

# A Framing Analysis of *The Invisible Menopause*: Documentary Representations of Women's Aging and Health

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In recent years, the topic of menopause has gradually attracted social attention. As a vital medium in constructing public cognition, the way media present this issue directly affects audiences' understanding and judgment. This paper, based on Framing Theory, takes the documentary *The Invisible Menopause* as its object of analysis, exploring how it constructs a public issue landscape of menopause through problem frames, attribution frames, moral evaluation frames, and solution frames. The study finds that the documentary not only reshapes the social significance of menopause, but also enhances viewers' cognitive depth and awareness through systematic frame construction.

**Keywords:** Framing Theory, menopause, documentary

## Introduction

Menopause is an inevitable stage in a woman's life cycle, involving numerous changes across physiological, psychological, and social dimensions. However, in Chinese society, the topic has long lacked public discourse and even faces stigmatization (Li et al., 2023). Due to limited societal awareness, many women may lack support and face psychological and social adaptation challenges during menopause (Kabir & Chan, 2023). As a key tool in shaping public perception, the way media represents menopause to a certain extent determines the public's attitude and understanding of it (Orgad & Rottenberg, 2024).

*The Invisible Menopause* is a science documentary initiated and produced by renowned Chinese host Li Jing. It premiered on the Chinese version of TikTok (Douyin) on March 7, 2025. Consisting of five episodes, each lasting 10 to 15 minutes, the documentary will be broadcast on various video platforms. It is one of the few Chinese documentaries focusing on the subject of menopause. Based on Entman's Framing Theory, this paper analyzes how the documentary constructs public understanding of menopause through the problem frame, attribution frame, moral evaluation frame, and solution frame.

## Theoretical Framework

### Overview of Framing Theory

Framing Theory was first proposed by sociologist Goffman (1974), who viewed "frames" as cognitive

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structures individuals use to organize and interpret information from the real world. In everyday communication, people rely on specific frames to understand social events and respond accordingly. Entman further developed this theory in the field of communication studies and applied it to media analysis. He argued that media frames are not merely narrative tools but mechanisms of selective emphasis, guiding public understanding by highlighting certain aspects of an event while downplaying or omitting others.

According to Entman (1993), media frames function in four primary ways:

(a) define problems: Frames help identify the essence, causes, and impacts of events—how an issue is described (e.g., as a “crisis” or “challenge”) shapes how seriously it is perceived;

(b) diagnose causes: Frames attribute the origins of a problem and assign responsibility—be it to individuals, systems, or external forces;

(c) make moral judgments: Frames convey value-based evaluations of actions or phenomena, influencing public attitudes;

(d) suggest remedies: Frames offer recommendations or policy directions to address the issue, such as calling for reform, intervention, or punishment.

### **Framing Theory and Documentaries**

Documentaries, as a form of media, use real footage to narrate facts and convey information and viewpoints. Like other media forms, they play a role in shaping public perception and triggering discourse. Framing is particularly crucial in documentaries as it shapes how viewers understand an issue and emotionally respond to it. Through selective presentation, structured information, and emotional rendering, documentaries construct specific perspectives and guide audiences toward particular values and ideologies.

In the case of menopause, framing not only affects women’s self-perception, but also deeply influences societal attitudes toward menopausal women. It can even shape policy-making and public discourse.

## **Research Methodology**

This study employs a qualitative content analysis method, using Entman’s (1993) four framing functions—problem definition, causal diagnosis, moral evaluation, and solution recommendation—to systematically code and analyze the documentary *The Invisible Menopause*. The focus is on identifying how the film uses these frames to guide viewers from perceiving menopause as a personal issue to recognizing it as a public concern.

## **Research Findings**

### **Problem Frame: Constructing the Structural Challenges of Menopause**

From the perspective of Framing Theory, media shape public understanding of an issue through problem definition (Entman, 1993). The documentary constructs a problem frame of “menopause being ignored and having multidimensional impacts”, leading audiences beyond a narrow understanding of menopause as merely physiological change.

