

WOMEN'S HEALTH ON FILM: A CONVERSATION WITH ALISON RAMSEY

by: [Rosa Mulraney](#), November 19, 2024

Alison Ramsey is a director, producer and academic who recently screened her feature documentary *Menopause: The Movie* at La Femme International Film Festival 2023. The film is the culmination of her PhD in creative and practice, which interrogates media representations of menopause using found footage.

Ramsey is a professional filmmaker with a background in documentary. She specialises in incorporating archive and oral history testimonies in her work. As one of the founders of multimedia production company Digital Drama, she exhibits passion for creative projects that can bring people together via multi-media approaches. Her recent PhD project invites reflection on what the increased visibility of menopause in media might mean in the context of the historic feminist struggle for social justice and public health.



Still from *Menopause: The Movie*.

Rosa Mulraney met Alison at *La Femme International Film Festival 2023* out in Los Angeles. They started talking about feminist issues in relation to women's health. What brought them together was their shared interests in women's wellbeing and the use of animation and found footage in filmmaking to help illuminate hidden stories. As well as discussing her film, Ramsey offered a response to *Why Mums Don't Jump* (2023), the ground-breaking, animated short that also premiered at La Femme. It creatively explores the lived experience of postpartum injuries, such as prolapse and incontinence.

During the conversation Ramsey highlights the historical power dynamics when predominately male doctors have been the gatekeepers of medical information. As far back as 1970, feminist activists already produced a shared document called 'Our Bodies, Ourselves' in an attempt to reclaim medical information as a form of empowerment—information as power—and the right to make informed choices over their own bodies. However, to this day, there still seems to be a bias in medical care that has maintained this culture of silence, but things have started to change now. Ramsey draws attention to the impact of social media facilitating a historic transition from secrecy to sharing; social media platforms seem to encourage this sharing of intimate information.

It is this transition and tension between the private and public that they see in each other's films. In *Why Mums Don't Jump* (2023), we see women in intimate private settings, asleep in bed or at home in their living room cuddling their husbands. The medium of animation allows for a dramatisation of their internal experiences, leaning into surrealism and metaphors; we see, for example, one woman drowning in her own bed and another being overpowered by their gigantic baby. As the film progresses the women cross into each other's scenes to find each other and join hands, as they break through barriers together and move from 'private spaces of despair to public spaces of joy' (Mulraney 2024).

In *Menopause: The Movie* we see archive footage of women in their Sunday best out for a walk, or with friends on the beach. We don't see their private settings, but the voice-over invites us to reflect on what was going on for them privately. In one particularly poignant shot we see a smartly dressed middle-aged woman walking precariously over a rope bridge, she is alone in the frame and seems so fragile suspended in the air, a perfect visual metaphor for the isolation of menopause and the lack of support.

These films layer and juxtapose imagery and sound using voiceover, archive footage and animation, simultaneously separating and joining the past, present and future. These techniques bring to life stories that have happened in both the past and present, while also imagining a future they hope to create. Ramsey likened her technique to critical fabulation (Hartman 2008), asking the viewer to imagine what these women in the archive footage thought or experienced about menopause, something for which no historical record exists.



Still from Home Movie: 10974 Henry Charles Collection 1946 courtesy of Prelinger Collection, included in *Menopause: The Movie*.

Rosa Mulraney (RM): There was a great connection between us both in kind of subject areas of kind of feminist filmmaking, and also medical histories as well. So, we both had problems post-childbirth, and both didn't know about them. And actually, if I pass over to you Alison, it was kind of new to you as well—seeing the animated film.

Alison Ramsey (AR): With the animation, *Why Mums Don't Jump* (2023), even the title resonates with me. The reason why I ended up going in for surgery for issues connected with prolapse was because I used to go to a gym class twice a week, and I couldn't do star jumps in the gym class because I worked out if I did a star jump I would wet myself in front of 30 other women. So, I think the title of the animation is

absolutely brilliant. And I really enjoyed watching it because I think, from a filmmaker's perspective—(I'm a documentary filmmaker, so with my filmmaker's hat on), I think it's very clever that by using women's voices and extracts of personal testimony and animating that, which probably means that you get a more intimate discussion from the people being interviewed because you're not sticking a camera in their face. And people really hate that when they're talking about personal [and] particularly bodily things that have been traditionally taboo—which I think prolapse has—but also just from a viewer's perspective ... it's really fun. It's beautifully animated, it's very diverse in representation in both the voices and the animation. It's short, it's to the point. And I think it's a great conversation starter, particularly in terms of my own experience of prolapse and the kind of issues that can come from that after childbirth. I think this animation is a very good opening ... a discussion with people to say, 'look, this is something that needs to be talked about, it's very normal, it can be prevented.' That's the best way actually—to have medical assistance to stop it happening—but the best way is through education and prevention, and I think the animation does that very well.



