both men and women to understand menopause and ministering at different stages of life.

14 of the 17 respondents in the Regional Ministers survey felt that training in ministering through menopause would be helpful. And although one male Regional Minister stated they were not aware that it was a need, they would be willing to undergo training to increase understanding. The focus groups felt that training should be offered at many different levels: formation or training and continuing ministerial development (CMD), local church, Regional Ministers and association, and national level. Perhaps there could be a strand of CMD and formation training that addressed the gifts and challenges of ministering at different stages of life, pregnancy, parenthood, menopause, retirement, and bereavement. In training around menopause, it was hoped to raise awareness that even if women are going through menopause with its challenges and gifts, they are equally called to serve God and should therefore be treated as equals and not have their gifts and calling discounted because of the impact of brain fog, tiredness, and the need to boundary time or make accommodations and adapt different working practices. It is also important to acknowledge that not all menopause experience is straightforward and natural. Some may experience early menopause or surgical and chemical menopause for medical reasons, which each have their own associated challenges, and training should include these aspects to increase awareness and understanding. Training should be balanced so that there is a focus on both the challenges and the gifts that ministering through transitional stages of life may bring and how to support and retain valued ministers called by God. This training would benefit not just supporting women in ministry but in giving pastoral support to many congregation members.

Training for local churches might help explore new ways of modelling ministry with a 'handbook of possibility' sent out to all churches with practical guidance, encouraging leadership to explore different models of ministry away from the traditional, rather male model of ministry and perhaps to consider something more collaborative and creative.

Other ideas from the focus groups included developing well-publicised local networks of peer support groups of women, which could be ecumenical. Such peer support groups could offer both vertical support for women at different stages of the ministerial journey and horizontal peer support for women at the same stage of life. These could be publicised on an information page on each Regional Association's website, which may also signpost other information and support available for women ministering through menopause. At regional and national levels, there could perhaps be a menopause champion. Four years ago, a very successful Baptist women in ministry conference was held at Wallace House in Birmingham, and it was proposed that more regular conferences of this nature would be beneficial. Jane Day is currently the Centenary Enabler For Baptists Together and communicates with the leads for women's justice in the different associations, convening meetings to share good practices and reflect together. Perhaps ministering through menopause could be one of the focuses of reflection at such gatherings.

**Conclusion**

The topic of menopause and its impact on women in the workplace has risen to prominence in public awareness in recent years. Large organisations have realised the importance of retention support for this experienced sector of the workforce. They have introduced menopause policies, training, and menopause support groups so that their female employees have access to good information and support, workplace adaptations and accommodations, and understanding from their colleagues. Smaller workplaces have yet to make these advances. Ministers in Baptists Together are stipended to individual, autonomously governed churches that may derive some support from Regional Associations and Regional Ministers. In informal conversations between Baptist women in ministry, it was noted that there was a lack of clear pathways to access support or awareness of safe spaces in which to discuss the

challenges of ministering through menopause. It was also highlighted that menopause policies were often created with good intention, but the tendency to focus on the medicalisation of menopause and its challenges can be perceived as exacerbating the difficulties that women face in being seen as equal and competent in their calling to ministry.

This research, as part of the broader Project Violet research, aimed to explore UK Baptist women in ministry's experiences of ministering through the menopause, using facilitated focus group discussions. It sought to compare these experiences with the awareness and understanding of this issue among Regional Ministers in UK Baptist associations, who are often in the position of offering or signposting to appropriate support. It would have been ideal to have provided a richer understanding of Regional Ministers' awareness through carrying out focus groups with them; however, due to time constraints, a survey was more efficient. This was at the cost of being unable to explore and clarify the thinking behind responses in more depth. Kate Muir notes the benefits large organisations found in staff well-being, retention, and productivity, as well as economic benefits, after implementing menopause policies, training, accommodations, and menopause support groups in their workplaces.[15] How can smaller organisations and, in this case, Baptist associations and churches, learn from and act upon these findings in a way that works in our contexts? We need clear guidance for Regional Associations and local churches regarding who is responsible for the occupational health of ministers and how to access this support.

