MENOPAUSE AS A HOLISTIC TRANSITION:

Are signs of the climacteric simply hormonally induced events that require medical treatment, or do they embody an altogether more profound cultural and personal significance?

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ABSTRACT
FACULTY OF ARTS, LAW AND SOCIAL SCIENCES
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MENOPAUSE AS A HOLISTIC TRANSITION:

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By HELEN MARTIN
March 2009

This research project examines understandings and meanings of menopause. It investigates ways in which women experience menopause as personally significant, and the ways in which cultural elements affect these experiences. I believe this to be an important piece of work because it documents women’s perceptions in their own words. The findings of this study highlight the need to approach symptomology from a holistic perspective and possibly inspire the provision of appropriate cultural resources.

This dissertation is structured around arguments between theorists interpreting menopause as a deficiency disease and those viewing it as a meaningful life event. I consider the historical background which informs current attitudes. I review research into the efficiency and risks of HRT, and assess personal, cultural and biochemical components in relation to symptomology. I examine cultures whose experiences and perceptions of menopause contrast with Western societies, and determine whether these differing indicators suggest a cultural connection.

I conducted a series of in-depth video interviews with 8 individual women, and obtained written testimonies from 5 further women articulating their experiences. I used snowball sampling to gather responses to a set of questions from a wider group of 13 women in the climacteric to establish trends in attitudes and behaviours. I observed common and recurring themes and patterns.

I found a purely medical approach to menopause limiting and gendered. Most women in my study experienced renewal rather than decline. I concluded that cultural, lifestyle and biochemical components influence symptoms. Aspects of cultures where symptoms were found to be absent or less severe, showed a connection between signs of the climacteric and social status. Most women in my study had acquired greater self-determination and aspiration at menopause, redefining priorities. Women were initiating life changes and activities. Menopause was shown to have a profound effect on women’s lives. I concluded menopause to be a significant holistic transition.
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I would like to thank all the women who were kind enough to contribute to this project by sharing their stories and experiences with me. I would particularly like to acknowledge the following women (not their real names) who allowed their voices to appear in this dissertation. It has been an honour to watch as their unique, colourful characters have come alive on the pages of my work.

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Joyce…
Anna…
Rose…
Margo…
Gina…
Viv…
Lydia…
Sam…
Liz…
Rita…
Doreen…
Toni…
Vicky…
Olivia.
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INTRODUCTION

“The appropriation of a woman’s change of life is the perfect illustration of the dramatic transformation of a normal human experience into a treatable medical condition.” MOYNIHAN & CASSELS

NATURE OF THE RESEARCH

Following a hysterectomy operation, I recently found myself experiencing an unexpectedly abrupt, early menopause. I encountered menopausal indicators first-hand - a state of body, mind and consciousness that neither society nor female relatives had prepared me for. The medical profession offered little support or direction, and so I embarked upon a personal journey towards a better understanding of the climacteric. There is a long established cultural belief that menopause heralds ‘the beginning of the end’ for women, and that it needs to be viewed and treated symptomatically and thus medically. Nevertheless, I felt that something deeper and more profound was occurring within me and I became determined to find out what that was and whether other women had experienced something similar. As I began to explore the topic, the discovery of contradictory research findings lead me to become increasingly interested in the politics of menopause and the arguments among writers on the subject. This interest finally led to a fascinating, in-depth investigation into women’s lived experiences in the form of this research project.

“The menopausal woman is the prisoner of a stereotype” asserts Germaine Greer (1991, p.18), “and will not be rescued from it until she has begun to tell her own story.” Men have, over centuries, written reams of text examining and ‘explaining’ women’s mental, emotional and corporeal nature. An enquiry into the subject of menopause must, therefore, consider the individual perceptions and definitions of women themselves. Accordingly, I have included within the framework of this project the diverse and sometimes surprising voices of a range of women, in their own words, who have shared their experiences and thoughts with me. Women are a diverse group of characters with
varying perspectives, who cross cultural, racial, sexual, and many other categorical divides. Each woman is different. Although menopause is an experience all women who reach midlife will experience, it is “nonetheless an individual and unique adventure for each woman. For some women, the signs of menopause are so severe that they interfere with other life activities. Other women barely notice them. If there is a single message about menopause that meets no argument, it’s that each woman needs to assess her own situation and make decisions about her transition through menopause based on her experiences and feelings” (Pelletier, Kovarick & Romaine, 2000, p.101). The “call to adventure” which Leslie Kenton (1996, p.234) suggests a woman hears at menopause “can arrive in as many different forms as there are women to hear it.”

My research question examines the relationships between the climacteric and a variety of cultural elements, as well as looking at the myths and stereotypes which surround it. In this study, I have examined the natures of menopause and women’s experiences of menopause, and the social context and attitudes that affect its significance. I believe this to be an important piece of work because discussion of menopause, both in the media and among women, is largely focused on symptomology, with much of the generally available literature being biased towards hormone replacement treatment. The body-mind-spirit link between the climacteric and female power is a concept which is largely neglected. I hope to show that experiences and meanings of menopause go beyond a merely corporeal, symptom based event, to encompass a transitional, affirmative role in women’s lives which brings positive outcomes, and that cultural aspects and attitudes influence women’s perceptions of themselves as well as the way in which they experience their climacteric.

Through academic inquiry and a supplementary video, I have explored women’s understandings of their change of life, and discovered what some of the meanings of menopause are for women. How do women relate to hormone replacement therapy and medical intervention? Are women influenced by medical models of menopause? How has menopause been managed by the medical profession? To what degree is the medical treatment of women gendered? My study also enquires into cultural attitudes to menopause and middle-aged women, and how our society views women as they age. How do women experience these attitudes, and to what extent are they influenced by them? I wondered how the menopause manifested for women, and how empowered or
disempowered their journeys through menopause had left them feeling. How have women interpreted the symptoms menopause presents? Do they use the power of their bodies’ messages to transform their lives, and to what degree do they experience symptoms at menopause as motivational? Do women experience the menopause as a time of change and renewal or as a time of decline? To what extent do women experience the menopause as a meaningful body-mind-spirit transition? I also wondered whether other factors in a woman’s life might be contributing to her symptomology. What relationships, if any, exist between symptoms at menopause and other aspects of a woman’s life? I also wondered how non-Western cultures differed in their approach to some elements of these issues. Has research been undertaken which documents women’s experiences of menopause in other cultures? Do any other societies mark menopause as an important rite of passage? Can any cultural differences shed light on societal influence on menopausal experiences?

METHODS & METHODOLOGIES

This is an inductive piece of research, which attempts to both articulate women’s lived experiences of menopause, and show some general trends in women’s thinking.

Firstly, I conducted a series of intimate, semi-structured video interviews with 8 individual women, who were happy to share their experiences with me face to face. These in-depth interviews provided a detailed and exploratory mode of research. To help me focus the conversations, I composed a list of suggested topics for sharing (Appendix). These interviews have played a crucial role in offering me a glimpse into women’s lives, while finding answers to many of my own questions and those posed by my key theorists. Many writers have spoken on behalf of women, but I feel it is vital that women be allowed to speak for themselves. I favoured a participatory model, employing a mutual, interactive process in which as a researcher I remained open and gave something of myself. The participants were never objectified, or placed in a passive role, and the interviews were intuitive and informal.

Secondly, in order to gain an overview of women’s understandings of menopause and middle-age, and to establish trends in attitudes and behaviours, I added to and expanded on the knowledge gathered from the video interviews, by asking a wider
group of women at various stages of the climacteric for either a written statement about themselves or to write a few paragraphs in response to a set of guide questions (Appendix). I suggested they respond only to the questions they felt drawn to. For these ‘virtual interviews’, I used snowball sampling, starting with middle-aged female acquaintances. I eventually gathered anonymous written accounts from 18 women with a surprising range of experiences and perspectives, giving me great insight into women’s varied motivations and beliefs surrounding menopause.

Finally, I evaluated my findings in order to observe any patterns or repetitive themes. I also monitored television commercials over a period of several weeks to observe the number of women over forty-five that were featured compared to men. I have examined the results and obtained percentages, which I have understood to suggest a cultural trend. As well as my own research, I have also looked at the findings of existing studies, including those of:

The Million Women Study (MWS) (1996 - ongoing);
The Women's Health Initiative (WHI/WHIMS) (1991 - 2005);
The Mayo Clinic College of Medicine (ongoing);

THEORETICAL PERSPECTIVES

The dialogue that exists within literature on this subject falls largely into one of two arenas, constructing menopause either as a deficiency disease or as a harmless, natural event. Texts that derive from the medical model of menopause as a disease include support for this model, and research into treatments for the symptomatic conditions of menopause and their relative risks. This school of thought generally views menopause as undesirable or unnatural - a syndrome in need of treatment, even prevention. Writers and researchers who reject this model in favour of a holistic one, view menopause instead as a natural transition which should be embraced, believing it to embody significant life-altering change. There is some disagreement as to which of these positions is more liberating to women. The first group largely advocate the use of hormone replacement as a menopausal treatment, and believe that denying women this treatment is disempowering to them. The second group tend toward the ideology that
medicating menopause derives from an oppressive tradition of medicalising women, and encourages them to subscribe to a patriarchal construct of femininity, which disempowers them.

The inspiration for my research was initially prompted by the work of Leslie Kenton (1996), who claims menopause to be an empowering, life-changing transition. I found this to be a position shared by other feminist theorists such as Germaine Greer (1991, 2000) and, notably, Dr. Christianne Northrup (2002, 2006), a gynaecologist and obstetrician of thirty years standing, who has written extensively on the relationship between women’s health and women’s wisdom. Teresa Gorman (2005, 2006) on the other hand, argues that menopause is a deficiency disease which requires hormone replacement treatment (HRT). Gorman’s approach is modelled on the writings of medical practitioner Dr. Robert Wilson (1966). Wendy Cooper (1975) advocates that change in mid-life is best avoided, and that to prevent menopausal transition altogether is the most liberating course of action. Gorman argues that HRT is the only option for improving women’s lives, and that without it women are disempowered, while conversely, Moynihan and Cassels (2005) believe that women are exploited by medical intervention in the climacteric. Kenton is against HRT, while Northrup feels it can be used moderately in appropriate situations, but that to listen to the messages of one’s body is also vital. Greer represents menopause as a natural occurrence which should be embraced, while Gorman constructs it as unnatural. Wilson and Gorman suggest that women should medicate themselves to fit the culture, whereas Greer asserts that the problem is with society. She feels that women should instead re-educate themselves and resist falling prey to negative attitudes to aging women which, she believes, lead to a desire to eradicate the changes that menopause brings. Supported by her medical expertise, Northrup claims that hormonal changes at menopause are biologically designed to enable a woman to reframe her life, both socially and psychically. Kenton believes that menopause is a sacred, mystical journey that can enrich the second half of a woman’s life with creativity through catharsis - an adventure which can be missed out on if the climacteric is unnecessarily prescribed for and represented in purely symptomatic terms.
CONTEXT & SIGNIFICANCE

This research is placed within a Western historical and socio-cultural context. By this, I am referring to Mainland Western Europe, North America, Australia, New Zealand and the UK. I have drawn on a variety of disciplines, including history, sociology, anthropology, and medicine. The research is situated within a cultural environment where a tradition of repressing and medically pathologising women exists. The menopause debate also takes place within a highly political context, with invested parties challenging feminist orthodoxy by claiming to be acting in women’s best interests. I believe this to be a crucial piece of work because menopause appears to be a profound female rite of passage which is largely unacknowledged as such in our culture.

Documentation of empiric studies of events during menopause seems to be complicated by “the lack of standard definition of terms” and the use of “a variety of terms without any consistent criteria definitions”, writes Ruth Formanek (1990, p.164). Literally speaking, the term ‘menopause’ - coined in 1812 - means a woman’s final menstrual period. It is frequently used, however, to describe any or all stages of the climacteric, a process which in fact encompasses a wider interval of time - from the point when hormone levels begin to fluctuate, through the stage during which menstruation finally dwindles, and including an initial phase following cessation of menses. To clarify my terminology: when I use the term ‘menopause’ in this study, I will generally be referring to the climacteric as a life phase. When referring to a specific stage of the climacteric, I will use one of the following terms:

“Perimenopause is the stage from the beginning of menopausal symptoms to the postmenopause.

Postmenopause is the time following the last period, and is usually defined as more than 12 months with no periods in someone with intact ovaries, or immediately following surgery if the ovaries have been removed.”

For Western women, “the average age for onset of perimenopause is 47.5 years. Most women spend 1/3 to 1/2 of their life in post menopause” with the menopausal transition lasting an average of 4 years. “Spontaneous menopause occurs at the average age of 51.4 years in Western women.”
PART 1: MEDICAL

CHAPTER ONE:
HISTORICAL BACKGROUND

Before embarking on an exploration of Western women’s experience of the climacteric, we must first look at some aspects of the historical context which informs modern attitudes. Interest in menopause as a research subject has been relatively recent, partly because of the social stigma surrounding menstruation - and consequently its cessation - and partly because of a cultural disregard of older women.

In her 1902 book about menopause, What a Woman of Forty-Five Ought to Know, the homeopathic physician Emma F. Drake (1902 cited in Houck, 2006, p.16) proclaimed that “few books have ever been written on this subject, and the few have not been addressed to women, but to the medical profession.” Although the medical profession paid some interest to menopause in the 1890s, they were content at that time, states Houck (2006, pp.15-17), “to construct menopause as a harmless, ‘normal’ process”. Indeed, the medical community largely continued to disregard menopause “throughout the early decades of the twentieth century”. By the early twentieth century, the lack of any substantial attention being paid to menopause inspired some physicians to view “menopausal medicine as a chance to build a private practice.” Houck draws our attention to a 1904 article, for example, which “argued that the neglect of menopause by the medical profession provided a golden vocational opportunity, considering the number of ‘prospective patients’” (Ellis, 1902 cited in Houck, 2006, p.17). Even so, it continued to remain a relatively unexploited, marginal topic for some further time - perhaps, explains Houck (2006, p.17), because “most physicians did not consider menopause a medical problem.”

Myth, fear and misconceptions throughout history have painted a negative picture of menopause – legacies that influence women’s perceptions to this day. From a psychoanalytic standpoint, Freud (1913 cited in Schuker & Levinson, 1991, p.434) cast menopausal women in a very dim light, characterising them as “quarrelsome, vexatious and overbearing, petty and stingy; that is they exhibit typically sadistic and anal-erotic
traits which they did not possess earlier, during their period of womanliness.” In his 1923 edition of *Menstruation and Its Disorders*, Emil Novak (1923 cited in Furman, 1997, p.39) observed that “the majority of women in the menopause have psychic symptoms…they are peevish, irritable, morose and depressed…many have full blown insanity with melancholia, paranoia and maniacal conditions.” Furman (1997, p.39) informs us that: “Around the turn of the century and well into the 1900s, physicians committed thousands of menopausal women to mental institutions with a ‘menopause related disease’ called *Involuntional Melancholia*. The medicalisation of menopause, along with society’s attempts to preserve a more sophisticated, cultured female ideal, have been driven largely by a masculine fear of women’s power and truth.