Still from *Menopause: The Movie*.

RM: Yeah, it's so great to hear you sort of reaffirm why we want to get this message out there. And it's all thanks to Helen Ledwick who started her podcast called *Why Mums Don't Jump*. And you know, the opening podcast was her just talking to her best mate about what she'd been struggling with, with prolapse. and I guess her best friend egging her on to kind of ... get out there. You're a journalist, which is great that women are kind of—in my mind—in positions of power; you know, you've got Helen as a journalist, and we've got all those skills.

AR: There are listeners out there and viewers out there who are partly desperate because they want more information and there's lots of uninformed stuff swirling around on the internet around women's health, particularly reproductive health. I think it's great that she started it. All good ideas, in my experience come from personal experience, don't they? And I think the idea that she was talking with her friend—I think often creative ideas come out of having chat with your mates down the pub or having a cup of tea with somebody and somebody saying, 'Look, you know, yeah, I've had that as well, I have experienced prolapse as well,' or just being able to say it out loud takes the shame away. And I think that there's a real importance in that. So, I think well done her, because I think it's an amazing thing to start the ball rolling. I don't think this animation will be the end of what she and you will be doing with this topic, because I think it's something that has got wider appeal and interest, amongst probably most women who've given birth and the ones that are going to give birth in the next two 5, 10, 20 years, it's an incredibly important issue.

RM: And it's interesting, the conversations that it started. In my experience: I had a prolapse after the birth of my first child and it was totally preventable, because I was behaving and moving in a way that was oblivious that this was a risk. I definitely could have prevented it, and it's raised interesting topics: when I've talked to other women about it, a lot of them have said, 'Oh, you shouldn't talk to the students about this,' or 'You shouldn't talk about this because you're going to scare women.' I've had that from friends, and I've had that from GPs, and I have quotes from them saying things like that. I understand where they're coming from. I do want to really emphasise I had a very positive birth experience, and I would labour again—vaginally—but I would know what to do during pregnancy and, crucially, the postpartum period afterwards. I want to put some emphasis on the positivity around childbirth, and you know, in my experience, it was positive: it was very empowering and very

healthy for me and my baby; there was just lack of information around, you know: avoiding repetitive, high-impact exercises, avoiding awkward and heavy lifting, and avoiding standing for long periods of time. And I think it's interesting that I feel like we've got this meeting point of women—being in high-profile jobs, having dynamic lifestyles and [yet] not having enough information. And then suddenly that clashing horribly with how they need to look after themselves in pregnancy and postpartum.

AR: I totally get what you're saying about not wanting to scare younger women about having a kid or all those things. And I think in some ways, a lot of the taboos around reproductive health for women is around the fear of mortality in childbirth, it's around the fear of, you know, 'having children changes your life'; all of those things that I think in previous generations were kind of cloaked in a kind of secrecy, and I can understand why people would have done that. There are aspects of childbirth that are difficult, because they sit around pain and danger. And I'm afraid even in a modern society, you look at women's mortality in childbirth [and] it's still a massive deal, particularly for certain sections of certain communities. What I would say is, I think, like you ... nobody ever mentioned the fact that it could be a problem—that I might experience prolapse. I've never really even heard what it was, actually, I don't think I even knew the term and I didn't realise that it would give problems; so, you know, stress incontinence effectively. I didn't realise that: I thought that was something that affected little old ladies. And I don't mean that in a patronising way. But when I was in my late 20s, early 30s, that seemed a very long way down the line. I couldn't even imagine it. So, I think that you're right and what I would have liked to have done is to have had better education generally. I had a one-to-one midwife scheme through my local NHS hospital (which they were testing out at the time), where you had one midwife. You didn't go in for your appointments: the midwife would come to you every few weeks to check your vitals. It was fantastic—they were doing it as a pilot. So, I saw the same midwife all the way through for pretty much every checkup when I was pregnant—both times, the same midwife—and that midwife was there at the birth of the children. (It was a brilliant scheme that they're probably not doing anymore.) But I don't remember any conversations about carrying heavy weights and doing exercise. I have to say I was very lazy. I didn't do any exercise when I was pregnant. I didn't do [any] for about 10 years after the children were born. So that wasn't my particular problem. But I have to say I was out filming when I was nine months pregnant—both times—and I was filming, I'm thinking [it was]