In the focus groups, Baptist women ministers outlined the myriad of ways that menopausal symptoms impacted upon their daily functioning as ministers. Many of them had adapted their working patterns and practices to address these issues. Some had taken dramatic steps to reduce their hours from full-time ministry to part-time stipends or leave traditional ministry contexts. Menopausal and perimenopausal women often experience a lack of confidence and increasing self-doubt, and this was exacerbated in some cases by unhelpful responses that minimised symptoms or fed into concerns that they would not be seen as competent. All this is especially difficult when there is already a long historical struggle for Baptist women

[15] Muir, *Everything You Need to Know About the Menopause*, 82–83.

ministers to be considered equally alongside their male peers, especially in male-dominated settings or contexts where people have difficulty in accepting women in ministry. There was a sense of bearing the weight of responsibility of often being the first woman minister a church had had, representing women, and setting precedents for those women in ministry that might follow. The women in the focus groups did not want to give fuel to the argument that 'they were not up to the job because they were a woman'.

There was variability in Regional Ministers' understanding of the challenges of ministering through menopause that women in Baptist ministry faced, with some honest replies that they were ill-equipped or felt uncomfortable to answer this question. However, most responses showed insight into the nature of the challenges of menopausal symptoms. Some demonstrated awareness of the impact this had on function and the need perhaps for accommodations. Only three Regional Ministers had been approached for support by a perimenopausal or menopausal woman. Some respondents admitted that it was an area they had not considered before the survey, and the majority of respondents felt that training in this area would be beneficial.

The focus group concluded that pastoral support was a priority for women ministering through the menopause. However, it was difficult to know where to seek this, and some had had less-than-positive experiences from discussing issues with Regional Ministers or their male colleagues, experiencing a lack of empathy or understanding, or being given directive advice. If there is already an imbalance of power, then a woman who feels her ministry, competence, and calling is in question may feel pressured into pursuing solutions she is not entirely comfortable with. These issues contributed to barriers to seeking support from within church structures.

It was felt to be more helpful for pastoral support to be tailored to the individual woman, recognising that not every menopause journey is straightforward, natural, or the same. Some women experience premature menopause with associated feelings of loss and grief, some

experienced surgical or chemical menopause due to other medical issues. For some women, hormone replacement therapy (HRT) works well, but, for others, HRT does not suit them, or they cannot take it for medical reasons. It was encouraging to see that most Regional Ministers would offer to listen, and some did recognise the need to explore the help that each individual woman would appreciate. If they felt comfortable discussing the topic, most male Regional Ministers would seek the advice of female colleagues and perhaps signpost to female ministers who may be able to offer support from their own lived experience.

The UK Baptist Women in Ministry Facebook group was found to be a supportive place. Other menopause-specific Facebook groups were recommended.

Clear pathways to occupational health and human resources support would be welcomed and perhaps addressed by a page on the ministers' area of the national website and regional websites signposting to information and support. Other suggestions for support from the focus groups included national and Regional Association menopause champions, or local networks of peer support groups for women. More frequent national Baptist women in ministry conferences (the last one was four years ago) may also help raise awareness of issues and available support. The suggestions could be discussed with Jane Day, Centenary Enabler for Baptists Together.

Several Regional Ministers suggested signposting to GPs or social prescribers. GPs are the main gateway to discussing and receiving medical support, such as hormone replacement therapy. However, women had mixed experiences with their GPs. The availability and waiting times for specialist NHS menopause clinics is very variable across different geographical locations, often with long waiting lists. Not all GP practices have a GP with a specialist interest in women's health, including the menopause. However, it is outside of the scope and powers of Project Violet to address the difficulties with the NHS, except perhaps offering to share learning from this study with health organisations.

More theological reflection upon menopause may help discover the gifts available to the church through ministering at this transitional stage and redress the imbalance of predominantly male perception of God's incarnational image in the world.