Building on Freud’s model of menopausal women as castrated and revisiting the penis envy of adolescence, his pupil Helene Deutsch (1924, p.56) described menopause as an “unrestrained libido” - “an incurable narcissistic wound” which would inevitably lead to depression. Dr. Robert Wilson (1966 pp.37-48) later adopted Freud’s model, pronouncing that “at menopause the woman becomes the equivalent of a eunuch”, and that “every woman has the right – indeed it is her duty – to counteract the chemical castration that befalls her during her middle years.” He goes on to warn that “even the most valiant woman can no longer hide the fact that she is, in effect, no longer a woman but a neuter.” More recently, Teresa Gorman (2005, 2006) has agreed with Wilson in his assessment of menopause a disease - curable and completely preventable with the use of synthetic oestrogen supplementation. “Menopause is a major turning point in a woman’s life,” writes Gorman (2006, p.59), “and, in my opinion, access to a specialist is needed.” Leslie Kenton (1996, p.6) observes, however, that women “continue to place responsibility for our lives in the hands of others.” In this way, women surrender their power to the medical profession and separate themselves from the wisdom of their own bodies.

From the 1930s through to the 1950s, doctors integrated oestrogen products into their patient prescriptions. The dominant model, “as articulated by physician-authored articles in medical journals”, however, “called for restraint in the prescription of estrogen to alleviate menopausal symptoms” (Watkins, 2007, p.33). Watkins (2007, p.34) describes an initial wave of cautionary articles from both sides of the Atlantic, which began appearing in 1939. Continuing for several years, they warned of the
possible harm of long-term or indiscriminate use of oestrogens, condemning the use of these hormones in a preventative capacity. During this period, she notes, medical consensus also held that “only a small proportion of women needed to be treated” with oestrogen at menopause, and consequently physicians should first reassure women “that menopause was a natural stage in the life cycle that the patient would soon pass through” (Watkins, 2007, p.33). Watkins (2007, p.33) reports of one doctor who castigated those of his colleagues “who relied on estrogen as time savers and money makers,” and reported hearing these physicians mention that “their office expenses were paid by injections of estrogenic hormones given by their nurses” (Watkins, 2007 citing Anon. JAMA).

Hormone replacement treatment, continuing in an oestrogen-only form, was promoted with new and aggressive fervor in the 1960s as a youth extending solution, rising in popularity with the help of Robert Wilson’s 1966 best selling book *Feminine Forever*. “In the course of my work”, Wilson (1966, p.19) proclaims, “it became evident that the menopause…is, in fact, a deficiency disease. By way of rough analogy, you might think of the menopause as a condition similar to diabetes.” This pioneering model continues to inform contemporary medical thought - in their 2004 biochemistry text, for example, Marshall and Bangert (2004, p.183) refer to menopause in terms of “ovarian failure” and “oestrogen deficiency” under the heading “Disorders of Female Gonadal Function”, sub-heading “The Climacteric.” In the mid 1970s, however, circumstances changed. Once it became known that oestrogen without progestagen used in the way Wilson had pioneered it - ‘unopposed’ - “had led to a tenfold increase in cancer of the womb” (Kenton, 1996, p.81), pharmaceutical companies remarketed their new ‘opposed’ hormone treatment as a preventive drug which claimed to decrease the ‘risks’ of future heart disease and osteoporosis. Hormone replacement therapy has attracted its share of wholehearted supporters, and in the past ten or so years, reprints of its staunch advocates’ works have been reprinted. Sheehy’s (1975) *The Silent Passage*, reprinted in 1998, is a notable example, as is Cooper’s *No Change: Biological Revolution for Women*, (1975) reprinted in 1996. However, in light of the medical controversy that has surrounded HRT during the past decade, it is surprising how unrelenting advocates such as Teresa Gorman remain, despite the fact that the broadly held prevailing medical view is that the value of HRT has been called into question by recent research.
So, is HRT really a necessary panacea for all women? Part of the answer “lies in how we interpret the role and meaning of menopause” (Pelletier, Kovarick, & Romaine, 2000, p.100). Moynihan & Cassels (2005, p.43) describe a typical twenty-first century North American HRT advertising campaign which details “a horrifying list of what apparently lies ahead for women after the menopause”, echoing Wilson’s earlier portent that “no woman can be sure of escaping the horror of this living decay” (1966, p.39). The 2000 campaign attempted “to persuade women that the menopause was not simply a natural part of life, but rather a condition of ‘estrogen loss’ which brought an increased risk of deadly and frightening diseases and required a visit to a medical doctor” (Moynihan & Cassels, 2005, p.45). In the light of these persuasive constructions, are contemporary women experiencing mid-life and menopause as a time of change and renewal or of decline?

Eva: I think it’s a time of renewal and progress

Heidi: Neither – just carrying on and making the most of it.

Jill: A time of renewal.

Gina: Decline, which I am fighting as much as possible.

Sam: A time of renewal and progress.

Liz: Depends on the individual woman.

Doreen: I’m not going to slow down. My kids think I’m mad!

Toni: Every day can be a time for renewal and progress.

Vicky: I think it’s both but it’s our attitude which decides what we do with it and how we perceive it.
CHAPTER TWO: RISK, BENEFIT & BIAS

As my research progressed, I became increasingly concerned by confused and conflicting information and research findings. In the following chapter, I will attempt to elucidate these inconsistencies to some extent, but must first identify the popular hormone products I will be describing – Premarin: oestrogen only; Prempro: combined oestrogen-progestagen.

When it comes to discussing menopause, points out Formanek (1990, p.164), “the objective aspects are slanted…by the predominant view of medical professionals that menopause is a disease”. These ‘slanted’ perspectives and the research which corroborate them, can be biased by the sources of funding and support the research receives. At a 1987 symposium supported by CIBA Pharmaceutical Company on the menopausal and post-menopausal ‘patient’, Dr. Utian (1987 cited in Formanek, 1990, p.158), then president of the North American Menopause Society, stated: “More than enough evidence exists to define the climacteric as an endocrinopathy. The longer these effects are allowed to continue without corrective therapy, the more likely there is to be expression of a pathologic process.” Menopause “is not a passing phase”, concurs Gorman (2006, p.66), “but a warning that radical changes are taking place in your body. The obvious signs, such as an end to your periods or hot flushes, pale into insignificance when compared with the internal changes which will become obvious some years later when you develop bone or heart problems.” Gorman, Cooper and other advocates of HRT appear to collude with drug companies by instilling fear into women about illness and inevitable decline after menopause. Representations like these go some way towards influencing what women expect, and therefore construct, in their lives, while cultural expectations manipulate the way in which women experience and portray themselves. Even the language used by internet and popular literature to market increasingly popular alternative solutions to symptoms speak in terms of how menopausal women can ‘cure’ themselves with natural remedies.

The Million Women Study (MWS), funded by Cancer Research UK, the NHS Breast Screening Programme and the Medical Research Council, is an ongoing study of one million participants into the risks associated with HRT. In 2003, the MWS
confirmed findings from other recent studies that women currently using HRT are more likely to develop breast cancer than those who are not using HRT. Current users of oestrogen-progestagen HRT were at two-fold increased risk of developing breast cancer” and “current users of oestrogen-only HRT at 1.3 fold risk” of developing the disease, while the risk increased with the length of time the product was used. Despite the credibility of this huge-scale study, and the degree of risk evidenced, Gorman (2006, p.17) advises her readers that they “can forget the scare stories linking breast cancer and HRT.” So strong is her resolve that menopause be treated, that despite government confidence in the MWS findings, she insists that “HRT started below the age of sixty particularly if it is oestrogen alone” actually shows “a decrease in breast cancer”. Pharmaceutical company literature is confusing. Under “side effects”, Premarin.com states that: “Using estrogens with or without progestins may increase your chances of getting…breast cancer”, whereas the website of Wyeth, the principal manufacturer of HRT, declares: “No increased risk of invasive breast cancer with Premarin after an average follow-up of 7.1 years.” The US government funded Women’s Health Initiative (WHI) was the first large-scale long-term trial of hormone drugs among healthy women. In 2002, the oestrogen-progestin portion of the study - which was due to run until 2005 - was actually halted due to “increased risk of invasive breast cancer” and a conclusion that “on balance the harm was greater than the benefit.” This lead British doctors to be concerned about how ethical it was to continue prescribing hormone replacement therapies, and, subsequently, to institute a cautionary approach in their practice. Later results from the MWS (April 2007) “show a small increase in risk of ovarian cancer in women taking HRT.” More recently (Feb 2009), Professor Valerie Beral, Professor of Epidemiology at the University of Oxford has said: “In many countries, the incidence of breast cancer has fallen in the last few years following the sharp decline in the use of hormone replacement therapy.”

One of the strongest claims for HRT use is that it reduces the risk of heart disease as a woman ages, although the landmark HERS trial - published in 1998 - discovered no heart benefits for women taking HRT. According to Moynihan & Cassels (2005, p.59), even two years after the release of the trial’s findings, the influential American College of OBGYNs “was still recommending that women use HRT to ‘reduce the risk of cardiovascular disease’.” By 2000, preliminary findings of the WHI trial were concluding that participants “taking the combined version of HRT were in fact
experiencing slightly more heart attacks, strokes and blood clots than those women taking the placebo” (Moynihan & Cassels, 2005, p.45). In 2004, the remaining estrogen-alone components of the WHI study “were halted because results were showing an increased risk of stroke and no reduction in the risk of heart disease.”\(^7\) Gorman (2006 p.17), nevertheless, continues to persists with the view that “it is wrong to suggest that the tiny amount of hormones in HRT will harm you”. Again, current pharmaceutical literature is potentially misleading. Wyeth.com claims: “No increased risk of coronary heart disease with Premarin after an average follow-up of 7.1 years”;\(^4\) while under the heading “Side effects and safety”, Premarin.com states: “Do not use estrogens with or without progestins to prevent heart disease, heart attacks…Using estrogens with or without progestins may increase your chances of getting heart attacks.”\(^3\) Currently, the Kronos Early Estrogen Prevention Study (KEEPS), a study by the Mayo Clinic College of Medicine exploring oestrogen use and heart disease in younger post-menopausal women, “is under way, but it won’t be completed for several years.” The five year study, which began enrollment in September 2004, proposes to find out whether HRT has a protective effect from heart disease if started at a younger age. Its proponents suggest that the WHI study may have covered the wrong age group and that “estrogen may only be effective in protecting against coronary artery disease if it is started early, before the disease gets a chance to develop.”\(^8\) Closer inspection of the Mayo Clinic Proceedings medical journal, however, reveals that “most therapeutic drugs are introduced predominantly by drug companies, and their research, development, production, and distribution are paid for by drug companies”.\(^9\)

Gorman (2006, p.26) maintains that oestrogen “stimulates the growth and replacement of brain cells without which you become absent minded as you grow older and, eventually, develop Alzheimer’s disease.” She continues: “Current medical advice to stop taking HRT after 5 or 10 years is thoroughly misguided when you think of all the awful things that can happen to you if you do.” According to a 2004 report from the Women's Health Initiative memory sub study (WHIMS), however, older women using oestrogen-only hormone therapy could actually “be at a slightly greater risk of developing dementia, including Alzheimer's disease (AD), than women who do not use any menopausal hormone therapy.” As this study concluded, WHIMS scientists reported “a 105% increase in the risk of dementia in older women using estrogen plus progestin compared to those using a placebo”, while “the risk of dementia in the
estrogen-alone group was 49% higher.” They also found that supplementing oestrogen alone did not prevent cognitive decline in older women.\textsuperscript{7} Even the leading hormone company advises: “Do not use estrogens with or without progestins to prevent…dementia.”\textsuperscript{3} One need only consider Margaret Thatcher, whom Gorman cites as an inspiring example of a successfully treated post-menopausal woman - she is currently suffering from dementia.

Currently, in terms of serious illness, the single remaining justification for prescribing hormone replacement therapy, is “as the panacea for fighting osteoporosis and preventing fractures”, even though in 2002 the WHI study found that in terms of preventing hip fracture, taking HRT indicated “in absolute terms a 0.4 per cent reduction” (Moynihan & Cassels, 2005, p.152). When menopause is defined - as it has been in order to rationalise the production, sale and marketing of HRT - as a ‘deficiency disease’, menopausal women are characterised as ill and in need of treatment. Thus, “menopause as disease legitimizes and condones the use of risk/benefit - usually used to assess risks versus harms in sick people - for well individuals” (Varney, Kriebs & Gegor, 2002, p.339). When treating women with a ‘disease’, asserts Varney (2002, p.339), “the risks become acceptable in light of the disease process.” Joyce felt that for her, the benefits outweighed the risks.

Joyce: Last year I had a dodgy smear test and had to go back for more tests. I was sent to the gyny unit and saw a female doctor who berated me for being on HRT at my age (then 72). She was very rude and would not listen to my explanations, saying what did I expect but abnormalities if I was still on HRT…Every time a doctor says why are you still on HRT, what about the dangers of cancer etc., I tell them that I’ve got to [die] from something and so, whatever time I’ve got left I want quality not quantity. HRT makes me feel a woman alive!

In order for patriarchy to maintain the dominant position of men, it remains necessary that women be diagnosed and categorised in an increasing variety of ways. The rise of gynecology at the end of the nineteenth century intensified medical interest in the female body, and physicians were “particularly eager to offer advice about the nature of women’s bodies and the connection of those bodies to women’s roles in society” (Houck, 2006, p.15). Formanek (1990, p.18-19 citing Tilt, 1851, pp.142-7) refers to the case studies of Edward Tilt, an influential nineteenth century British gynecologist, and his specific ‘treatments’ for the problems of menopausal women, which included “bleeding, by cupping” and “leeching”. Tilt “presents statistics on a
very long list of diseases attending menopause – over 100”, in fact. Reproductive technologies typify men’s desire to dominate nature, including women - to control and culture it - and in doing so, the female body has routinely been the site of medical experimentation. Between 1945 and 1951, William Masters, who was researching the effects of hormone supplementation at a Missouri infirmary, subjected long-term female patients to endless smears, biopsies, blood tests and psychological examinations. They were “weighed and measured, poked and prodded, photographed and questioned” for months and sometimes years (Watkins, 2007, p.36). It is probable, says Watkins, that these women did not consent to their involvement in these trials, nor have it explained to them. In 1955, Masters confessed, at a conference, that “these people were, in essence, experimental laboratory animals” (Watkins, 2007, p.36). Women have often been guinea pigs for experimental drugs and new medical technologies. In the 1960s, Dr. Wilson eagerly advocated the indiscriminate use of oestrogen replacement, but even though at that time “the pills could offer short term benefits in terms of symptom relief, their long term risks…were simply unknown” (Moynihan & Cassels, 2005, p.46). In 2003, The chairman of the German Commission on the Safety of Medicines, Professor Muller-Oerlinghausen, described HRT as a “national and international tragedy”. He compared it to thalidomide, the drug that caused hundreds of birth defects in the late 1950s and early 1960s, saying: "There is similarity. We are talking about a therapy for women that is used to treat disturbances in well being…a naive and careless use of a medication that is perceived as natural and optimal and more or less harmless.”

Professor Duff, chairman of the UK Committee on Safety of Medicines refused to accept a comparison with thalidomide, and “would say that does not reflect the majority medical opinion in Europe.” Dumble and Klein consider HRT to be simply “another form of medical violence against women” (Dumble & Klein, 1994 cited in Kenton, p.95).