with my second child who was born in 2000; I was filming with the police a lot that year on a BBC series ... and I spent a lot of time heavily pregnant leaning against a wall in a police station while somebody was being arrested, or perhaps racing at 100 miles an hour in the back of a police car filming somebody being chased. So, I think that I spent a lot of time on my feet. And I had very heavy babies, they were both ... over 9lbs ... quite big babies, and both facing the wrong way round. And when I read—later, obviously—with the advent of the Internet, when I was able to search that, long after my children were born, I think that that's an indicator, having heavy babies, a lot of pressure, standing up a lot, and also the fact that they were the wrong way around; they didn't turn for a very long time when I was in childbirth. Also, I would probably have had serious discussions about possibly having planned Caesareans, if I knew what I know now about all the kind of complications about my births—that they were tricky to turn, and so on. I think you don't really know what to ask—actually, you know to ask certain things: If you've been to a few prenatal appointments, you know what to ask, in certain respects. But you're given a lot of conflicting advice about childbirth being, 'Is it natural or is it a pathological thing?' 'Should you not take any pain relief or should you take pain relief?' So I think there's so many different kinds of mythologies that are around childbirth in the 21st century, that one of the things that really isn't discussed is the fact that a lot of the post-partum issues, like prolapse—that can be quite easily prevented with measures before you have the birth—they just aren't discussed and I think that's a real shame. I think there's probably (you'll know more about this, because you've done a lot of research in this area), but I should think there are other countries and communities that approach this differently and plan and inform women who are pregnant about what's coming down the tracks.



Still from *Menopause: The Movie*.

RM: Yeah, yeah, certainly, I've heard good things from France, where you are automatically offered six weeks physiotherapy post-childbirth as a matter of course. Whereas I was just given a leaflet as I left the hospital, you know, which, sadly, wasn't quite enough information to, you know – just when you're struggling to keep a new human alive. It's unfortunate my doctor's surgery had just closed at the time, but I suspect even if it had been open, that support wouldn't have been there in that context. Everything was about the baby and the birth, nothing was about mum. I've written this online blog called 'Who's looking after mum?' because it's not raised, essentially. And I wrote the blog because every time I saw a pregnant friend, I didn't want to scare them; so I've written this blog that's framed positively but practically, that I can pass on to them to say, 'I really think should read this, because you're not going to get the information otherwise.'

AR: I agree ... I remember asking my mum—my mum had four kids, and she had three of them at home, (one is myself). The midwife didn't even turn up, so my dad had to deliver me. That was a bit of a shambles, I think; so no pain relief. I remember asking my mum before I gave birth, 'What's the worst thing about it?' She paused for a very, very, very long time before she said, 'Oh, I think the worst thing is not quite knowing what's going to happen.' I think ... there has been a natural reticence for older women—not all women—who've been through childbirth and the consequent issues not to talk about it. I understand where that comes from because, if somebody says to you, 'look, it's going to be the most painful experience of your life,' it doesn't