It was curious to note that not all the Regional Ministers answered the question about gifts that ministering at this stage of life might bring. I wondered if it was because they could not think of any gifts. In fact, one response stated, 'Apart from empathy. I can't think of any', and another, simply put, not applicable. However, it was encouraging to note the many gifts that some Regional Ministers did acknowledge that women ministering through menopause may bring. One response caught my attention: 'The same gifts as always'. This resonated with a thought from a focus group participant who felt they had the same gifts as always, but honed and with some new gifts developing. This reminded me of Matthew 13:52, 'He said to them, "Therefore, every teacher of the law has become a disciple in the kingdom of heaven is like the owner of the house who brings out of his storeroom new treasures as well as old."' Sensitive pastoral support for a woman ministering through menopause may include reminding her of the gifts she always had and them being honed, and discerning the developing new gifts. This discerning of gifts could be as part of a one-to-one session with a spiritual director, pastoral supervisor, mentor, or Regional Minister, or in a peer group setting. The latter peer group approach appeals because of its resonance with the Baptist ecclesiology of discerning the mind of Christ together in community.

Ministering through menopause increases the visibility of women who often feel invisible and lack a voice at this stage of life. It can validate women with an increased sense of solidarity and appreciation of other women, and can facilitate freedom in worship. These gifts are not just for women in ministry but our male colleagues and all in our congregations—to sit or stand, to carry a fan, to not conform to expectations that are impacted by accessibility or personality—and could nurture increased sensitivity to others.

Training at all levels of Baptist structures to raise awareness, increase understanding, reduce barriers and stigma, clarify pathways to support, celebrate the gifts, and enable all to flourish in their calling can only be a good thing. At the college and continuing ministerial development (CMD) level, it may be helpful to have modules on the gifts and challenges of ministering in different stages of life, including menopause, and on a more varied appreciation of methods and models of ministering authentically with the gifts and abilities God has given each one of us. Churches would benefit from training at congregational and leadership levels that explored different ways of ministering and how to best support their ministers at various stages of life, including menopause. Regional Ministers, often the first port of call for pastoral support from both churches and ministers in many situations, have expressed a willingness to receive training and awareness in the area of menopause to support the growing demographic of women following God's calling to ministry. Such training would include providing individualised, tailored pastoral support, understanding the implications of occupational health and human resources, and forming a plan with ministers as to what support might be appropriate. This training would also help to discern and encourage giftings, make reasonable accommodations, and perhaps include advocating, if required and desired, with the church leadership team.

Our ecclesiology, as Baptists, is based on the priesthood of all believers. Let us work together to enable all to express, flourish, and grow, and to develop into the fullness of the calling that God has placed on our lives. We can do this with tailored, sensitive pastoral support and clear pathways for accessing support and information. Offering an array of support and accompaniment could include recognising and accommodating challenges, and discerning and celebrating giftings. This could occur through spiritual direction, peer groups, menopause champions, Baptist women in ministry conferences and utilising the network of women's justice task groups across the country. Sharing stories to facilitate listening, learning, and training in menopause awareness, and exploring different models of ministry that might be more collaborative and creative at college, CMD, local church, Regional Association and national levels, will not only benefit women in ministry but hopefully encourage all to minister more authentically and sensitively to their communities and congregations.

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## Appendix 1

## Requests for Change

- Clear pathways to access support
- Raised awareness and signposting to safe spaces in which to discuss the challenges of ministering through menopause
- Clear pathways and acknowledgment of responsibility for occupational health support for ministers
- Access to coaching and mentoring and peer support groups to help discern the gifts and navigate challenges / request adaptations at this stage of ministry
- Training at all levels of Baptist structures—national, Regional Association, and local church level as well as during ministerial training and formation—to raise awareness, increase understanding, reduce barriers and stigma, clarify pathways to support, and celebrate the gifts a of ministering through menopause
- Sensitive support tailored to each individual case, forming a plan together with the minister
- Theological reflection on the gifts and challenges of menopause and the place of woman's experience as part of reflecting the total incarnational image of God
- Sharing stories to facilitate listening, learning, and training in menopause awareness and to explore different models of ministry that might be more collaborative and creative