Upon closer inspection, I discovered that it is not only women who are treated with disregard in this matter. Premarin, (PREgnant MARes’ urIne) contains conjugated equine estrogens (CEE) and, as the name implies, is manufactured from the urine of pregnant horses. Boice (2007) notes that there were “no studies comparing the effects of human and horse estrogen supplementation in human females.” It is “potentially carcinogenic” because the resulting hormone does not duplicate any of the three major oestrogens produced by the human body. This is in addition to the animal rights issues
concerning the care of the horses themselves – manufacturers are reported to “keep pregnant mares in stalls and withhold water so that their urine is unnaturally strong, making the horse estrogen easier to extract” for their product. (Boice, 2007, p.84) Animal rights groups have “identified issues of how the pregnant mares are treated in the process of collecting urine”, as well as issues of animal cruelty arising “from the sale of foals to foreign meat markets” (Martin & Jung, 2001, p.75).

Eva: I would have never considered [HRT] as it often involves extracting urine from Mares in a cruel and degrading way.

_Cenestin_, a soy and yam-derived hormone replacement drug, is currently available. It includes most of the conjugated oestrogens but “offers women a plant-derived alternative to horse urine-derived _Premarin_.”¹¹ This is likewise a synthetic, pharmaceutical product, and not to be confused with natural soy, which I will be discussing later.
CHAPTER THREE: IS IT (UN)NATURAL?

Gorman (2006, p.75) insists that “menopause is not a time to sit back and ‘let nature take its course’.” Yet in discussing what is and what is not normal or natural, it must be noted that this concept is in itself problematic, not least because “claims about what is natural (and thereby inevitable) serve ideology well because they are seen as the outcome of nature rather than culture.”

The perceived nature/culture dichotomy is used to justify an inferior status for women. Jerilynn Prior, chief endocrinologist at the University of British Columbia, argues that “the concept of ‘oestrogen deficiency’ related to menopause is wrong…it is normal for every woman to go through menopause. If it is normal”, she concludes, “how does that make it a ‘deficiency’?” Lawrence Riggs of the Mayo Clinic Endocrine Research Unit, disagrees: “I think it is usual, but not ‘normal’…Whether it is normal or not, if it causes disease then it has to be treated, and I think it causes disease” (Chadwick & Goode, 2002, p.260 citing Prior et al, ca. 2000). Wilson (1966, p.47) believes that during menopause “it is the untreated woman…that is unnatural. That which is common is not necessarily normal. The mere fact that such women castrates are prevalent…does not make them biologically natural”, while Gorman (2006, p.42) appears to concur: “Some women believe menopause is a natural event and we should accept it.” Greer (1991, p.89) argues that the existence of a proportion of women who are “symptom-free at menopause…provides the justification for the view that menopause is a natural process and not a disease entity.”

I wondered to what extent the women in my study were influenced by the medicalisation of menopause, and whether the decline model had affected their understandings of their change of life.

Olivia: I consider menopause to be a natural process. You’ve got so many ovaries and then when that’s gone your menstrual cycle’s gone…I don’t see it as an illness, but I do know some women have really big symptoms which are not talked about very much…but I know it’s the menopause, I’m not freaked out, I know it’s a different stage of life so I see it as part of the life cycle.

Doreen: Menopause is life, it’s not an illness, you can’t treat it as an illness, it’s something that you as a woman will go through, and I think that women who treat it like an illness haven’t really understood it. I looked up things, I read things, I looked at it quite closely, I looked at what was available. Your doctor can’t treat it as an illness, you’ve just got to put up with it and face the fact that your body’s changing…now you’ve reached a certain age, your body doesn’t
want to have any more children so your hormones are changing. I’m afraid it’s one of those things in life you’ve got to put up with and I don’t think menopause is an illness.

Liz: The menopause is designed to scream I am unattractive and not worth fornicating with as I am infertile. That is why the physical appearance of a female changes during the menopause and a woman develops small sagging breasts, wrinkles, fat around the waist, receding gums and vaginal atrophy…I call it short hair and long teeth and detest it…I haven’t begun my HRT. I will do so when needed.

Maureen: It’s the cessation of being able to have babies, really, and the start of a new life. It’s a time when the menses cease and a new life, hopefully a better life, a freer life, happens.

Gorman (2006, p.43) paints a grim picture of menopause and aging without treatment. Even if she seems to be entertaining the possibility of menopause as a natural event, she cannot see its merits: “Germaine thinks that growing old naturally – wrinkles and all – has some particular virtue…What is noble about growing old ‘naturally’ as Germaine recommends when it means ending up, crippled, incontinent, bad-tempered and even gaga?” Kenton (1996, p.35) reminds us that “we must keep in mind that physical and emotional health is our natural state, even during this time of transition.”

During her examination of understandings of menopause, Marilys Guillemin (1999, p.58) was “struck by the largely medicalised setting in which menopause was being managed.” She asked each woman in her research group to make a drawing of what menopause meant to her. She found that unlike the “singular dominant notion of menopause as hormone deficiency that inhabits menopause clinics, women’s drawings highlighted…multiple notions of menopause.” Almost half of the drawings focused on menopause as a life transition, predominantly pictures “symbolic of seasonal change and ecological harmony.” Guillemin (1999, p.60) recalls that “most of the women who drew these positive, vibrant images…were experiencing serious menopause-related problems, regularly attending menopause clinics, and that most were taking HRT. Women’s everyday experience of this highly medicalised process was in sharp contrast to their visual representations of menopause.” Even though the women in this group had serious problems, she found that “they consistently represented menopause as a positive stage of their lives and something to look forward to.” I was interested to find out for myself how women in my study felt about hormone replacement therapy, encountering a range of opinions on and experiences.
Maureen: Within two tablets, within say 24 hours, the effect was amazing – I came back to a normal level of equilibrium of mind. All the madness that was there went…I’ve had no problems with it at all.

Vicky: I am on HRT. I feel it has helped me with the worst of the physical symptoms and to some extent the emotional are not as severe as they might have been. I am happy to take it as long as it helps but I don’t want to necessarily take it long term.

Olivia: When I first went through the menopause, I went to the doctor and said ‘I think I’m going through the menopause’, and I got a blood test…and he said ‘what are you thinking of, HRT or anything like that’ and I said ‘well not really’. My opinion is as long as I’m alright, I’m not going to even look at it as an alternative…If I had massive problems I might have a different attitude, but I’m also very cautious of interfering with my own body chemistry just like that for no reason.

Joyce: I was about 51 when I went through the menopause and decided to go on HRT…I’ve been on the current tablet for a number of years now, taking a 3 month break every year or so to see if I feel ok to go off them permanently – but I always go back to them, I feel so much more alive. HRT certainly gives you get-up-and-go!

Lydia: Even if I’d been able [to take HRT], I don’t know that I would have done. I feel like it’s almost delaying what is a natural process and I think that if you take it for 6, 8, 10 years, at some stage you’re going to have to stop it and then I think the symptoms of the menopause are likely to come back with a wallop. I’ve seen it in some older friends of mine who decided to go on it and in a way I think the symptoms were much harder to deal with – they were much fiercer and in such a short space of time they seemed to experience a whole gamut of symptoms, so I think that even if I could have taken it, I wouldn’t have taken it.

For some women, HRT had been effective, others believing it would be an unnecessary disruption of their hormone levels. Several women felt disappointed by the ineffectiveness of HRT at tackling their symptoms, while others experienced side-effects. Some decided not to take it because it was contraindicated in a prior hormone related illness.

Doreen: When I first started going through the menopause, I was offered hormone replacement therapy and I was given patches. Quite honestly, I do not think they work. They tell you to change patches two or three times a week and you have to put it below your hip. I don’t think they work and I wouldn’t recommend offered hormone replacement therapy to anyone. I think you’re better off just suffering the symptoms as best you can, and if you can find something that helps you, all well and good but I wouldn’t recommend hormones.

Toni: Tried it for two weeks, felt the tension come back, ditched it. Very glad I did.
Anna: I had HRT in the 1980s which gave me temper rages! Anyway, due to oestrogen receptive breast disease this is not an option.

Jill: Tried it in earlier years when first menopausal, didn’t agree.

Kate: I tried a tablet form of HRT and it made me ill, it affected my liver function and I had to stop taking it. I went for ten months without it and then developed dry eyes and with no sign of the flushes stopping I am now trying half a patch (I have to take estrogen and progestogen in a low dose because I had surgery for endometriosis) so far it hasn’t done anything but I have only been using it for two weeks!!

Rita: Not allowed due to breast cancer – plus, most of the friends that I have who were on HRT have now come off it and are wishing they hadn’t! Having had breast cancer in 2001 (oestrogen related) I could not opt for oestrogen/progesterone supplements. I have just put up with it.

Lydia: I’ve not taken HRT for a variety of reasons, really. I have very bad varicose veins and so taking anything hormonally was not a good idea really, then I had a breast lump when I was fifty and so I don’t think it would have been ideal for me.

Heidi: Contraindicated. I had my first benign breast lump at the age of 34, two subsequently and this year (2008) breast cancer.

When all is said and done, awareness of the empowerment that the right to choose treatment at menopause affords women remains vital. A woman’s decision to take HRT or not, where symptoms are unpleasant, difficult, or interfering with her life, is hers and hers alone. What is paramount is that women be informed clearly and correctly of the degrees of risk and benefit involved. It is also important to note here, that for some women, hormone replacement may be essential to their mental or physical health – it may bring relief from extreme suffering. Gina experienced extreme suicidal depression and incessant crying - taking HRT alleviated these severe symptoms. Maureen had a similar, terrifying experience after having her ovaries removed.

Gina: HRT saved my life and I will continue taking it as long as I can be prescribed it (and would probably try to buy it illegally if I couldn’t get it by prescription). I would be totally unable to function without it. I was suicidal and it stopped that immediately, I also probably couldn’t efficiently work full time (which I need to do financially) without it. I would recommend it to anyone. I’m very irritated by the representation of it as harmful - which is hugely exaggerated – and the way that the considerable benefits are completely ignored.

Maureen: The worst thing was, I was thrown then directly on the menopause…Six weeks following the last lot of surgery I was all over the place. I didn’t know what day it was, basically, and it was a really frightening time…I found myself in a place near the sea, just
looking in the water – not feeling like I want to die or anything, but just looking into the water. I can’t remember how I got there…I went to the doctor and she said ‘you poor girl, haven’t they put you on anything?’ and I said ‘no’ and she explained that when one’s female organs are removed, the shock sets in and I was thrown straight into the menopause with no preamble and that’s why it was so dreadful. I went on HRT and sixteen years later I’m still on it and it works extremely well…I couldn’t have gone on the way I was, I’d have ended up in a mental hospital like they used to years ago.

The side effects of surgery to remove the ovaries, where the supply of hormones from these organs is abruptly severed can be very serious indeed, and hormone supplementation may be the only course of action which brings equilibrium to a shocked body and disrupted endocrine system. Women who experience sudden drops in oestrogen following an oophectomy are reportedly “more liable to depression, and replacement estrogen is used to prevent psychiatric morbidity in this situation” (Sturdee, 2003, p.120).
CHAPTER FOUR: LIFESTYLE & GENDER

Many who oppose the disease model of menopause do also recognise that menopause can have some troublesome symptoms and so recommend the use of natural remedies and changes in lifestyle and diet. In this chapter I will consider a variety of elements involved in the biochemistry of the climacteric, including stress. I will also be looking briefly at the gendered nature of the medical treatment of menopause.

It is widely accepted that as menopause approaches, a woman’s oestrogen production sharply declines. Dr. Christiane Northrup (2006, p.107) states very clearly, however, that “contrary to the standard belief, our oestrogen levels often remain relatively stable or even increase during perimenopause”. A further perspective came out of Dr. Prior’s research - which has been disregarded by the medical profession - suggesting that it is actually progesterone which is reduced during the climacteric rather than oestrogen (Prior, 1990 cited in Kenton, 1996, p.22). As I continued my research and considered the possibility that viewing women’s symptoms purely in terms of hormonal deficiency may be limiting, I began to wonder what other biochemical factors might be involved in producing the psychological and physical signs that occur during this phase.

DIET & REMEDIES

The difficulties often experienced at menopause can be interpreted as the body’s call towards increased health and self care. According to the North American Menopause Society, lifestyle and behavioral changes are often initiated during this midlife period.\textsuperscript{34} When it comes to menopausal symptoms, Kenton (1996, p.17) reports how “relatively easy it is to counter them…often without having to resort to serious medical intervention of any kind.” She suggests that mobility and unhealthy dietary habits could be a factor in influencing the degree of symptoms experienced. Kushi (2006, p.19-27), for example, mentions studies showing that hot flushes are far less common among Japanese women. “The reasons for this”, she says, “seem to be the low-fat and high-fiber Asian diet, and the consumption of traditional soy products such as miso and tofu from an early age.” Diets rich in soy protein are unusual in the West,
although it can be easily incorporated. Mayan Indians in rural Mexico experience changes in hormone production in the same way as Western women, says Alder (1999, p.188), yet one study found that they did not report hot flushes or night sweats, nor did they suffer from osteoporosis (Alder, 1999 citing Martin et al, 1993). “From their hormone levels, about 80 per cent would be expected to have hot flushes” writes Alder. This, she surmises, “suggests a strong cultural component.” (Alder, 1999, p.188) Another study found that Mayan women had a lifestyle involving much physical exercise and a diet low in protein. (Davis & Burger, 1996, p.5) John Studd, Professor of Gynaecology at Chelsea & Westminster Hospital, considers, in the light of his own studies, that “the fashionable plant hormone, phyto-oestrogen…is not absorbed and does not have any effect except possibly helps anxiety, but even that is doubtful” (Gorman, 2006, p.42 citing Studd, ca. 2005). However, argues Kenton (1996, p.159), orthodox medicine’s “almost total disregard for the use of phyto-sterol-rich plants in the treatment of women’s ailments is of recent origin. It is as though with the coming of patentable drugs centuries of traditional methods were dismissed with the wave of a hand.” Segal and Mastroianni (2003, p.137) express concern that “with few exceptions, the herbal products that are marketed for menopause symptoms have not been rigorously tested in scientifically valid studies.” This is not surprising however, considering they do not represent a viable commercial interest to pharmaceutical companies or others who could afford to fund such research. Alder (1999, p.189) reports that “behavioural techniques such as relaxation, exercise, or joining a self-help group have all been advised” to alleviate difficulties during the change, but despite empirical evidence to the contrary, Gorman (2006, p.42) is adamant that “these alternatives don’t work.” Rather than automatically opting for hormone replacement, some of the women I spoke to were willing to try an alternative route, which some found to be helpful to a degree. Others found that complementary remedies did not work for them.

Paula: Pains in my upper legs and thighs…were so bad they reduced me to tears. I have been taking Maca powder and they are almost non existant.

Olivia: I took wild yam and cohosh when I was feeling the sweats, and the flushes woke me up in the night, and I remember one night I thought ‘I’m going to take double the dosage to see whether I’m not going to get the hot flushes during the night’, and the night I took double the dosage I didn’t…I had a period where I felt very exhausted…I don’t know whether that’s the menopause. The tiredness went since I changed my diet and I managed to lose the weight I put
on. I feel more energetic, but I don’t know whether that’s diet related…I seem to be different now, I seem to be more clear headed…I got rid of white flour, white bread and all these kinds of things, I’m probably taking less sugar in my diet.