really quite sum up, you know, the joy of having a child. I mean, actually having a child is for me has been amazing and probably one of the highlights of my life is having children. But yeah, you know, there's got to be more information other than just a leaflet as you're walking out the hospital, as you had. I'm doing a lot of research around menopause because I'm doing a PhD in critical and creative practice at the University of Sussex at the moment. Looking at menopause and the way that menopause is represented in the media; how we see it on the telly and online and how we read about it. One of the things [that] annoys me particularly around issues concerning prolapse, as somebody who has had surgery (I think about 15 years ago) to prevent that kind of problem with stress incontinence—it was brilliant and the operation worked and I would highly recommend it for anybody who is concerned about having surgery, it was brilliant for me, and I have have had no problems ever since. But I did have to have surgery, which was not great. One of the things that really enrages me around the discussion of prolapse is the kind of conspiracy of silence that enables companies to make lots of money by selling incontinence pads. And so I know that incontinence pads are invaluable when you have got leakage problems and you wet yourself—there's a space for them. But what I fear is that, because there's an opportunity for big business to make money from women, through selling them, incontinence pads, that [they do so] rather than preventing and offering physiotherapy, offering targeted physiotherapy, mechanical physiotherapy, (which I know they offer in France before women have babies, for example) and informing women when they're pregnant and doing that work before people have children. And addressing it in a way that says actually, you can have medical procedures to stop this, you don't have to go for the rest of your life going and spending money every week buying incontinence pads, that kind of annoys me, because I think there's a kind of neoliberal commodification around everything to do with these hidden women's health issues around reproductive health, because they're too scared to talk about it or people don't talk about it. So I do have problems with that, because I think that the whole system around women's health is set up about keeping it secret, offering you something you've got to pay for to cover up a problem, rather than addressing it as a health issue that really needs to be dealt with on every level of prevention, and through GP surgeries, etc.



Still from *Menopause: The Movie*.

RM: Yeah, and I have heard positive things in terms of, they're trying—and obviously everyone's hugely overstretched at the minute—but they're trying to build women's health centres, so that there is specialist care and information available. And certainly, if that was set up properly, I would have benefited from that. I was sent for surgery after about 10 years because I was just in constant discomfort; a constant sensation of pressure, which was very distracting for my mental health. I was sent for surgery, and it made everything worse—and what I really needed was proper specialist physiotherapy. The only thing it did give me was I thought that my womb was falling out and actually it wasn't, it was just internally the front wall of my vagina had fallen down slightly. That was the only positive that came out of the surgery: finally having an accurate diagnosis, that when I realised it wasn't my womb falling out, I suddenly started going to the gym—I now run. So, although my symptoms are worse, and I now have to wear a pessary, which I didn't have to before (a pessary is something that keeps everything in place a bit like wearing a tampon), the accurate diagnosis actually gave me a better lifestyle. But if only I'd had that, you know, way earlier. So yeah, certainly things are slowly improving. But what I have realised is that I got involved in this as a sense of injustice. I am a kind of perfectionist, and I wear sunscreen because I've been told sunrays are harmful, I don't wear pointy shoes, because they might damage my toes. So, when I suddenly got prolapse and no-one had told me [about it] I was like, 'I'm not that kind of person.' Like, if you tell me, I won't run or, you know, I won't do those things. So, this sort of sense of injustice kicked in and everyone I spoke to, quite a few male GPs kind of dismissed it and said, either, 'we're

too afraid to tell women' or they just dismissed it. You know, it's kind of 'this is just what happens to women.' And they have this attitude of 'don't trouble the poor woman with, you know, any fears around this.' But then finally, when I was complaining to a physio—no, it was a pain nurse—she just looked me dead in the eye and said, 'Why don't you do something about it?' You know, because at the time, I was really like, 'What the...!?' And it took me a couple of sleeps, and I was like, 'Oh, maybe she means because I work in media I can get something out there,' and then I was like, 'How on earth am I going to do that?' And then luckily, I came across Helen's podcast, which kind of sparked this idea that she could be a live-brief client, and that we could work with her to bring her podcast to life through the power of animation, and that's kind of where all that spark came from. But one epiphany for me has been that I've been working with Dr Anna Misiak, one of our professors here at Falmouth University, and she helped me realise that animation can be used as a feminist tool and has been passing on some recommended reading to me, you know, around feminism, and particularly around the academic side of things. And it's, to be honest, it's a whole new world for me, because I didn't realise that this sense of injustice was a signal about this as a feminist issue. So, I'm learning, I'm sort of engaging with feminist material in a way I never have done before. And I've never really thought of myself as a feminist because it's had this sort of negative cultural connotations around it, that you're kind of a troublemaker, or go causing problems. And I just thought—I was always thinking—'I want for everyone.' But this new publicity around equity, we do need feminism, and we do need to be troublemakers, because we keep getting dismissed. And the only thing I realised—which is slightly depressing—is I honestly thought that we were going to make this film, we're going to premiere it in Hollywood, Los Angeles, and then it's going to solve the problem. And reading through the feminist literature has made me realise that it's more like—in a positive way—a sculpture: you've got a marble block, and we're going to have to keep chipping away at it, because policy is not going to change overnight, or, you know, best practice isn't going to change overnight. And it was quite disheartening to realise that. I thought it'd be much more of a kind of epiphany of like, all we needed was a film and then the problem would be solved. But I think that it's going to be a longer run of work than perhaps I initially anticipated.