The documentary builds this problem frame around four core dimensions: physical shock, emotional isolation, workplace difficulties, and cultural stigma, presenting a multilayered, structural social landscape.

#### **Tangible physical discomfort.**

“Some women experience cardiovascular issues... diagnosed with pseudo-angina... rushing to the ER every day”.

“Then there’s insomnia... and what bothers me most is memory decline”.

“I just felt everything was boring... I wanted to lock myself away”.

This set of clips frames menopause as a bodily crisis. It emphasizes that menopause brings not only hot flashes and insomnia, but also severe cardiovascular symptoms and a sense of psychological detachment, interfering with daily function and social interaction. It reinforces the structural problem of menopause as an overlooked public health issue.

**Invisible pain in relationships.**

“My friend thought I was just being dramatic... You’re my friend, right? How could you judge me like that?”

This case frames menopause as a failure in social relationships. Women experience emotional fluctuations and vulnerability, but are misunderstood as being irrational, deepening their isolation. The documentary constructs a frame of “silence in relationships”, embedding individual loneliness within a broader context of insufficient emotional support.

**Career impact and self-doubt.**

“After entering menopause, I felt everything I produced was trash... like living in a sauna... I thought my hosting career was over”.

This case shows menopause’s impact on workplace performance and professional identity. Symptoms like hot flashes, inattention, and mood swings lead to self-doubt, creating a psychological cycle of “loss of control—shame—withdrawal”. The documentary frames menopause as “workplace self-negation”, emphasizing its deeper effects on career confidence and mental health.

**Cultural misperceptions.**

“We found that menopause is a global shame”.

“Menopause is a way of telling you loud and clear that you can’t reproduce anymore... No one wants to say it out loud”.

This case highlights cultural stigma as a central component in framing menopause. The documentary critiques how menopause is framed in both Eastern and Western societies as a period of “declining female value”, often associated with infertility, lack of sexuality, and social irrelevance. This value judgment silences women and leads to their absence in mainstream discourse. The documentary powerfully constructs the most critical frame: menopause as a culturally excluded topic that should be reintegrated into public discussion.

By presenting four dimensions of the problem, the documentary constructs a comprehensive frame spanning physical, emotional, professional, and cultural domains. As Entman (1993) emphasized, defining a problem involves guiding public thought on who is responsible and how to respond. The documentary not only reshapes public understanding, but also calls for institutional intervention and cultural redefinition.

**Attribution Frame: Scientific Interpretation of Menopause Symptoms**

In the documentary, the “attribution frame” primarily manifests in its explanation of the causes behind menopausal symptoms. Its core aim is to offer viewers a rational, scientific understanding of why menopause is complex and painful. The documentary shifts blame away from individual women and instead attributes discomfort to a systemic interplay of biological mechanisms and lifestyle factors—helping to dismantle stigma and emotional prejudice.

**Biological attribution: Decline of ovarian function and estrogen levels.**

“Estrogen is a powerful vascular-protective hormone. When it drops, cardiovascular risks surge”.

“Menopausal symptoms vary... hot flashes, sleep disorders, emotional instability, sexual dysfunction, headaches, etc.”

Through expert commentary and personal testimonies, the documentary identifies the physiological cause of menopause in the decline of estrogen due to ovarian aging. This hormonal shift affects cardiovascular health, sleep quality, emotional states, and cognitive function. By placing biological mechanisms at the heart of the causal chain, the documentary fulfills Entman’s (1993) “diagnose causes” function—guiding audiences to a structural understanding rather than attributing symptoms to personal weakness or flawed character.

**Lifestyle attribution: Diet, exercise, and stress regulation.**

“If you’re not active by 40, you might really experience that cliff-like aging by 50”.

“Exercise slows bone loss. Eating less sugar reduces hot flashes. But modern people face heavy stress, rely on takeout, and stay up late. That worsens menopausal symptoms”.

Beyond biological attribution, the documentary introduces “lifestyle” as a key factor in shaping menopausal experience. Through real-life examples and expert advice, it demonstrates clear links between habits (e.g., diet and stress) and symptom severity. This aligns with Gamson and Modigliani’s (1987) idea that attribution frames emphasize external conditions and controllability, guiding the audience toward specific behavioral responses and building social responsibility.