Vicky: I am having counselling which is extremely helpful, I take supplements that I think help but I'm not sure, and I use relaxation tapes which help. I would like some reflexology.

Doreen: For supplements and other things, and remedies, I tried black cohosh and that worked a treat, but because of damage it can cause the liver after 3 months, you have to stop using it, but it was the best thing I found to stop the flashing and stop the legs twitching. I also went to a chinese herbalist who mixed me up a concoction of seeds, barks, I don’t know what was in it but you have to boil it up for 20 minutes…I also tried acupuncture as well – that worked a little bit, but you couldn’t keep doing it forever.

Eva: I took magnesium and hawthorn to help with the palpitations.

Kate: With regard to natural remedies I have tried menopace but probably not for long enough - it didn’t make any difference.

Jill: Tried all the usual natural therapies but essentially none worked, symptoms kept arising and stayed put.

Gina: I tried St John’s wort for depression (when I didn’t realise I was menopausal) and it was completely ineffective. I think alternative remedies are largely a rip off. And since they haven’t been tested, there’s no evidence they’re any safer than HRT, and they’re hugely more expensive.

Sam: I haven’t [taken HRT] because so far my symptoms have been relatively mild. I would do if I felt I needed but would prefer not to. It’s not always easy or simple but I hope to look after myself holistically with diet exercise and relaxation.

STRESS

Stressful life events may be linked with indicators of the climacteric and “can dramatically shift the experience and signs of menopause”, Pelletier, Kvarick & Romaine (2000, p.101) suggest. “There is solid evidence”, asserts Northrup (2006, p.38), “that repeated episodes of stress are actually behind many of the hormonal changes in the brain and body” and that “unresolved emotional stress can exacerbate a perimenopausal hormone imbalance.” Chronic stress “can make us more prone to anxiety and depression and puts us at higher risk of experiencing intense hot flashes and insomnia” (Boston Women's Collective, 2006, p.248). Greene and Cooke (1980) “assessed menopausal symptoms…and found that life stress contributed far more to
menopausal symptoms than the menopausal status” itself. (Alder, 1999, p.188 citing Greene & Cooke, 1980)

A widely held misconception is that a woman’s oestrogen production ceases altogether following her final menstrual period. In fact, a woman’s ovaries and fatty tissues continue creating smaller quantities of oestrogen, androgen and progesterone post-menopausically, while the adrenal glands continue to produce androstendione, which is converted to oestrone (Varney, Krieb & Gegor, 2002, p.340). Prior to menopause, “oestradiol is the main predominant oestrogen but this changes in the postmenopause to oestrone, which is a weaker oestrogen” (Gangar & Allanach, 2001, p.318). This continued hormonal support may be compromised, however, if a woman has lived with excessive stress for significant periods - she may enter the climacteric with adrenal exhaustion or even dysfunction, conditions which are “usually caused by some form of stress. Stress can be physical, emotional, psychological, environmental…or a combination of these” (Wilson, 2001, p.11). In this state, she is “likely to find herself at a disadvantage when entering perimenopause” (Northrup, 2006, p.121). James Wilson (2001, p.8) confirms that “most women who have low adrenal function have…increased difficulty during menopause.” Essentially, the documented symptoms of adrenal fatigue are almost identical to the symptoms attributed to oestrogen deficiency at menopause: Lethargy, decreased sex drive, decreased ability to handle stress, fatigue, depression, anxiety, increased PMS, memory difficulties, decreased tolerance, weight gain, and, “when the adrenal glands are not secreting the proper amount of hormones, insomnia is also one of the likely outcomes” (Wilson, 2001, p.9).

Another factor that peri-menopausal women often find problematic is maintaining stable blood sugar levels. Regular meals can help with this, as can “improving glucose metabolism” through exercise.13 A 2008 study from Columbia University Medical Centre specifically targeting the hippocampus - the part of the brain connected with learning and memory – also suggests that keeping blood sugar levels at an optimum level “could be a clinically viable approach for improving the cognitive slide that occurs in many of us as we age.”13 James Wilson adds: “People who suffer from adrenal fatigue frequently have erratic or abnormal blood sugar levels in the form of
hypoglycemia.” Through trial and error, Doreen and Vicky had come to associate some symptoms with this issue.

Vicky: I have found my blood sugar levels have been erratic, sometimes - mostly in the mornings - I feel like I can’t eat enough to stop myself feeling shaky and wobbly. I find that I have to eat very regularly to keep my sugar levels up.

Doreen: The worst ones are first thing in the morning, because you've been in bed all night, and your blood sugar level is pretty low – I feel a bit queasy and find I have to get myself a fruit drink to get myself going.

Because these health conditions imply that there are some major stressors present in a woman’s life that need to be resolved, it becomes even more crucial, then, that she listen to the messages her body is sending her in order to make the very most of the renewal and creativity promised in the second half of life.

GENDER

At middle-age, some men reportedly display symptoms of androgen-deficiency, or signs pointing to PADAM (partial androgen deficiency in aging males). While women’s bodily functions are scrutinised, medicalised, and found to be problematic, the notion of ‘male menopause’ or andropause, is speculated upon but largely overlooked. “Does the male menopause exist?” asks Dr. John Dean (2005), specialist in Sexual Medicine at South Devon Healthcare NHS Trust. He reports that men undoubtedly experience symptoms related to reduced production of sex hormones as they get older. “The symptoms of PADAM are numerous and non-specific”, says Dean, but goes on to relate a list of problems which read very much like the symptoms ascribed to menopause, including: hot flushes, sweating, insomnia, nervousness, irritability, tiredness, difficulty with short-term memory and decreased interest in or desire for sex.14

Hormone replacement treatment for older men is extremely controversial, and very few studies into PADAM and the effects of treatment have been carried out. Dr Rob Hicks (2007) reports that if the cause of a man’s symptoms is believed to be the andropause “it's still under discussion as to whether testosterone as hormone replacement therapy should be offered.” He goes on to say that many treated men claim
to notice an improvement in their symptoms. “Male HRT shouldn't be taken lightly though”, he continues, “as it has been linked with development of prostate cancer and any treatment needs to be closely monitored.”\textsuperscript{15} Where risk is involved, the difference between the attitude to medicating male symptoms and the treatment of women is striking, bringing into stark relief the gendered nature of medical practice - especially in this arena. Some of my interviewees were aware of this hypocrisy.

Liz: If men suffered the menopause they would not endure the symptoms without taking the hormones required.

Eva: [I spend] more [money] on vitamins and supplements which adds up when you are on vitamins. I’m sure if men had the menopause they would be able to get vitamins and minerals on the NHS!

“Once a woman has developed symptoms that signal she is either peri-menopausal or menopausal, it is time to consider some form of HT”, Segal and Mastroianni (2003, p.110) declare in a matter of fact style - but, they warn: “Although hormone replacement for men is gaining popularity, the question of safety often arises.” They offer three key reasons why doctors are reluctant to prescribe hormone supplementation to men: possible liver damage, prostate stimulation linked with prostate cancer, and concern about the effect it may have on a man’s heart. It seems that myocardial infarction, stroke, invasive breast cancer, pulmonary emboli, cardiovascular disorders, endometrial cancer and dementia\textsuperscript{4} are acceptable risks with regard to hormone treatment for women, while a very different standard of risk is applied to men in comparable circumstances. It appears that the incumbent dangers are the price women must pay to render them more satisfactory to both themselves and society.
CHAPTER FIVE: THE SILENCED PASSAGE

As we have seen, much writing on menopause has been undertaken by male experts, the model of male as unquestioned imparter of knowledge and absolute truth remaining an assumed component of the established order. So far we have looked at the ways medical paradigms and practices have influenced understandings of menopause, and observed some of the biological issues involved. A discussion about menopause cannot, however, be separated from its cultural context and societal influence. My investigation continues, therefore, by beginning to look at how Western societies approach menopause itself.

THE SYMPTOMS

As we have seen, Western cultures attribute a specific set of events to the menopause: vasomotor symptoms such as hot flushing and sweating, insomnia, irritability, anxiety, short-term memory problems, tiredness, and decreased sexual desire and interest. In my quest to explore the ways in which women experience the signs of the climacteric - the natures and severity there of - I was surprised by the range of experiences among the women I spoke to.

Olivia: I started getting hot flushes where there would be this heat all of a sudden rising, and going, rising and going, and then they got slightly more frequent, mainly when I was going to sleep – I’d be sleeping and then I’d wake up and I’d be really, really, really hot and I’d kind of take all my clothes off and then later I’d be really, really cold and I’d have to get out of bed and put all my clothes on!!

Vicky: Hot flushes, anxiety, depression, dry skin, loss of libido. The anxiety and depression have been severe.

Jill: Started at forty and finishing now at forty-six. It has been a long & laboursome six to seven years.

Paula: Bloating, this seems to occur when its my period time, although I don’t have a period for a few months at a time. Dry skin, not all the time. Acne, my cheeks are spotty constantly, I have
tried lots of remedies. Thinner hair, I've noticed this slightly. Weight gain, this has crept up for ten years now.

Toni: A few months of hot flushes. No 'night sweats' to speak of - I got off lightly.

Kate: I am not having a brilliant time as I am having a surgical menopause…I have experienced very severe hot flushes and aches and pains and quite a lot of headaches. I also have dry eyes.

Heidi: I was lucky to have few symptoms (no hot flushes, no floods, just a few mood swings). Shame that one has less energy and the aches and pains are on the increase, but otherwise I don’t mind.

Anna: Fortunately, very few…luckily I have drifted along without needing alterations.

Margo: There is not a great deal for me to say about my experience of the menopause, as I was one of the lucky ones for whom it was no big deal…the symptoms – although they went on for a while – were comparatively mild. My periods stopped gradually and I had occasional hot flushes, but nothing dramatic.

Gina: Horrific to be quite frank.

Doreen: Night times are horrible, I get leg tremors, I don’t know where to put my legs at night and consequently I get very little sleep…I get very hot and feel like I’m going to keel over and I get a bit nauseous.

Rita: [It was] too bloomin’ long! Other than turning bright red on an hourly basis, I am still as fit as I was pre-menopause. When first ‘afflicted’ (2000, aged 45) felt a bit ‘down’ but it was transitory.

Sam: Very erratic and varied cycle. Some anxiety. My symptoms have generally been mild.

Liz: Raised FSH. Slight loss of libido.

Eva: I have been incredibly lucky in that I haven’t had many symptoms really apart from hot flushes for about 2 and a half years. Putting on weight and less energy and palpitations which I have had for a few years now – these are quite distressing and I believe are linked with the menopause…I haven’t found the symptoms (apart from the palpitations) very disruptive.

Society does not provide many points of reference for understanding the corporeal, emotional and psychological changes that occur during the climacteric. Without a clear, positive reframing of experiences, and intentional channeling of the emerging energies, the only point of reference to draw on within our culture is an interpretation of these happenings purely in terms of mental and physical illness,
whereby we continue to “present ourselves to medical and psychological practitioners for ‘treatment’” (Ussher, 2006, p.xiii).

ARE WE PREPARED?

Because patriarchy is threatened by women’s empowerment through female bonding, there is an investment in keeping women separated from knowledge of each others experience. Traditionally, women’s knowledge has been passed down through spoken word - where women have come together socially, domestically and for the purpose of ritual - rather than in written form. Historically, and cross-culturally, male-imposed power structures have been responsible for the fact that women’s wisdom, experience and perceptions of the world have not survived for posterity.

“Nobody ever prepares you for menopause”, writes Kenton (1996, p.15). Greer (1991, p.26) agrees: “Almost half a modern woman’s life lies beyond the transition”, she declares, “yet nothing in her education or her conditioning has prepared her for this new role.” If women are fully prepared for events that may occur during their change of life, and if they have a meaningful understanding of these changes - or a context in which they become meaningful - they may find themselves better equipped to negotiate this journey by way of empowerment rather than fear. When they initially experience the indications of peri-menopause, women often do not recognise them, failing to realise that these physical and emotional experiences may be related to menopause.

Women may especially fear what is happening to them psychologically. “The tempest of your shifting hormones rearranges your thought patterns and processes…leaving you feeling confused and betrayed. Don’t worry,” The Idiot’s Guide to Menopause reassures, “this is all perfectly normal. You are not losing your mind. In fact it’s more likely that you’re finding parts of your mind that you didn’t know you had” (Pelletier, Kvarick & Romaine, 2000, p.100). Because we are told so little, says Kenton (1996, p.15), “few women in our culture…expect the intensity of emotion, both pain and pleasure, that can accompany the end of the childbearing years.”

Viv: Apart from watching my mum going through an extremely depressive, emotional time when I was barely a teenager, no preparation – but then luckily I don’t seem to have needed it.
Olivia: I’m after the menopause now, because I haven’t had periods for ages and the hot flushes have died down. Do they come back - I’m not sure, I don’t know what happens next.

Vicky: I had an idea what the symptoms meant but couldn’t believe it could be the menopause, I thought I was too young. But with a history of erratic menstruation I realised they could be menopausal symptoms. The hot flushes were horrible but I thought they were just panic attacks making me feel like that, I didn't know that the menopause can actually cause anxiety and panic attacks… I have experienced some sharing with my sister and mother and other women who understand what I'm going through.

There is a tendency within our culture to treat menopause as a covert set of events, a hidden journey characterised by embarrassment at physical symptoms and shame surrounding psychological impulses. The menopausal woman “has no option but to register the great change that is taking place within her, but at the same time she is forced to keep this upheaval a secret” (Kenton, 1996, p.39). Women often seem uneasy when the topic is raised, and men who can comfortably talk about menopause are unusual. A degree of isolation can result from the taboo nature of the change and social stigma concerning visible symptoms.

Lydia: Certainly, the hot sweats and the anxieties that accompanied it, meant you would be hesitant to go into a situation where you didn’t perhaps know the people very well or somewhere where you were going to be on show.

Sam: [I feel] slightly embarrassed some times at my ability to cry over anything.

Doreen: People think I’m mad – I take clothes off on the train… I sit there on a freezing cold morning with just a blouse on and when I used to use the Jubilee line, when I sat next to the window, you could actually see an outline of my shoulder where the body’s hot and it’s just made the glass steam up – quite embarrassing.

Greer (1991, p.85) suggests that “part of the mythology is that there are women who experience nothing significant at this time.” A large scale 1933 survey by the Council of the Medical Women’s Federation, claimed that ninety per cent of women “carried on their daily routine without a single interruption due to menopausal symptoms” (Houck, 2006, p.17). Although menopausal symptoms are well acknowledged today, the depths of menopausal experiences are still not readily discussed openly or in detail between women, even mothers and daughters.

Paula: My friends have had a few symptoms, but to be honest no one really talks about it.
Margo: Because my symptoms were not very apparent, I don’t remember talking about it much. A close friend experienced the menopause a while after me, and we talked a bit about how it was affecting her, but it was not a frequent topic of conversation.