AR: Yeah. And I recognise that feeling of you having your epiphany, you realise that, through your career. And I do. I'm a real believer that the creative arts can help us understand things, feel things, get a message over in a different and possibly more emotive way than writing a paper about it. But actually, creating an animation is a really big step... I've never seen any kind of creative, filmic [work] about prolapse at all, which is extraordinary, really; you know, you've set the ball rolling by making this animation. And also, I think that it enables you, the great thing about animation, being used as a feminist tool really is, it enables you to kind of have that ... concept of critical fabulation where you might find people are less willing, because it's such a sensitive subject to have themselves filmed, for example. And so by animating, you're able to bring in an element of a fantasy of imagination, of illustration. But also, you don't have to illustrate through animation, you can create all sorts of other ideas that go against the voiceover that you're hearing. So it gives you all sorts of creative freedom. And I think that's really important, because I think that's how you touch people's emotions. and you make them think differently about prolapse; I think that's what has been achieved with *Why Mums Don't Jump* (2023). Just as you were talking there about your work with your colleague at Falmouth University. There's a feminist women's collective set up in 1978 called the Leeds Animation Workshop who made and distributed animated films on social issues. So, I think there is a kind of a thread of that history of animation as being a feminist, grassroots activist ... tool, as well as informing and entertaining but also getting messages across. I mean, it's kind of what you're doing, I suppose [it] chimes with me, because I've completed making a 40-minute experimental documentary film called *Menopause the Movie* (dir. Ramsey) which uses a kind of similar technique to your animation, in that I conducted a series of oral history interviews with women and non-binary people about their lived experience of menopause. I made a conscious choice to use audio interviews and [to] use extracts of those interviews as the voiceover of the film. I use something not dissimilar to animation actually... it's called *found-footage filmmaking*; which is where you use a range of archive footage in a creative way to sometimes illustrate what the people are talking about, but also sometimes to juxtapose what they're talking about in the voiceover, to comment on the way that I see menopause as being discussed at the moment in the media, and some of the key themes around that for my academic research. I think that sometimes it takes a leap of imagination, through animation or through filmmaking, to try and visualise and express ideas that are often difficult to visualise, in a straightforward documentary, or even through drama. So, I think, you

know, that leap of the imagination as a creative, like yourself, and for me, as a documentary filmmaker, sometimes you need that sort of imaginative leap to make it more accessible to people and trigger something within them, and [to] create a new meaning on the screen, so that they can be better informed. And ... films have got a really important part, I think, in that process.



Still from *Menopause: The Movie*.

RM: Yeah. I certainly noticed I loved your film, by the way, and we spoke already. We spoke already about my one of my favourite shots in it, which was a woman walking across a very small suspension bridge—like a rope bridge—and she looked so precarious. And it's very much how I feel in perimenopause, where you're just entering the unknown and you don't know if you're going to fail, because you can't trust your body anymore—I've had problems with brain fog, quite serious problems with brain fog—and she looked so vulnerable. It sort of represented this lack of information and this isolation, which both for menopause and for pelvic-health problems like prolapse and incontinence, very similar sort of threads there of just being left in this very precarious position.

AR: Yeah, and I think that I was interested in exploring the archives to try and find imagery or topics that covered any kind of area on menopause. It doesn't really exist. It's a bit like prolapse, it doesn't really exist in the archive, I'm sure you'll find a couple of scientific archives—where they've perhaps got an audio recording where doctors are talking about prolapse or about menopause—but there's very little about menopause in the film archive. And so, I was really interested in the silence, that women are not generally the home-movie before the 1980s—sadly, they're often the subject and the object of the filming. They're often filmed by men and often that footage is silent, and so I was quite interested in how you use that, that piece of footage that you mentioned, which is the middle-aged woman walking very precariously in her heels across a suspension bridge. Yeah, kind of sums it up, really, I think, the state of perimenopause where you don't really know what's going on. You kind of think you've got some sort of weird, strange illness going on, but you think it's just you and all happening in your head. I think sometimes imagery from the past can help us to understand what's going on, still for women around ... the discourse around women's reproductive and post reproductive health.