## Appendix 2

## Full Methodology

This study had two arms. The first was to use small semistructured facilitated focus groups of Baptist women in ministry. Helen Cameron et al. (2010), writing about Theological Action Research (TAR), suggests reflection works well in small groups, allowing free-flowing conversation, with a facilitator guiding the discussion to ensure all questions for the focus

group are addressed.[16] The benefit of focus groups as a research methodology springs from the dynamic interaction between participants generating new insights and allowing themes to emerge to produce rich data.[17] The participants were self-selected from an invite in a UK Baptist Women in Ministry Facebook group. Participants were supplied with a consent form and participant information sheet, documenting the ethical approval gained for the study. The biases that a self-selecting sample might introduce are acknowledged. For example, women who have not considered or experienced the impact of perimenopause or menopause may not participate. Those who might find talking about the issue in a group setting difficult may decline to be involved.

Two facilitated discussions were held on Zoom with three participants in the first group and five participants in the second group. Both groups were facilitated by myself. I also acknowledge I was not independent to the conversation. I held back from contributing a little in order to listen more. However, I did input when things resonated or clarified medical definitions. Therefore I was more of a participant researcher than a detached observer facilitator. I needed to be careful not to let my own experience and observations obscure the voices of the other participants, and needed to critically evaluate all contributions including my own.[18]

The two groups considered the same set of four questions which form the framework of the discussion. These questions were:

1. What are the challenges of ministering through menopause?
2. What are the gifts of ministering through menopause?
3. Where have you sought, or where would you seek, support?
4. What support did you receive or would you like to have received?

The Zoom meetings were recorded and transcribed using Sonoset and DragonDictate software.

[16] Helen Cameron, ed., *Talking about God in Practice: Theological Action Research and Practical Theology* (London: SCM Press, 2010), 78.
[17] Judith Bell, *Doing Your Research Project: A Guide for First-Time Researchers.* (McGraw-Hill, 2017), 137–38.
[18] Jaco S. Dreyer, 'The Reseacher: Engaged Participant or Detached Observer?', *Journal of Empirical Theology* 11, no. 2 (1998): 12–13.

The second arm of this research was conducted by surveying Regional Ministers of the associations of the Baptist Union of Great Britain. This method was chosen as an efficient way to canvass the opinions, awareness, attitudes, and provision of the Regional Ministers and their associations. It benefits from being less labour-intensive to transcribe and analyse and improves reliability and reproducibility with each Regional Minister answering the same questions.[19] However, there is no opportunity to clarify the answers submitted, explore the thinking behind them, or ask further questions that the survey replies may have inspired.[20]

The survey was constructed using Survey Monkey, and answers were anonymous but could be analysed by gender if the participant supplied their gender in question nine. Each participant was supplied with a participant information sheet and the link to the survey, which the Team Leader of my Regional Association sent out.

Nine questions were asked in the survey:

1. Have you ever been approached by women in ministry for support during menopause?
2. What support would you give and/or where would you signpost a minister who was asking for support during menopause?
3. Does your association have a menopause policy?
4. If yes to question three, could you please email it to me? If not, please state whether this is something you think your association would find helpful.
5. What would you see as the challenges of ministering through menopause?
6. What gifts do you think ministers at this stage of life bring?
7. Would training and understanding, and supporting women ministering through menopause be helpful?
8. Please write any other comments that you think may be helpful in the text box.
9. What is your gender? (Answer in a free text box.)

[19] Martyn Denscombe, *The Good Research Guide: For Small-Scale Social Research Projects* (Maidenhead,: McGraw-Hill Education, 2017), 30.
[20] Denscombe, 30.

The data collected from the focus groups were analysed to recognise common themes and compared to the data generated from the survey of Regional Ministers to explore correlation and gaps in provision and understanding. These findings were reflected upon together with relevant excerpts from the 48 written reflections collected in the MOSAIC phase of Project Violet to inform the conclusions of this study. The findings of this study will then be submitted to the theological reflection group of the broader Project Violet research to be discussed at a future meeting between the theological reflectors and practical co-researchers.