Rose: When I started talking to my friends about the menopause, it’s not until we sat down and started talking about it that we all realised that we’ve all got stuff, really important potent stuff happening that is happening to all of us. It’s like a click, click, click experience, where we’re all going ‘yeah, this is happening’ and the recognition of our own individual experiences being totally different but so alike.

The disconnection Western women might feel despite spending much of their lives residing in busy communities, has been somewhat alleviated by recent technological advances. The world wide web allows women to anonymously share quite personal issues with others in similar positions, and come together in virtual communities.

Kate: I have experienced sharing the menopause on support websites such as ‘Menopause Matters’ and ‘The Hysterectomy Association’.

Anna: I’ve experienced sharing with other women via the internet menopause groups.

In mainstream culture, there is inadequate support for menopausal women beyond a medical/symptom based context. Psychologist Ann Kearney-Cooke believes that it is essential, therefore, for menopausal women to find mutual support in the way new mothers do. In society. “It is very important to have a group…or some people to share it with”, she points out: “That is a very important experience, because when one woman names her reality, it really empowers another, and it also starts to contradict the distortions that you’re seeing in the media” (Henkel, 2001, p.152-3 citing Kearney-Cooke, n.d.). “Turning to other women can help to lighten our load”, agrees Henkel (2001, p.153): “Sharing jokes about chin hairs and doing Kegels can dispel depression about aging” as can “having fun with friends, finding alone time to keep a journal, or taking up painting or kayaking.” By connecting to themselves and others - remembering the psychic blood-ties of libidinal energy that unite all women despite their diversity - women can move into a space where they can start to feel in control, yet without the pressure of having to ‘control themselves’.

Fortunately, “menopause is now better understood and more openly discussed than ever before.” As women of the baby-boom generation enter the change of life, there has been a gradual increase in interest and openness toward menopause. Today,
there are books, magazine articles and web sites about the physical and medical implications of menopause. For past generations, there was far less candour surrounding women’s experiences, fewer resources and fewer affirmative identities for older women.

Anna: Menopause is more widely discussed [than in my mother’s generation]. Often women did not reach menopause due to bearing many children.

Eva: I think in my Mum’s generation it was seen as very negative like the beginning of the end as women were even less respected and less valued in her day (pre-feminism).

Doreen: I think we’re better educated now and we can understand [the menopause] a lot better. I think there’s a big difference between our mothers’ year groups and us, and by the time my daughter goes through it, there will be more understanding again for her ages. I think for each generation they’re learning more and more things, I think there will be improvements as the years go on.

Jill: Yes, [in our generation, things are] socially and medically more aware and helpful.

Gina: I have HRT available. My mother (who went into menopause soon after I was born) was constantly ill and depressed. Now I know why.

Liz: [There is] greater access to simple cosmetic procedures such as fillers. My mother would have loved them.

There continues, however, to be relatively few readily accessible resources concerning the psycho-spiritual aspects of the climacteric. Culturally, menopause is constructed around symptomology and is often concentrated on delaying the aging process, although a more holistic, body-mind-spirit approach would seem to be more woman-centred. The notion of focusing on positive change, Croning or post-menopausal renewal, however, remains relatively new territory, although this is beginning to emerge from the United States.
CHAPTER SIX:
AS WOMEN AGE

As my study developed, I began to acknowledge the possibility that some of the issues occurring for women during the climacteric, including symptoms, may originate in cultural aspects. In this chapter I have gone on to enquire into society’s attitudes towards women at middle-age and women as they grow older.

The menopausal years are “a mysterious time about which sinister myths continue to cling”, notes Greer (1991, p.3). The social construct of femininity results in unrealistic ideals which are incompatible with women’s realities, while the sexist narratives surrounding the middle-aged woman, her sexuality and her appearance can engender enormous inadequacy. Derogatory stereotypes serve to reinforce negative attitudes to older women by vilifying their natural characteristics. “Once a woman even unconsciously swallows the negative stereotypes that our culture has created about the older woman”, says Kenton (1996, p.19), “she opens herself up to the idea that she needs ‘treatment’”. Traditionally, folklore and fairy tales have represented post-menopausal women as witches and hags, and it is understood that witches are old and ugly. Many ‘witch stories’ “are about discrediting female knowledge”, writes Mead (2004, p.61). “Fairy stories and folk tales often reveal a society’s fear of women, fear of their experience, wisdom and power – particularly menopausal women”, she concludes. Lyndal Roper writes that in early modern Europe, “menopausal and post-menopausal women were disproportionately represented among the victims of the witch craze. Accusations of witchcraft”, she continues, “were grounded in a powerful cultural current of hatred” of older women (Roper, 2006, p.160 cited in Almond, 2008, p.17-18). The traditional portrayal of the hairy, warty witch can induce women to become increasingly ashamed of their body’s protestation against the perfect feminine ideal.

The North American Menopause Society found that “societal norms related to femininity and aging all differ across groups of women.” Formanek (1990, p.169) agrees: “The definition of the menopause for any social group will be formed from the meaning and consequence of the menopause for the position of women in the structure of that society.” Poole and Feldman (1999, p.4) remind us that in Western cultures “we are less tolerant of the aging process and its physical manifestations in women. The
years beyond menopause have been viewed in a poor light, due in part to the dominance of the medically oriented, biological decline model of aging.” Robert Wilson (1966, p.46) typifies this position when he claims that if a woman’s menopause is ‘treated’, “her rapid decline in post-menopausal years is halted. Her body retains its relative youthfulness.” A woman’s individual reaction to and understanding of aging will most certainly be an important element in the way she is able to adjust to menopausal changes. “At some point”, Holland (2004, p.121) notes, Western women “stop seeing themselves as an attractive woman and see instead an aging woman.” With a desire to discover exactly how women were experiencing these cultural attitudes and to what extent these positions influenced their understandings of their menopausal selves, I asked the women in my study how they felt about the physical changes happening to them. Many expressed low self-regard in this area. The issues of weight and physical appearance continually arose as aspects of mid-life about which there were difficult feelings.

Anna: I don’t look in the mirror often. However, I hate what I see in shop windows as I walk by! I tend to think of myself as 2 inches taller than in reality so to see this hunched over old lady makes me jump – every time!

Vicky: At the moment, in perimenopause, I feel less confident, less attractive and vulnerable…I have not put on extra weight fortunately, but what I have noticed and don’t like is that everything is saggier and less toned, and my skin is starting to get loose.

Eva: [The menopause stage of life] meant facing up to getting old and feeling less attractive and of less value.

Sam: [I would like] to once and for all lose weight and keep it off. I’m strongly aware of need to keep fit in order to be healthy and look better.

Viv: Having lost a fair bit of weight recently, intentionally, makes it all the easier to find nicer things to wear…I mostly like the way I am now and I’m fairly comfortable with myself. Of course there are always things that could be better. I do hate my face etc heading south though!

Gina: I intend to avoid aging as long as possible.

Paula: My weight is the main problem and that gets me down.

Margo: I have gained weight in middle-age, but I think this probably has more to do with my being less active since I retired from work. Fortunately my weight seems now to have stabilised!
Olivia: I started putting on weight around my waist, and although I’ve always been big (I’ve always had a shapely body) but I thought ‘I’m not having it!’ so I started on a quite strict diet and exercise, which has in fact made me feel loads better.

Maureen: I was told I’d probably put on weight, so to combat that I decided I was going to join a gym.

In patriarchal cultures, negative attitudes to the aging female body are to some extent perpetuated by women themselves. Banister concludes that midlife women’s “confusion may reflect a much broader problem, the locus of which is not so much in the women themselves, but rather in negative societal attitudes about aging women” (Ussher, p.35 citing Banister, 2000).
CHAPTER SEVEN: REPRESENTATIONS

Representations of menopause in mainstream media, like menstruation, are largely nonexistent. When it is represented, menopause is often characterised as a signifier of aging and viewed as difficult and undesirable. The absence of positive representations of openly menopausal women or menopause as a subject, reflects the way in which the realities of female bodily processes are treated in our culture. This can result in older women perceiving themselves to be irrelevant and unacceptable. Most of the women I spoke to were aware of cultural attitudes.

Lydia: I think in general society views older women quite negatively and I think… it is beginning to change but I think it will be a slow process before people see that you still have potential and a lot to offer life. I think it’s easy to put everybody into one bracket and dismiss you, almost, as though your life is finished…it’s almost as though they expect you to go into decline, really, at that age, whereas I think for a lot of women the menopause triggers them going into a new phase of life, picking up things perhaps they haven’t done for years or starting new ventures and new careers even. I think from that point of view society’s got to move along with us and feel that we’ve still got a lot to contribute to society.

Eva: I feel angry and distressed by seeing my value in society’s eyes diminish with each passing year and have to work hard to remain positive and optimistic and do my best to see the potential in everyone no matter what their attitude towards me might be.

Jill: How do I feel about aging? No problems here. How do I feel about the way society views older women? No problems, but I am not really perceived as one (even though have grey hair and now a walking stick!) More respect if anything.

Viv: On the whole I think that older women are represented as frumpy with middle age spread and letting themselves go, so to speak. Of course there are always exceptions. However the other end of the scale does also get shown but these women tend to be rich or upper middle class with fabulous lifestyles which may have allowed them to be able to slow down the ravages of age cosmetically either by fashion, make up or possibly surgery!

Olivia: I don’t know how society looks at older women because I don’t operate in whatever a normal society is…it’s more of a concept that you don’t have to follow a traditional role as a woman among people I know.

Rita: I don’t think about it and get very annoyed by people who feel it is the only thing they can think about! (Perhaps menopause has made me intolerant!)

Heidi: [I feel] accepting. It’s not stopping me from doing anything.
In a culture that values women in terms of sexuality and reproductivity, the continuing pursuit of youthfulness and a slender body tend to act as the locus of self esteem. Consequently, women may feel useless and disregarded after child bearing age unless they can attain these prerequisites, experiencing their loss of value in society as a loss of self. The under valued but equally important creative wisdom and renewed energies for self that the Crone embodies can go unrecognized, unexpressed and unfulfilled because there is a “limited set of possibilities open to women enacting femininity, and the body plays a significant part” (Holland, 2004, p.xiii). Gorman (2006, p.101) reassures women that they “need not be marginalised because of their age and hormone replacement plays a key role in this change of attitude. Women need no longer accept that they are over-the-hill at 50.” Similarly, Wilson (1966, p.29) suggests that “the elimination of the menopause is perhaps the most important technical advance by which women may equip themselves for an enduringly feminine role in modern life”. Reassurance that menopause can be eradicated, however, reinforces women’s fears of their changing selves and of the person they will become beyond menopause. Wilson’s “paternalistic desire to prevent the aging woman from becoming ‘redundant’”, complains Kenton (1996, p.88), “has echoes of the very worst of cosmetic marketing about it.” Yet although both Wilson and Gorman appear to acknowledge femininity as social function, they would rather women medicated themselves to retain the status and sense of identity this function secures – while keeping the construct in place - than have women question the construct and its potentially damaging effects. Indeed, these damaging consequences seem to play an important role in Wilson’s rationale: “How a woman’s awareness of her own femininity completely suffuses her character,” he muses, “and how the tragedy of the menopause often destroys her character as well as her health” (Wilson, 1966, p.21).

Greer (1991, p.2) protests that by emphasising the possibilities of eliminating menopause, “the men whose names appear on hundreds of learned papers every year” are using the pretext of “immense chivalrous sympathy for women destroyed by the tragedy of menopause” to keep “all women both appetizing and responsive to male demand from puberty to the grave”. Coney goes so far as to describe Wilson as the “Hugh Hefner of menopause” (Coney, 1994 cited in Kenton, 1996, p.89). Another reason women should consider being ‘treated’ during menopause is their responsibility to ensure that men do not fall prey to their more primal instincts. “For a man”, expounds
Wilson (1966, p.35), “a truly feminine woman is the idol that inspires his own capacity to lift himself beyond his normal limits…The femininity of a woman also evokes in man the capacity for adoration.” Women are expected to maintain their ‘femininity’ in order to preserve male attention.

Viv: I think [women] should keep themselves feeling attractive for themselves first and foremost and if their man benefits from that – great...I think it would be disastrous to meddle with the natural body clock. [Menopause] happens for a very good reason.

Liz: I think that there should be research into the menopause and treatment found to stop it’s occurrence to start with. It is a stupid pointless exercise. The very idea of women having to worry about hot flushes, incontinence and other unpleasant symptoms is quite ridiculous.

Yet does preventing or postponing menopause further empower a woman as she enters middle-age, or does it render women victims of patriarchy? “Wrinkles begin to appear” at menopause, warns Gorman (2006, p.94), “followed by saggy cheeks, bags under the eyes and, finally, the dreaded turkey neck.” She insists that “the only thing that will save you from these horrors is…using HRT.” Yet relentless consumer targeting of middle-aged women by cosmetics companies also exploits women’s fear of an aging physical appearance, while endless television programming advocating cosmetic surgery as a solution to physical aging also offer women the promise of everlasting youth, encouraging them to take risks to ‘improve’ their looks. “So desperate are some women to stave off aging” laments Greer (2000, p.23), “that they are prepared to submit to injections of botulin toxin to freeze their facial muscles and prevent wrinkles. It must be a sad world when what every mother wants for Mother’s day is ‘younger-looking skin’.”

During my research I monitored the television commercial breaks over a period of several weeks. Of a total of 106 adverts shown at all times of day and night, only 18 featured women over forty-five, compared with 46 featuring older men. The women were mainly endorsing age-related products, whereas the authority of older men’s wisdom encouraged confidence and in a variety of products.

Eva: I am quite vain and as the wrinkles appear I have to admit to spending more on make up and I resent this.

Anna: Apart from a slight ‘chicken neck’ I have no thoughts of cosmetic surgical intervention.

Liz: Disgusted. I’m seeing a cosmetic surgeon for improvements to avoid the menopausal look which screams “I’m past it”…I’m not going to allow my looks to fade.
Maureen: I believe you are what you eat…I try to live my life today as best I can, I try really hard to eat healthily because I do believe that will prolong youth…I do believe that HRT has given me a more youthful [look] – my skin is probably better than it would have been, although I’m very fussy, I’m not slap-dash, I moisturise my face and body every single time I shower which is every day. I take care of myself, I always did.

Vicky: I don’t want to look old…I’m not happy [about the changes happening to me physically] but I realise that if I took more exercise I would feel and look better. I don’t like looking older.

Viv: I can understand, on rare occasions, how a woman may want some kind of facial surgery if they are affected by extremely obvious aging at an unusually early age because I think that could wreck someone’s confidence and could be psychologically damaging. However generally, I think the aging process should be left to nature. Face lifts so often look just what they are, a mask that doesn’t move naturally and looks totally false.

“Beauty, like truth,” states Rosalind Coward, (1984, p.77) “is one of those empty terms filled by the values of a particular society at a given historical moment.” In Western cultures, increasingly frequent air-brushed media images and surgically altered bodies and faces encourage women to find their natural condition wanting. Greer (1991, p.336) agrees: “It is not enough for a middle-aged woman to be attractive or to take care of her figure…she needs to be young.” Or at least look young - whether maintaining these unattainable qualities artificially by some form of cosmetic enhancement, diet or exercise, the pressure on women can be enormous.