RM: It really was very illuminating to set it in a historical context, wondering what has gone before and why is this only coming to light now and certainly, I read back, you know, when prolapse happened to me, I went back to all the literature, I had books that I had, if I went in a library or if I went in a doctor's clinic; there was no prolapse in the indices, and it was never mentioned anywhere in the books and that was really sort of alarming because I thought, was I just stupid? 'Is it just me?' and in fact, there's now an awareness that actually, we were all feeling the same way: we all felt stupid. And actually, no—nobody told us. When I spoke to my mum about it, she said, 'Oh, yes, I know about pelvic health.' But she hadn't mentioned anything to me, because I guess she was trusting in the doctors and nurses and so that information just wasn't there. When I asked her about any advice for menopause, she said, 'No, I don't have any,' potentially because she didn't remember, because she had brain fog!

AR: Yeah and I think, you know, for our parents' generation, and their parents' generation, these things were talked about, but in a very different way, behind closed doors with other women. Or women, traditionally, particularly middle-aged women have been told to go away, leave your doctor alone, stop bothering us, and just get on with it and be quiet. So you know, I think, with the advent of social media, etc, *that*

ain't going away now that, you know, I'm sorry—the genie is out of the bottle! And, you know, women are talking about things and sharing things completely differently to the way that they even were 10 years ago. So I think there's a lot of good that's come out of that but also, I think there's also some issues around that and how things are represented in the press, but ... that you're talking about this stuff is really important. And I think with this animation, you've done a huge amount of good for many women who will be coming across prolapse, that it's good for people to have conversations about this. I think that social media is the big change over the last nearly 10 years—well longer than that, actually. I think in the early 2000s women started writing on online forums; were sharing issues around things like childbirth problems, prolapse, menopause, perimenopause, just sending questions out into the ether, because I think maybe it was less scary to ask people that you didn't know. I'm writing a lot about this in my PhD thesis at the University of Sussex, on media representation and menopause. My theory is that I think the start of social media, as we know it now ... with Instagram 2015, I think and, further iterations that have really upped the sharing quota. So, I think people will share things more intimately. I know that the period positivity movement, which is led by younger women, has been a massive page turner in that regard, where talking openly about menstruation, about period poverty, about pain, all these issues, I think, are generated and facilitated by social media. And I think that probably, this animation will find [an audience there] because it's short, which is brilliant. The great thing about animation, it has to be short, doesn't it? Because it takes you thousands of hours to make a very short film, it's really bloomin' hard work and I think that, you know, I would say that probably you'll find [that] it will find its audience, it will find the people it needs to find with your encouragement, and that you will probably—where you were saying earlier in our discussion—that you were sad, because you thought that immediately after making the animation, you'd open everybody's eyes, so people are better informed, then change will occur around how women's health around prolapse is addressed. I think it's like a small stone, isn't it, gathering moss, and it gets bigger and bigger until you have a boulder and then I think that what will happen is the podcasts that inspired this animation will similarly influence other people to get involved in this discussion; other people will create more artworks and television programmes and podcasts and out of that there will be more pressure for change because I think that's definitely happened in the menopause sphere over the last five years with several high-profile documentaries, for example, which I'm sure if they'd taken them to the

BBC or ITV or Channel Four or Channel 5 ten years ago just would not have been made. Those programmes weren't being made in the same way and I think that this animation will gather further discussion and interest, and people write pieces about it in the newspaper, and you'll soon see that will lead to grassroots activism that will lead to change in women's health care issues being addressed to and people lobbying their MPs to get changes in parliament. And so, I think that it's fantastic. And you've started a kind of Prolapse Revolution by the sound of it, Rosa.

RM: Well, just even the fact that we're using the word, you know, whereas before no-one knew about it apart from, seemingly, doctors.