The dual-pathway attribution—“biological mechanisms + lifestyle factors”—constructs a comprehensive cognitive frame for menopause. It destigmatizes the issue and promotes scientific understanding. By using rational attribution strategies, the documentary boosts public awareness and offers women both actionable support and emotional validation.

**Moral Judgment Frame: From Stigma to Empowerment**

According to Entman (1993), media framing includes not only defining problems and diagnosing causes, but also making moral judgments about events and behaviors. In the documentary, the moral judgment frame is employed to critique society’s negative perception of menopause, challenge the narrow definition of women’s value in mainstream culture, and reconstruct a positive, respectful, and empowering social attitude. Through two levels of value expression—destigmatization and positive reconstruction—the film effectively transitions from negative evaluation to value reframing as a communication strategy.

**Critiquing stigma: Menopause ≠ aging and uselessness.**

“Menopause means the inability to reproduce, so women’s self-perception takes a hit”.

“Many women are misunderstood as ‘emotionally unstable’ during menopause, but they are actually experiencing hormonal changes”.

By combining firsthand accounts with medical explanations, the documentary reveals a widespread societal bias: Menopause is often seen as the “end of a woman’s value”. Once, a woman loses her reproductive function, she is viewed as “no longer useful” and labeled as “overemotional” or “irrational”. This cultural stigmatization not only increases psychological stress, but also prevents menopausal women from seeking support or expressing needs. The documentary repeatedly emphasizes that “Hormonal change is natural” and “Menopause is not a personality flaw”, delivering a powerful rebuttal against stigmatizing narratives and fulfilling the moral function of framing by challenging unjust societal perceptions.

**Empowering perspective: Menopause = second puberty.**

“Menopause isn’t a sign of decline, but a ‘second puberty’ in life”.

“Once you get through this, your empathy may even grow stronger”.

“We’re reborn after passing this threshold”.

“Every stage of life can be your own unique golden period”.

“Menopause is a life reboot”.

“It’s more like a rite of passage”.

“There’s nothing shameful—facing yourself head-on is cool”.

After confronting the negative discourse, the documentary seeks to build a value narrative centered on psychological empowerment and cultural redefinition. It reinterprets menopause as a “second puberty” or a “ceremonial restart” in life. Through multiple interviewees’ voices, it conveys renewed confidence and strength after transformation. This positive framing removes the fear of aging at a semantic level and fosters emotional resonance among viewers, redefining menopause as a stage worthy of respect. Particularly notable is the term “rite of passage”, which shifts the meaning of menopause from a “biological end” to a “psychological transition”, restoring women’s agency and narrative rights over their own life course.

In sum, the documentary uses the moral judgment frame to shape values on two levels: first, by critiquing the stigmatization of menopause as “aging” and “losing control”; and second, by reframing it through empowering language, such as “rebirth” and “golden phase”. This strategy not only fulfills Entman’s (1993) theoretical function of moral judgment in media, but also enables emotional resonance and cognitive transformation, turning a once-taboo physiological topic into a site of ethical and cultural reconstruction.

### **Solution Frame: Medical, Psychological, and Lifestyle Interventions**

In framing theory, the solution frame emphasizes providing actionable paths to address already-defined problems (Entman, 1993). Beyond simply presenting issues, it offers potential strategies for resolution. After establishing problem, attribution, and moral judgment frames, the documentary guides audiences toward contemplating possible actions. Through interventions spanning medicine, social support, and lifestyle, it offers menopausal women tools and practical pathways—revealing a clear action-oriented orientation.

#### **Medical intervention: Hormone replacement therapy (HRT).**

“Many women fear HRT might cause breast cancer, but modern research shows that risk is exaggerated”.

“What’s harder than the treatment is making people aware that it matters and that they should seek treatment. Loving yourself starts with correct knowledge”.