Observing the ways in which women seemed to internalise negative imagery lead me to further investigate representations of menopause. Without doubt, representations influence the construction of realities, and as society’s concepts and representations of older women have changed, so women’s experiences of themselves have altered. One only need look at how differently women age when compared to their mothers’ generation. Some of the women I spoke to had been impacted by media representations they had seen.

Paula: I think this has got better as you see the celebrities aging and still appearing on TV in adverts etc. So the glam older woman is acceptable more now, I believe.

Vicky: On one hand I feel [older women] are overlooked because their looks are changing and there is a huge pressure to keep the appearance of youth. On the other hand there are some wonderful role models who have grown older naturally and are beautiful successful women, for example Judy Dench.
Viv: I think the media generally always seems to portray menopausal women as acting strangely; having excessive mood swings, mostly on the negative side; depression, crying, foul temper etc. I can’t remember seeing/reading anything that gave a particular positive side to the experience but perhaps that’s because the negative side always seems to be predominant.

Kate: I don’t feel that much different although I do think society is fixated on youth and good looks and diets. Woman’s magazines drive me mad, and although I am only 47 I have started buying magazines aimed at an older age group, because the concentration on diets and celebrities and unintelligent rubbish and dumbed down articles on how to do things anyone with half a brain cell could do, drives me mad in the magazines aimed at women in general.

Earlier this year, newscaster Selina Scott - aged fifty-seven - along with former BBC regulars Kate Adie and Anna Ford, criticised discrimination against mature women in television. "How many women are there on mainstream current affairs programmes who are over fifty?" asked Scott. “Yet you look around and see lots of men.”\textsuperscript{16} Veteran presenter Joan Bakewell agrees that an entire section of the population – women over fifty-five – “never see their like on serious programming” and that those in their fifties are “looking over their shoulder in fear of early redundancy.”\textsuperscript{17}

During my study, I identified a genre of film which can only be described as the mid-life ‘coming of age’ film - for example \textit{Shirley Valentine}. There appear, however, to be very few instances where menopause is directly referred to in film, and I found no positive representations. The four friends in \textit{Sex and the City} discuss menopause briefly when the character Samantha imagines her periods has ceased altogether. Sam is horrified when she receives a menopause magazine in the post: “This is a catalogue for pre-menopausal women…for women who are drying up”, says Sam, obviously distressed at the idea that she could be menopausal. “I am not transitioning - I’m happening”, she protests, as though the two were mutually exclusive. The other women in her group reveal a more positive attitude, but only with regard to menstrual cramps: “I for one can’t wait for menopause – do you realise how freeing it’ll be to not have our periods”, says Miranda, to which Charlotte replies: “I can’t wait ’til Flo stops coming to town.” (Season 3, ep. 8) In the BBC series \textit{My Family}, Susan is arrested for stealing, and this, in addition to mood swings, leads her son Michael to believe she is going through the menopause. She too, vehemently denies this, refusing to accept it. When the case goes to trial, husband Ben tries to persuade the Court that the theft was a result of Susan’s “change”. (Season 7, ep. 9) \textit{Desperate Housewives’} Susan Mayer is even more outraged. She is insulted when her doctor suggests she may be in early menopause:
“I’m not old enough for menopause” she shouts at him. "Listen, Susan," says the doctor, "I know for a lot of women the word ‘menopause’ has negative connotations. You hear ‘aging,’ ‘brittle bones,’ ‘loss of sexual desire’…” Although this programme must be commended for the progressive way it builds a narrative around a group of women over forty, its treatment of menopause is less praiseworthy. Susan imagines herself to be slipping rapidly into old age - soon to be wearing grey hair and a cardigan. She almost breaks down in front of her friends, telling her husband Mike that she feels “dry and dusty.” (Season 4, ep. 1)
CHAPTER EIGHT:
PROPRIETY & STATUS

While examining the way Western culture portrays this stage of life, I began to wonder how menopausal women were expected to manage themselves for the benefit of others. What behaviour is deemed by the culture to be appropriate?

Arrival at menopause, says Milleret (2004, p.162), “marks itself as the point in women’s lives when their social assets…all have been spent.” In contrast, as men age they are offered socially acceptable, gender biased compensation by way of status, accomplishment and wealth. Older men also “retain their respectability as patriarchs”, adds Milleret. Some of my interviewees had considered how reduced opportunities and agist treatment in the job market may affect them.

Paula: I think job wise it is harder to be accepted.

Lydia: I haven’t actually put myself out there to try and find a job and I think that might be a very different kettle of fish if I was actually actively seeking employment now I think that the feedback from society might be quite negative. I think they see your age on an application form and you don’t actually get through the door so they can’t even make an assessment about you as a person and your capabilities because you never get that far…there are a number of businesses that do actively take older people now because they find them more reliable…but in general I think employers go for the younger model.

Gina: The main issue for me is employment and worries that if I lost my job I’d find it hard to find another one.

The workplace is another arena in which women are expected to manage themselves during menopause. Despite potential risks to her health, and notwithstanding the fact that a woman may be continuing to deny her own burgeoning identity, Gorman (2006, p.80) insists that women take HRT because, she argues, it “benefits not only the women who use it, but their…workmates as well.” In terms of the female employee, she writes: “When your mind goes blank, it is embarrassing, especially if you are in a roomful of men who are unlikely to be sympathetic much less understand the cause of your discomfort…HRT can…spare you the embarrassment” (Gorman, 2006, p.74). No woman is excluded, regardless of professional status - Wilson (1966, p.84) warns that untreated, a “menopausal woman executive” will cause the working week to become “a
futile, inefficient round of violent ups and downs” and “adult tantrums.” Because our culture expects women to put others first no matter how detrimental this may be to themselves, ‘equal’ opportunities in men’s domain, the work-place, requires that women adapt their cyclical bodies to a more linear model. The masculine terms under which women join the world outside the domestic sphere do not factor in many feminine needs or realities.

With the onset of middle-age, “a woman knows from her own perceptions that nothing is so macabre or ridiculous as mutton dressed as lamb”, says Greer (1991, p.38). But, she asks: “How is mutton supposed to dress?” Wilson (1966, p.126) suggests that a middle-aged woman’s clothes “do not have to be elaborate or expensive. But they should always be appealing and in taste.” Sheehy (1998, p.154) asserts that “women who deal with menopause by denying it entirely become easy to pick out” because they “get carried away with wearing a size six dress when they’re fifty-five.” If one is tempted to imagine that the policing of women’s appearance in relation to age is out-moded, recent press articles expose the fact that this is indeed not the case. Lowri Turner (2008) asks: Should 40-something women like Madonna start dressing their age? “On the cover of her new CD, Madonna is wearing hot pants,” notes Turner, adding, “there is something about this image that is more than vaguely unsettling. It may be rude to bring up a woman's age, but Madonna is 49, for goodness' sake! Shouldn't she be wearing a cardie and support tights by now?” Similarly, Liz Jones (2008) wonders When are you too old to wear…? She reports: “When Lulu appeared in yesterday's paper, it was a sharp reminder that women of a certain age should avoid miniskirts. She might look fantastic everywhere else, but there are not many women over 40 who can get away with flaunting their knees. It's a minefield for women to know when they've outgrown some fashion trends.”

The cultural boundary of propriety beyond which women are not permitted after a certain age, is being policed by women themselves.

Viv: I think that a woman can look a hundred times better, dressed appropriately for her age and I don’t mean dressing in tweed skirts, wool stockings and flat lace up shoes etc. There is so much choice of fashionable clothes for all ages which can make women look and feel more confident in themselves. Trying to be something she’s never going to be again (or even ever was) will have the complete opposite result. Some women can sadly make a laughing stock of themselves…I feel embarrassed for them.
Vicky: I feel like I don't know what to wear like I used to. I wouldn't wear short skirts any more because I feel that it would be inappropriate because I wouldn't want anyone looking at me thinking I was mutton dresses as lamb, or that I looked great from the back because I have a decent figure but then would be horrified when I turned round and they saw my age.

In terms of external appearance, writes Holland (2004, p.121), the age boundaries “are stringent and the connotations negative,” with women finding “that their choices become narrower with age”. In her research, she found that women who had maintained an ‘alternative’ style of dress, experienced “the im/possibilities of being alternative” as they age. Their fear of being “monstrous, grotesque” reflects the apprehension felt by the wider aging female population. Holland (2004, p.121-122) identifies two main strategies used by women “to ‘measure’ how far they were drifting towards being too inappropriate.” The first strategy is watching other women to gauge how “appropriate” each one is, and using that as a “mirror”. The second is to “tone down” one’s appearance in response to what one sees. Wilson (1966, p.27) believes that “dress, grooming, manners and style of language are as much a part of a woman’s femininity as her physical attributes”, concluding that only by prolonging a woman’s femininity “by means of medical techniques…can she function fully as a woman within her particular human context.” Some of the women in my study were acutely aware of these pressures.

Paula: Shows like Trinny and Gok dressing women who aren’t the slim young usual type on programmes, make normal women feel feminine, the outsize shops are stocking better clothes so women can feel feminine, I think time is changing the acceptance of the forty plus woman, making them feel more sexy and society accepting.

Toni: [Society] tries to sell me things to pretend I'm younger. I've never worn make-up, this is me, why should I start now? The cult of youth is damaging to us all. I meet people as individuals and so they meet me on my terms…There's always the blinkered and those stuck in seeing stereotypes - I just see them as limited and find other people to be with.

Viv: My dress style now, I think, is appropriate for my age. For work I wear mainly trousers and tops, with some costume jewellery to pep it up. I do like to look as good as possible when called for…However I’m also happy slobbing about in jeans and a sweatshirt. I still call for opinions on my clothes and hardly ever go shopping alone. However I accept advice more readily now and generally, I think, it pays off.

Kate: As a middle aged woman I feel pretty invisible.
Liz: How has my outlook on myself, life and the world changed since menopause? I feel as though I’m being deprived of my femininity.

The tendency to feel unnoticed can be a new and challenging status for the menopausal woman, and though in younger years “her excessive visibility was anguish, her present invisibility is disorienting. She had not realized how much she depended upon her physical presence, at shop counters, at the garage, on the bus” (Greer, 1991, p.53). However, invisibility at middle-age can also be a welcome end to unwanted male attention. Greer relates her experience of donning drab, femininity-obscurring mourning garments and head shawl while in Sicily: “I found the new freedom from men’s attentions exhilarating rather than depressing…There was also tremendous liberation in not having to think what to wear.” Some of the women I spoke to echoed Greer’s sentiment.

Eva: In many ways it’s quite liberating not to be seen as needing to attract attention. It’s also a chance to try out different pathways in life, less of a pressure.

Heidi: I am delighted that older women have anonymity.

Toni: Not keen [on aging], but as it's what happens I find ways to love it. For example, I can now chat to young men and be supportive and friendly without them thinking I'm after something.

As the female body transits the climacteric, it can become less easy to tame and sanitise for public consumption. Sweat, fat and hair may all increase - in an attempt, perhaps, to rebel against years of extreme socialisation and cultural denial of woman’s corporeal nature. In a culture which is phobic about female bodily hair, and where to be hairless is the norm, visible body hair can instil in women a sense of shame and embarrassment. According to Chapkis (1986, p.5 cited in Holland, 2004, p.122), the woman who does not remove her facial hair - “like all women who fail to conform – is not only Other she is Error; flawed…in her ability to appear as a normal female.” In line with this model, Gorman (2006, p.96) refuses to accept the menopausal body on its own terms. She considers that older women “develop masculine characteristics…It is a fact that, as women grow older their features coarsen and they begin to look like men. If you don’t want to risk this happening to you,” she warns, “then HRT may be the only answer.” As virtually all Western women remove their ‘excess’ bodily hair, the myth that it is not normal persists, and, because this hair is seldom seen, society becomes
sensitised to it. Menopausal women can find themselves becoming horrified by their changing bodies as a consequence.

Vicky: I hate the fact that my pubes are thinner and going grey, but that my facial hair is increasing, that’s a real bummer. What is good though is that I don't have to wax my legs or underarms so regularly - well there has to be an up side.

Olivia: I’m kind of getting hairs on my chin.

Doreen: You can be talking to a member of the public and all of a sudden you go bright red in the face and you start getting really hot and sweaty…there’s nothing you can do about it – it’s really horrible.

Although a meticulously groomed appearance and well-managed body are indeed allowing older women to be seen as attractive and more socially viable, the middle-aged woman in her natural state is still largely unacceptable.
CHAPTER NINE:  
SEXUALITY

Women are generally considered more sexually attractive during middle-age if they look younger than their chronological age. Some of my interviewees had experienced continued privilege of status by retaining a youthful look, feeling that they had not been affected by negative attitudes. Uncertainty of a woman’s age can also mean that assignation of social roles is problematic.

Gina: I was only 40 when I became menopausal and am told I look in my thirties, so [the way society views older women] hasn’t affected me.

Eva: Because I take steroids for a Chronic illness, I look younger than I am and this is a mixed blessing as people can react a bit strangely when they realise how old I am – I guess part of me wants them to think I am younger than I am and part of me wants to be younger than I am!

Liz: I find I get more respect in person when someone is unaware of my age than communicating with a person on the telephone who knows my age and doesn’t know me personally.

Olivia: Most people tell me I don’t look my age, so I look younger than I actually am. I’ve got grey hairs showing through at the moment, but usually I cover them up so most people think I’m in my late 30s, early 40s, so I don’t think I’m yet seen as an older woman.

Rather than empowering older women, however, is the trend for passing as younger, and maintaining the glamour and artifice of femininity not an insidious collusion with ageism towards women?

The decrease in self-esteem that a Western construction of the menopausal body induces, can also undermine a woman’s confidence and call into question the validity of her sexuality. Like social feasibilty, female sexuality is defined in terms of youth. “The emphasis on women's looks”, claims Coward (1984, p.77), “becomes a crucial way in which society exercises control over women's sexuality.” There is also a tendency among women to displace these cultural judgements and the resulting confused identities and lack of self acceptance onto other women. When Helen Mirren was sighted in 2008 wearing a skimpy bikini, there was uproar in the press. “Is it shocking to be sexy at 60?” asked the Times.21 One reporter pondered whether the female public might be “discussing…the chutzpah of a 62-year-old woman photographed so unselfconsciously in the almost-altogether.”20 The images of Mirren were considered so
shocking because it is assumed that post-menopausal women will keep their bodies covered, and that older women are asexual. A sexual response to such a woman is met with fear and distaste, and regarded as disquietingly oedipal. The photograph of Mirren presents a diversion from a strict code, exposing a societal taboo which leaves “men under 40 with a bit of a dilemma…men have been pondering just one simple thing: Is she really desirable at 62?” The issue being raised is: “How old is too old to think a women is sexy?”

In a recent interview, artist Tracey Emin revealed her worries about aging: “A lot of women once they’ve passed 55, say, or younger, they're not sexy any more. I'm sorry, they're not! I've gone over it a million times in my head, all right. They're just…it's gone. It kind of floats away, it kind of goes somewhere behind them. It's not like they haven't got it any more, it's like they cast it away almost like the sex shell drops off of them and they become something else.” Greer (1991, p.336) suggests that while men may find their sexual appeal actually increasing with age, “very few women will find this to be the case”. For Greer, public figures such as Madonna, Tina Tuner, Cher, Sharon Stone and Helen Mirren indicate that “the exceptions simply prove the rule.”