AR: Yes, I think we've moved on. What I would say in the menopause sphere, you know: doctors, the medical profession—which was overwhelmingly male, let's face it, until a generation ago, frankly—in the UK were guardians at the gate of women's health care, and although you had women midwives ... you would have had lots of women in the medical profession as nurses in the 20th century. You know, it took doctors a very long time to be equally represented with women. I think that does have ... a massive impact. I think that patients are more heard and listened to at the moment, not as much as they should be, but they are. So, I think the world has changed. And I think that rather than having women's gynaecological health gatekept by the profession of men, a fraternity, that really doesn't happen in the same way... I know for menopause, there was a kind of shocking statistic that came out a few years ago, with an activist called Diane Danzebrink, who I interviewed for my film, *Menopause: The Movie*, and she set up a campaigning group called #MakeMenopauseMatter. And one of the three campaigning points she had was that doctors should be better trained at medical school around menopause. I think she found that they did a half a day course in the whole of their medical training. So I would imagine that there are probably areas around Obstetrics and Gynae training, you know, if you're a specialist, then you do learn about prolapse. Perhaps if you're a GP, maybe you don't. So, I think there's lots of areas that you and your interested sisters in this campaign can get involved with campaigning further for in terms of better medical training: politicians being aware of the fact of women's gynae health and reproductive health issues. So, you know, through this short animation, it's an acorn—and an oak tree can grow from that. I really do believe that.

RM: Yeah that's, that's very encouraging to hear. And I was sort of overly optimistic, but since I've read some of the literature, feminist literature, I would say that I realised that it's small steps, and maybe a lifetime's work to then hand over to somebody else. But, you know, it's certainly good for my mental health to feel like I'm trying to be there for past Rosa. You know, when no-one else was; past Rosa is happy with me.

AR: And you know, what future Rosa [along with] I think every single person who watches this animation or even hears about it, and is intrigued by its brilliant title; I think anybody who watches it, even if you change and affect positively the life of one woman, and make her think differently, so that she gets advice, or she finds out more on her own about how to help prevent prolapse; that prolapse is a medical condition that many women get, and some of the things that can help prevent that [and] some of the things she can do. But also, I'm very aware that I think healthcare is a communal thing ... it's not just about individual changes in lifestyle, it should be around how we can help women as a community to have better health, and I think that, just one person watching your animation will change lives. So, I think it's brilliant and I think it's got a great potential [for] an audience out there of people who will enjoy it because it's very entertaining, and it's fun, but also: get the message from that and we'll spread the word!



Still from *Menopause: The Movie*.

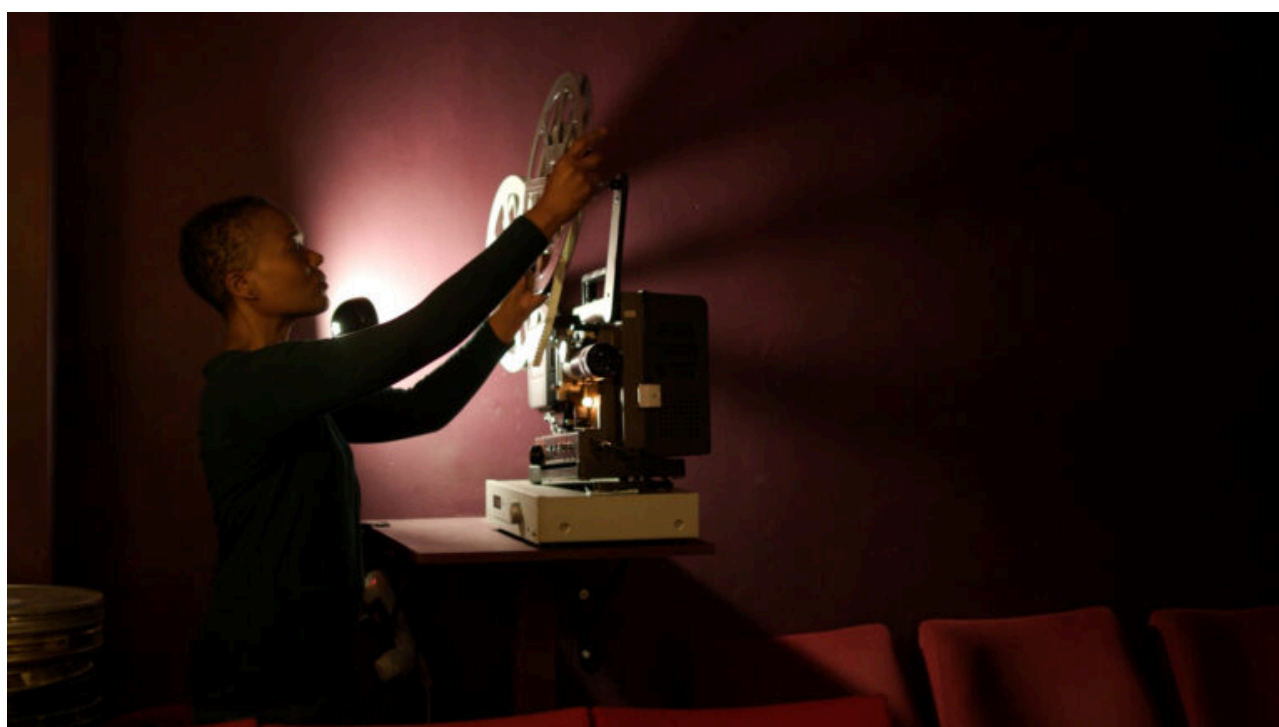
RM: Yeah, and a huge thank you to Helen for working with us; she was the one that came up with the title *Why Mums Don't Jump* and allowed us to use it and work with her, and a huge thank you to the students who worked on it. I have to say, both myself and Helen were terrified to pitch it to a whole year group of second year animation students at Falmouth University. We were absolutely terrified, and actually they were so enthusiastic. They all nearly all put it down as their first choice out of three live-brief client choices. So, we were blown away with the reception and in fact, I overheard someone in the audience say, 'My mum has that,' which was really cute!