Experts in the documentary clarify misconceptions about HRT and highlight its safety and effectiveness under appropriate conditions. More importantly, the film explicitly promotes “active medical intervention” as a core solution strategy, emphasizing the importance of scientific understanding and timely treatment. This frame not only disseminates knowledge but also reduces fear and avoidance through professional authority, encouraging women to transition from silence to self-care and proactive medical consultation.

#### **Social support: Peer communities for women.**

“I have a group called ‘Aging Gracefully’... I asked them if menopause felt bad, and they all said ‘Yes—tears are cheap’”.

“As women, we need peer encouragement in this era”.

By showcasing real cases of women forming support communities, the documentary highlights the emotional role of peer support and embeds this mechanism within a solution frame rooted in social support. In these communities, women break the silence, share experiences, and offer mutual comfort—creating a collective

space of empathy and understanding. The documentary suggests that fostering grassroots women's support networks should be an essential societal strategy for addressing menopause.

**Lifestyle adjustment: Exercise and mental wellness.**

"If you're not active by 40, by 50 you might really experience a steep decline".

"If you don't tackle 10 issues at age 50, by 60 they become 20 or 30 issues. But if you start facing them at 40, you may only have five by 50".

"At this age, you must change some things. You must see yourself".

This section constructs a framework of menopause as a manageable and transformable life phase through practical strategies. The documentary emphasizes behavioral interventions such as exercise, dietary adjustments, and emotional regulation, supplemented by concrete examples like aromatherapy and yoga. These approaches render the solutions tangible and accessible, rather than abstract and distant. Compared to traditional medical treatments or group-based support systems, these seemingly "non-mainstream" practices introduce a sense of flexibility and warmth to the documentary's solution-oriented narrative.

By allocating screen time and offering positive evaluations of these therapeutic approaches, the documentary expresses respect for and advocacy of diverse coping methods. This reflects a multidimensional, inclusive, and human-centered perspective in its framing of menopausal solutions.

## Discussion

The documentary, through the flexible application of multiple media framing strategies, constructs a comprehensive cognitive pathway for audiences to understand menopause and simultaneously stimulates proactive behavioral responses. By gradually unfolding the questions of "Why menopause matters" and "Why it is complex", the film guides viewers to consider "How to cope with menopause" and "How society can provide support", thus forming a closed-loop communication process that moves from problem identification to conceptual transformation and action initiation.

**Cognitive Dimension: Menopause as a Social, Not Merely Individual, Issue**

By employing both issue framing and attribution framing, the documentary breaks the silence and misinterpretations surrounding menopause, presenting it as a multifaceted social issue that intersects with healthcare systems, workplace culture, family dynamics, and societal values. Expert interpretations, scientific data, and personal testimonies collectively build a multidimensional knowledge landscape. This enables viewers to understand that menopausal women face not only physical and emotional challenges, but also intensified stress from workplace instability and cultural bias. The film reveals systemic and cultural neglect of menopausal support, fostering a cognitive shift from viewing menopause as a personal responsibility to recognizing it as a structural issue.

**Behavioral Dimension: Offering Feasible Solutions and Encouraging Participation**

The documentary goes beyond problem identification to provide diverse and actionable solutions, encouraging a shift from cognition to action. It clarifies misconceptions about HRT to enhance trust in medical interventions; promotes healthy eating, physical activity, and emotional regulation to advocate for the idea that menopause can be managed; supports the development of peer support networks to strengthen emotional resilience; and uses individual cases to draw public attention, situating menopause within broader discussions of public health and policy. In doing so, the documentary not only empowers women to take individual health

actions, but also fulfills its role as a medium for public advocacy and institutional change.

### Conclusion

In sum, the documentary exhibits high systematicity and foresight in its framing strategy and communication design. It not only shapes scientific understanding of menopause, but also positively influences behavior—encouraging women to take charge of their health while urging society to provide institutional support.

Most importantly, through its threefold approach—destigmatization, empowerment, and practicality—the documentary offers a replicable model for future media coverage of women’s issues. Moving forward, media should continue embracing its role in public education and issue-building, representing the diversity and value of women’s life stages with inclusivity, scientific accuracy, and pluralism—ultimately contributing to a more empathetic and supportive social ecosystem for women.

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