Although women over ‘a certain age’ are considered non-sexual, according to a study by the North American Menopause Society, the majority of post-menopausal women reported that their sexual relationships had remained unchanged. While it proved difficult for my interviewees to comfortably discuss sexuality, some interesting points were made.

Toni: Broadly - it stinks! Being a sexy 50-something is acceptable, being any older than that, people seem to forget you may have had/still have a good job, a fascinating life, a gripping story to tell, something to add to society, knowledge and a wider view of life that could be worth listening to, the strength and wisdom to support younger people to grow and develop, the capacity to carry on developing and growing themselves. Why go on - we're just people trying to be the best we can, just like our younger selves! Age-ism is destructive to all ages.

Olivia: Just before my menopause, my sexual drive went much higher than it ever has been…I’m going to continue having sex with people.

Paula: I get tired more easily, my sex drive has diminished so I’m not too pleased about that.

Viv: My confidence in myself is so much better now due to my recent change in lifestyle. I often feel much sexier now because I’m so much more contented with who I am and by the way I feel inwardly about myself. I’m a completely different person to who I was a few years ago.
but I’m not sure that that’s really down to the menopause…Because the possibility of pregnancy has gone…you now have the freedom to enjoy sex with your partner more without caution or to explore other relationships, if that’s where you’re at.

Gorman (2006, p.105) blames hormone loss for changes to female sexuality at mid-life, urging women to take HRT because it “helps you to take a much more relaxed attitude to sex…and makes you less frigid”. Might low self-esteem and negative body image, however, affect a menopausal woman’s sex drive more significantly than is generally assumed? The organ which plays the most important role in a woman’s sexual functioning is reported to be her brain. The psychological effect of a woman’s feelings about her changing body may be overwhelming if she has learnt that these changes are undesirable. Cultural perceptions of mid-life sexual function and desire also appear to be gendered. Wilson (1966, p.129) suggests that supplementing diminishing sex hormones in response to andropause may reverse waning male sexual function, but he is quick to point out that this decline could be attributed to exhaustion and worry, or anxiety about the size of the man’s penis. Problems surrounding sexuality in middle-aged women, on the other hand, are not generally considered to be connected with anything other than oestrogen decline. Wilson (1966, p.127-8) asserts that “in contrast to untreated women, there is no sudden decline in middle life” for male sexuality. Lethargy and loss of interest “is not likely to be lack of hormones in a man”, Wilson suggests instead that the cause is probably boredom, and due to “a dull wife.” Kenton (1996, p.229), however, argues that a woman’s sexuality post-menopause “has not died but rather has been transformed”, and may therefore no longer be compatible with that of her husband.
CHAPTER TEN: 
OTHER CULTURES

Having examined a Western outlook, it was clear to me that meanings of menopause exist in relation to a particular culture’s expectations and representations. In order to explore this further, the following chapter considers ways in which a selection of non-Western cultures differ in their approach and experiences, focusing on studies which document some of these issues. I wondered whether these accounts could shed light on our own way of life.

The North American Menopause Society found that cultural differences can “affect a woman’s experience of menopause and her view of menopause treatments, as well as her overall health and well-being…Although different populations are now being studied, considerable information is needed before many aspects of menopause are better understood.” Perspectives in other cultures may vary and differ from those largely experienced by Western women. There is a somewhat urgent desire among women in our culture, for example, to dispel the signs of menopause rather than appreciate the wisdom of these signs. When Maori women from different tribal groups were interviewed, however, it was discovered that “they mainly referred to the menopause as a ‘change of life’, accepting it as a normal transition in their life-cycle” (Ferro & Wolfsberger, 2003, p.128). Interestingly, “the undesirable symptoms of menopause appear only in countries where aging of women is devalued”, reports Bourne (2005, p.345). He continues: “In many traditional cultures, where youthfulness and sex appeal are not worshipped and women receive increasing respect with aging, menopausal symptoms are mostly nonexistent.” Beckham (2001) cites research into both rural Mayan Indians living in Mexico and rural Greek women, which showed that in both cultures, women were “much more concerned with menstruation and factors related to childbirth than with menopause, which was seen as a life stage free of restrictions and increased freedom.” The study also found that “Mayan women do not associate menopause with any physical or emotional symptoms. They report being happy, content and healthy.” Although the Rural Greek women “experienced flushing and cold sweats”, they “did not perceive that as a disease symptom and did not seek medical intervention. They considered it to be a natural, temporary discomfort (Beckham, 2001, p.15 citing Notelovitz & Van Keep, 1986).
Does the standing that women hold in a culture, then, affect the way they experience mid-life? Ferro (2003, p.128) believes so: “Without doubt women’s status and roles and the ‘body politics’ in their society will influence the individual experience of aging and menopause.” Because our society values women mainly for their sexual or reproductive roles, there is no elevated status for Western women once they reach menopause – indeed, the value of women generally diminishes as they age. In Malaysia, however, “women in this new status are treated with polite deference, as are women in Burma, Poland and the Andean region of South America” (Du Toit, 1990, p.90), while in some African tribes, “women after menopause graduate from being ‘bearers of children and drawers of water’ to full tribal equality” (Beckham, 2001, p.16). Similarly, Nussbaum & Coupland (2004, p.190) report that Yanomano women who reside in the forested region close to the border between Venezuela and Brazil, “are eager to reach menopause, which is the marker of older age, increased status, and decision-making power within the family.” It is still not commonly known that “women…in both Asian and Native American cultures will add years to their life span when asked their age, so prized is the wisdom and strength of age in these cultures”, while in our culture, the wisdom of older women “has historically been dismissed as ‘old wives’ tales’” (Mankiller, 1999, p.272).

Language, information and cultural symbolism all shape our interpretations of ourselves and our experiences. The women of the traditional !Kung tribe living in Africa, for example, do not even have an expression for hot flush, “suggesting that these symptoms are not experienced, or are experienced as a natural and accepted part of change” (Kushi, 2006, p.19). Likewise, in Japan, notes Shaw (1996, p.2), “flushes are rarely experienced by menopausal women” - they too have no a word in the Japanese language for them. Kushi (2006, p.19) documents one study which reveals a difference between the menopausal experiences of traditional and non-traditional Navajo women, where “the traditional women had fewer symptoms of menopause. The reason”, she concludes, “seems to be that traditional Navajo people know that the changes in nature are connected with the changing cycles of women.” Kushi (2006, p.20) finds that “in traditional Native American cultures…special tasks and responsibilities came to [a woman] when she reached menopause.” Marla Powers elaborates: “When a woman reached menopause, she frequently received the power, from medicine men or from
vision, to engage in various rituals” (Kushi, 2006, p.20 citing Powers, 1988). In fact “in most tribes, certain ceremonies cannot be held without the empowerment brought by postmenopausal women” (Martin & Jung, 2001, p.240).

Social rituals that defend against men’s disgust at and fear of menstruation are evident in many cultures. In cultures where menses are regarded as polluting, the ritualised liberation from inferior status that comes at menopause presents a complex paradox. In India, the Rajput women “are freed from the custom of wearing the veil of Purdah at menopause and are seen as equal to men”, not least because their menstrual cycle is no longer present to contaminate (Davis & Burger, 1996, p.5). The release from Purdah, says Shaw (1996, p.1), allows Muslim women “to assume a new, important and rewarding role within family and society.” Similarly, among the Ethiopian Qemant people, women who have reached menopause “can walk on the ground of a sacred site and partake in ritual food and drink, which is not allowed before this time, because menstruating women are considered unclean” (Nussbaum & Coupland, 2004, p.190).

For observant, orthodox married Jewish women, an important monthly ritual is to attend the Mikvah, where full immersion in water is required to regain ritual purity following menstruation, and, although Mikvah is traditionally a private practice, some liberal Mikvaot are organising groups, including women marking their arrival at menopause.23 “For the postmenopausal woman,” writes Rivka Slonim (1996), “one final immersion in the Mikvah offers purity for the rest of her life. Even a woman who has never used the Mikvah before should make a special effort to immerse after menopause…thus allowing for all subsequent intimacies to be divinely blessed.”24 Although it could be interpreted as sexist - even misogynistic - in its underlying message, the Mikvah can be seen as a positive way for women to honour their bodies and focus on their own needs while gaining a sense of community with other women.
PART 3: PERSONAL

CHAPTER ELEVEN: REPRESSION

In previous chapters, I looked at how cultural attitudes and ideologies towards women, aging and the female body, function in relation to menopause. Yet as my study continued, its tone began to deepen. I came to consider whether menopausal symptoms are influenced not only by societal norms, and factors such as stress and brain chemistry, but by more profound elements in a woman’s life. Kenton (1996, p.5) explains that “in our society, the basic approach to health has been to separate body, mind and spirit, and opt for symptomatic treatment.” I contemplated possible relationships between symptoms at menopause and more fundamental aspects of women’s lives – such as overcoming personal limitations and healing past issues. In the following section I will explore some of the more complex interpretations of signs of the climacteric.

Protestations against, and an inability to retain, appropriate decorum within prevailing social constraints are frowned upon. As menopause approaches, says Gorman (2006, p.80), a woman’s family may “notice changes in your behaviour. One minute you are ‘nice old mum’, the next you are losing your temper and yell at them. Some women I know...take to throwing crockery at their spouse.” Sometimes these rumbles of insurgence are interpreted and treated as mental illness. Steve Brindle (2007), of the Dept of Public Health at the University of Aberdeen, views mental illness as a gendered construct: “Mental illness is a label applied by medicine which does not necessarily reflect any kind of biological reality.” He concludes that “women are more likely to be labeled mentally ill.”25 Women are so conditioned to repress and control their behaviour and their truths, that when the upsurging heat of inner rebellion against years of self-denial finally attempts to surface during menopause, the unfamiliar, powerful emotions and lack of control often leaves women frightened and unsure of how to channel the energy. The stress of resisting change, along with renewed attempts at suppression, can lead to an increase in and exaggeration of symptoms. Because conflict – internal or external – causes stress, once that conflict is resolved, some symptoms may abate.
During peri-menopause, we feel more sensitive and vulnerable - we are, write Martin and Jung (2001, p.74), “neither who we were before, nor completely who we are becoming.”

The upheaval that occurs during the climacteric, disrupting a woman’s daily life and routine, “is so profound”, exclaims Northrup (2006, p.76), that “it holds the potential to transform you completely from the inside out.” Indeed, women commonly experience intense emotions at this time - feelings of rage, deep grief, anxiety, resentment or ecstatic elation, along with other powerful emotions which may be less defined. Kenton (1996, p.15) asks why no one explains that “waking regularly at two or three in the morning and lying in bed filled with sadness or fear or anger is likely to be not some aberration of nature but a messenger announcing menopause is near.” Menopause is characterised in terms of symptomatic irrationality, and, because intensity of emotional response is frequently viewed as pathology, women’s emotions are routinely medicated. Wilson (1966, p.56) supports the approach that menopausal feelings should be treated, claiming that “women rich in estrogen tend to have…emotional self-control. Their emotional reactions are in proportion to the occasion. They neither act hysterically, nor do they become apathetic…Irrational crying spells are virtually unknown to them.”

Problematic depictions of menopausal women serve to illustrate the way patriarchy preserves gender hierarchy by defining women in relation to men - male privilege maintains itself by highlighting differences between the genders and finding the characteristics it appropriates for itself superior to the opposition it finds in women. Popular gender stereotypes surrounding the expression of grief, for example, indicate that women become excessively sentimental and weepy - qualities which are regarded as weakness - whereas men tend to foster a detached decorum. Similarly, when men express anger, they are considered ‘assertive’ - when women express anger, they are dismissed as ‘over emotional’ or ‘aggressive’. Research has shown that girls are more likely to show tears as evidence of their rage than boys (Cox, Stabb & Bruckner, 1999, p.112). Attitudes within Western culture, therefore, convey to menopausal women that the strong feelings they are experiencing must be suppressed, and certainly not voiced.

As we have seen, medicine tends to approaches vasomotor symptoms in terms of pathology. Dr. Dagmar Leichti von Brasch, director of the Bircher Benner clinic for forty years, has a different understanding of symptoms such as hot flushes and night
sweats, however, explaining that they can be significant events: “They stop us from carrying on ‘as normal’ which women are apt to do – fulfilling their social roles”, she says. “They demand that we pay attention to our bodies and to our lives. This is exactly what menopausal women are supposed to do” (Kenton, 1996, p.143 citing Leichti von Brasch, n.d.). Although Premarin.com considers that: “Hot flashes are unpredictable”, many women experience flushes rising at very specific times - when there is conflict between meeting their own needs and doing what is anticipated of them, for instance, or while engaging in an anxiety provoking activity. A lifetime of suppressed creative energy and pent-up life-force - the constant pressure of internalised ‘shoulds’ often in place since childhood - can lead to a rising heat which signals the surfacing of a burgeoning self-expression.

According to Eastern religions and traditional medicine, “the experience of a hot flush is looked upon as a rapid release of kundalini energy – the cosmic creative energy” (Kenton, 1996, p.141). Kenton (1996, p.143) observes that “over and over again when a woman experiencing hot flushes overcomes her fear of them and begins to listen to the dictates of her soul, both the intensity and the frequency of hot flushes diminishes.” While the generally accepted view of vasomotor symptoms is that they are produced by hormonal disturbance, Northrup (2006, p.9) elaborates on this view with an enriched interpretation: “Our hormones are giving us an opportunity to see, once and for all, what we need to change in order to live honestly, fully, and healthily in the second half of our lives. This is a time when many women stop doing what I call ‘stuffing’ – stifling their own needs.” Northrup (2006, p.97) reports that the severe hot flushes she was experiencing “virtually disappeared” once her “dead-end” marriage was over. Because menopausal symptoms by their very nature disrupt a sense of ‘normal life’, I wondered whether these symptoms had, for women, been a driving force toward needed change. I asked my interviewees whether they had ever considered their menopausal symptoms to be related to any aspect of their lives they would like to alter. Many felt there to be a link, while others could not see a connection. Several believed there to be a strictly biological explanation, their interpretations inclining toward the model of oestrogen deficiency.

Jill: Now completed, most definite yes…[The symptoms are] probably to try and slow-me-down, see and appreciate who-I-am and what-I-actually-have (mentally/personally).
Eva: [My menopausal symptoms are] a stronger version of what I was feeling already probably…I think my heart is trying to tell me to slow down and also to have better boundaries with people… I think I am less inclined to rush into things than I used to.

Vicky: Yes, [my body] is telling me not to put myself under as much pressure as I have.

Anna: It took me many years prior to menopause to learn to listen to my body. Now when I want to sleep, I sleep.

Sam: To some extent yes. I hate my job and my symptoms are focussed on that.

Rita: Not relevant (other than keeping the heating bills down!)…People should just learn to leave the heating off, don’t wind me up, hand me tissues when I cry for no reason and duck when I throw stuff!!!!!!!!

Gina: No, [symptoms] were one hundred per cent purely hormonal. I really don’t believe in any kind of mystical dimension to menopause. It’s a simple cessation of production of hormones which has physical and mental effects.

Liz: No, [symptoms] are hormonal imbalance…[my body] is telling me it requires an oestrogen top up shortly.