AR: But it's so great. And I can testify to that response. I returned to university after a break [for] a career ... being a documentary filmmaker, and also working in education at the Open University, in my original academic field, which is English Literature. So very different from what I'm doing now. And so, you know, came to start a PhD in the COVID lockdown thinking, *gosh, I have had quite a long break, I'm an older person coming into a sphere, where I'm talking to younger people doing their PhDs, talking at conferences, doing presentations of my work, showing screenings of my work about menopause*, which is typically but not always something that hits women in their 40s, usually in their 40s. So, it affects older women. But of course, it doesn't always: you can get menopause very early, you can have early menopause very young. And also, you can have medical menopause because of having a hysterectomy and so on. So, it isn't something that's just experienced by [middle-aged women] and it's not just experienced by women, it is experienced by non-binary people and trans people. So what was really heartening to me in the similar experiences you had with *Why Mums Don't Jump* is that younger people are really genuinely interested in menopause. I think that young people see health and talking about health and openness as a feminist issue. I certainly do. I think that we've got a lot to learn from the younger generation, like your students, like many of the PhD students at the University of Sussex, who I interact with while I'm doing my PhD ... actually, a lot of them started these conversations, a lot of them are much more open about sharing how they feel about their health—about their mental health. I'm really inspired by that generation. I think they've done a lot of good in the space in terms of period positivity movement. When I was starting my periods many years ago, you wouldn't talk about it, it was a source of shame. It was not talked about; it was joked about. And I think younger

people have led the conversation around that and many other things, important things to do with not just women's health, but everybody's health. And I think that's good for your students, and I can see their enthusiasm and the work that they did on it and that they were really kind of inspired by the subject matter. The original feminist bible from the women's movement, which was a book called *Our Bodies Ourselves* (1970) which was started by a collective of young women in American universities in the late 1960s. They were trying to provide a manual for women who were prevented from finding out how their own bodies worked, frankly. They brought out this kind of self-help manual that was passed [around] furtively on campuses and between young women around things like reproductive health, around abortion rights, around what your cervix was, all these kinds of things. I think those sparks were tended to be started by younger people, and I think that that's very heartening and I think our young people now, students on campus now, are doing brilliant things to raise awareness about women's health, mental health and it's great!

RM: Well, thank you so much, Alison, for joining me. It's been fantastic to watch your movie. It's a brilliant, brilliant movie and part of this whole kind of feminist movement [emphasising] that our health matters and we want to be informed, and if no-one else is going to inform us—well, we'll do it!

AR: I couldn't agree with you more, Rosa. Yeah, it's wonderful. Congratulations on a brilliant animation. And thanks so much for inviting me on to the podcast.



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