Kate: I think my body is just trying to tell me it doesn’t like not having any estrogen after a long time of having some. I hope it comes to terms with it pretty soon!

‘Treatment’ of menopause could be read as a euphemism for the management of women, keeping them docile and focused on patriarchal values. Women are expected to continue, indefinitely, to be ‘good’ wives, mothers, and daughters - domesticated, compliant and controllable, not challenging their situation or role. In our culture, the civilisation process requires middle-aged women to adhere to strictly defined roles.

Eva: Society likes to put us all in boxes – the boxes available to us as middle aged women are Career, Wife, Partner, Mother, Carer of elderly dependents. Generally our value is assessed in relation to others – men being the most important.

Sam: I feel ok, but I fit the acceptable norm, for example wife, mother, grandmother and work in caring services. [Older women are] ok if we do what’s expected of us.

Vicky: I feel there is a lot of pressure on women today to be everything, woman, mother, lover, worker, cook etc which can lead to them feeling like they have to be super woman.

In the nineteenth century, “English psychiatrists believed that a rebellion against domesticity was itself pathological” (Showalter, 1985, p.158). Women’s insanity, adds
Formanek, “was believed to be due to the malfunctioning of women’s reproductive organs.” For Wilson (1966, p.56), a woman’s duty to supervise her oestrogen levels carries significance “far beyond her own well-being. It also contributes towards the happiness of her family and those with whom she is in daily contact.”
CHAPTER TWELVE:
PHOENIX RISING

Motivated by my findings, I next endeavoured to ascertain whether those women who experience a significant depth to the relationship between signs issuing from their menopausal minds/bodies and their lives, were harnessing the transformative potency of these messages. To what extent did women experience menopause to be a motivating factor?

Gorman (2006, p.80) worries that menopause is “a time of mental…confusion which can end in divorce”. She received many letters “from family members, saying life at home was impossible because their wife or their mother was ‘up in the air’ one minute and ‘down in the dumps’ the next” (Gorman, 2006, p.73). Northrup (2006, p.16-18) views things differently, however. Rather than confusion, she speaks of the clarity of vision that can come during the climacteric with regard to relationships, and insists that “marriages must change at mid-life.” Once the climacteric begins, women frequently begin taking notice of the aspects of their lives which they find unacceptable – elements that were previously tolerated. A woman may experience a period of time during which alterations of priorities and perspective, including changes in her relationships with herself and others, are being formulated.

Rose: I think that the menopause is the culmination of all those processes that take you into another phase of existence, in a way – into another stage, into your cronehood or into your later years or whatever where, as a woman, throughout everything that you’ve been through, you arrive in this place and you are your own woman.

Sam: I have become more focussed on myself. I feel conscious that I have lots of life that I want to live but to do this I must look after myself both physically and mentally.

Heidi: Menopause coincided with children becoming independent, so my outlook has broadened…[It has meant] maturity and freedom, more time for self….I did change my life at around the menopause and I’m glad…I left my relationship at 42, made a career move at 52, so, yes, the second half of my life is good, but the children were born in the first half and they are the best thing I ever did…I love my role as an older mother and grandmother.

Viv: My relationships with friends have always been extremely good and I have a very solid and supportive group of friends who have kept me going through some exceeding rough times recently. My emotional relationship however is vastly different now that I am divorced and am able to be who I want to be.
Doreen: The children have all left you and it’s now your life. It’s gone back to how you were before you had children but a lot more wiser and a lot more older.

Olivia: The emotional changes that I have experienced is more that I look after myself that bit more and I’m more aware of my needs, I don’t know if that comes from maturity.

Margo: As far as I can remember, [menopause] started when I was around 50 (I am now 68)...As far as life in middle-age is concerned generally, I live on my own (I was divorced in 1994 and my husband and I separated some six years before that) and I am mostly quite content with my lot.

Anna: I have become more determined in getting the responses I require from others, I no longer accept what they think I want to hear!

Lydia: Maybe [I feel] liberated, in a way, because a lot of responsibilities from children growing up, that’s eased a little as they’ve become older and three of them have left home, so I do find I’ve got more time to do the things I want to do now for myself. Also, I don’t feel so guilty about doing things for myself. I think that when you’ve got a family, you always tend to put them first and you tend to be at the bottom of the heap as regards your own desires and dreams really. So in that way I do feel a bit more liberated – I feel I’ve got a right to fulfil some of my dreams now, that’s how I feel.

Northrup (2006, p.16) explains this in terms of the lifting of a ‘hormonal veil’: “It’s true that a woman’s biology tends to encouragement with her family at the expense of other interests during the childbearing phase of her life. But it is also true that the culture’s atmosphere of gender inequity exploits this tendency to an extreme. This can lead to an incredible surge of pent-up resentment when the hormonal veil lifts and a woman suddenly sees with clarity what has happened in her life.” For many women, this time can be painful, as new ways of seeing self, life and those around them are aroused, although subsequent changes can be emancipating. Wilson (1966, p.47), however, would assist women in resisting change: “Estrogen therapy doesn’t change a woman. On the contrary, it keeps her from changing. Therapy does not alter the natural hormone balance. Rather, it restores the total hormone pattern to the normal pre-menopausal level.” Kenton (1996, p.234) believes that however difficult change may be for a woman, and however uncomfortable this transition, “it is asking her – imploring her – to leave behind the comfortable world of her ordinary existence and…to venture into a challenging unfamiliar place.”

Premarin literature asserts: “Hot flashes may also bring symptoms that are more complex than just the heat and flushing. Some women may also feel irritated, annoyed,
or frustrated during a hot flash.” Irritability and short temper are considered to be symptoms typical of the climacteric, yet women frequently experience an anger or rage during menopause which surpasses mere annoyance. Women in our society are programmed to be more passive than males, leaving them with the message that angry feelings should be kept in check and possibly even medicated. Treating women’s anger as a mere symptom of a syndrome - such as at menopause - and medically prescribing for that syndrome, has the potential to keep women from experiencing and addressing their dissatisfaction. One study found that “middle-aged women who…hold angry feelings inside became more symptomatic in a variety of ways during the course of a 3 year study” (Cox, Stabb & Bruckner, 1999, p.113 citing Bromberger & Matthews, 1996). In this light, could HRT - one of the most prescribed drug therapies ever - be interpreted as a form of social control? Dumble and Klein (1994) argue that “mid-life women have arrived at an important point in their lives where many of them feel the time has come to focus on their own needs and interests. By medicalising the menopause and administering addictive drugs, this empowering process of self-determination is threatened” (Dumble & Klein, 1994 cited in Kenton, 1996, p.95). How, then, are women to deal with the ‘hysterical’ symptoms that can arise during such periods of profound hormonal fluctuation - simply attempt to suppress these outbursts, or listen to the changes they are inviting?

During peri-menopause, levels of the hormone GnRH begin to rise in the brain, causing FSH and LH to reach higher levels than ever, and remain elevated permanently (Northrup, 2006, p.49). Northrup explains: “Evidence is mounting that at least one of the roles for this…is to drive the changes taking place in the midlife woman’s brain.” Apparently, changes in the hypothalamus, where GnRH is produced, take place in the same region of the brain that is involved with emotions such as anger, indicating that “our midlife bodies and brains fully support our ability to experience and express anger with a clarity not possible prior to midlife” (Northrup, 2006, p.53).

Olivia: I seem to have a shorter fuse. Not necessarily in front of people but later on it would sort of play on my mind.

Rose: It’s like, recently I’ve been experiencing this…this anger thing. It’s like I’ve never felt such acute murderous anger, such intense emotion. While I’m saying to myself at one level ‘this is outrageous – how can you possibly be feeling these things about someone’, at another level
I’m thinking ‘gosh, you’re so right – that is absolutely spot on!’ Isn’t it great to recognise there’s so much shit going on all around.

**Sam:** [I have been] less tolerant and more easily irritated.

**Doreen:** I get moody with people, I’ll blow up at anything.

**Paula:** I have mood swings and I am very emotional at times - this can be tiring. Mood swings have sometimes consisted of feeling very angry inside, I can control these because I can put them down to how I feel because of ‘my age’ as I call it…sometimes I’m on top of the world, sometimes I’m on the bottom.

**Lydia:** [I’ve been] on a short fuse a lot of the time, you know, you tend to fly off the handle much more easily than you would normally.

**Eva:** My mother used to explain why sometimes teachers were angry at school – ‘she’s probably going through the Change dear’.

For Helene Cixous (1975), hysteria “is a powerful form of rebellion against the rationality of the patriarchal order.” She continues: It is “a kind of female language that opposes the rigid structures of male discourse and thought” (Showalter, 1985, p.160 citing Cixous, 1975). Wilson (1966, p.56) suggests that any rebellion should be treated: “In a family situation, estrogen makes women adaptable, even-tempered, and generally easy to live with”, he asserts, while Gorman (2006, p.74) agrees, blaming biology alone for angry feelings during menopause. Women “can become extremely violent and aggressive when they have an imbalance of hormones”, she declares: “Most of all you will realise that losing these hormones can lead to a change of personality. For many women hormone replacement is a necessity if they are to continue to lead a normal life.” Society’s judgment of women who speak out in rage and truth sometimes can make it difficult for women to acknowledge it - even to themselves.

Northrup (2006, p.30) “used the volcanic energy” of her menopausal anger: “to guide me towards identifying my needs and then getting them met.” Researchers have concluded anger to be the result of either physical or psychological restraint, or interference with goal-directed activity, and to have a catalyzing effect (Cavell & Malcolm, 2007, p.105). Other documented functions of anger in the individual and in society are to: React to assault on domain or moral code; Mobilise energy for defence; Draw attention to rights, needs, opinions and their violation or dissatisfaction; Deliver
messages to and about the self; Self-preservation. The process of “finding and using the angry voice (in spite of feminine norms) not only offers women more empowerment, it also contributes to development of an identity that is inclusive and authentic in its embrace of the total female experience” (Cox, Stabb & Bruckner, 1999, p.63).

Kate: I think I am more assertive than I was before and definitely grumpier, I don’t suffer fools gladly or put up with shoddy service. That has probably been a plus effect of the menopause as before I think I was a bit of a walkover at times.

Rose: To me, if I think about [my anger] when I’m in a more peaceful frame of mind (also because I do quite a lot of meditation) I get to a place with it where I feel very, very sure of what I’m feeling and it feels like it’s coming from somewhere very deep and very spiritual and something to do with my real, essential womanhood. It’s almost as if it’s coming from somewhere really, really deep within my body and my psyche and the way I’m thinking.

Olivia: I’d say I would be more grumpy with people, I’d be like…‘who do they think they are to talk to me like that!!?’ – sort of more self protective in a way than I have been.

Anna: definitely knowing when to say no especially around older family members. I will not accept being “the little girl” any longer…[Hubby and I] no longer tell them every aspect of our life, lessening the need to justify our decisions…What you see is what you get ;-)

Greer (1991, p.77) wonders “how much less women might suffer at menopause if they were to acquire power, prestige and responsibility instead of losing all three.” If women could embrace the descent into the wild, unbridled selves that menopause presents, we might mobilise ourselves from that revolutionary place patriarchy would repress. We may discover that “our willingness to face the dark is the key to our own development. What we are afraid of is actually the treasure at the centre of our being, the female source energy from which we have so long been severed” (Noble, 1991, p.31).
CHAPTER THIRTEEN:  
DEPRESSION & ANXIETY

Depression and anxiety are documented as classic menopausal symptoms. Unfortunately, whereas the angry woman is culturally unacceptable, the depressed or anxious middle-aged woman is almost expected. Not long before HRT gained its widespread popularity, benzodiazepines such as Librium and Valium were largely the treatment of choice for ‘women’s complaints’. “From crying jags to…depression” these drugs were “touted as ‘cures’ for the ‘symptoms’ of menopause” and were widely used throughout the Western world (Kenton, 1996, p.88). From 1969 to 1982, “Diazepam was the top-selling pharmaceutical in the US” and although there has been a gradual decrease in the prescription of psychoactive drugs since 1979, Gossop (2007, p.53) reports that in 2007, “about 12 per cent of women in the UK consume these drugs on a daily basis for one month or more during the course of a year.” In the 1950s, one Dr. Malleson identified and named a particular type of ‘emotional disturbance’ in middle-aged women, coining the term ‘menopausal negativism’ (Wilson, 1966, p.89 citing Malleson, 1958). Wilson (1966, p.89) reassures his readers that “menopausal negativism can be treated if recognized early enough. It takes a combination of estrogen therapy and psychological aid.” Gorman (2006, p.10) agrees that “the risk of erratic behaviour and depression…can also be due to the lack of female hormones”. Research findings in this area are conflicting, however. Although traditionally, the “increase in psychiatric symptoms during the climacteric has been attributed to the endocrine changes occurring at the menopause”, report Russell & Hersov (1983, p.31), “there is little evidence to support this…Response of these symptoms to hormone therapy is variable and often no better than that of the placebo.” Blumenfield and Strain (2006, p.594) agree that “estrogen has been used to treat menopausal depression in studies since the 1930s without great effect.” Sturdee (2003, p.121) disputes this, noting that “in perimenopausal women there is evidence that estrogen is helpful” for alleviating depression. Gina certainly found it to be of enormous help.

Gina: I went into unexpected early menopause soon after starting a new job and developed suicidal depression…which was immediately cured [with HRT].
It is possible that some practitioners neglect to check patient’s medical record for signs of a history of depression in women with related complaints during the climacteric, and assume that these are purely symptoms of peri-menopause. Several studies have found that “previous depression and negative images of the menopause influence depression and psychological symptoms during the menopause” (Alder, 1999, p.189 citing Hunter, 1995). Additionally, because menopause often coincides with other significant and difficult changes which can occur at a ‘certain age’, it is problematic to isolate depression that may be the product of changing hormones from those that are triggered by these circumstances. Factors contributing to depression during menopause might include: long-term consequence of the disappointments of a failing marriage, difficult experiences of motherhood, a demanding yet unsatisfying career, or a burden of any kind. During the climacteric, when authentic elements of the self – especially those buried for a long time - begin to surface, lifelong conditioning may cause women to disassociate from and suppress any disquieting or forbidden feelings. Brindle (2007) describes mental illness as a “gendered social product”, finding that the “oppression of living in a male dominated society makes women more susceptible to mental illness.”

Research specifically addressing the internalisation of rage - known as “anger suppression” - links it with depression. In fact, “the angry self protects women from the paralyzing effects of depression” (Cox, Stabb & Bruckner, 1999, p.113).

It is a well known that women often experience mild to severe anxiety during the climacteric. Part of the reason for this could be that the adrenal glands - which I discussed earlier - “have an effect on mental states.” Consequently, “people with adrenal fatigue show a tendency toward increased fears, anxiety and depression, have intervals of confusion…and less accurate memory recall” (Wilson, 2001, p.9). Anxiety or panic can also be brought on by feeling powerless over or out of control of one’s situation. The anxiety associated with peri-menopause may also be the result of years of not heeding chronic frustration, with hormonal changes simply precipitating a breaking down of tolerance. Menopausal anxiety played a role in the shifts that some of the women I spoke to were experiencing, and had influenced elements of their lives.

Anna: Having suffered depression and anxiety prior to menopause, I think I am already aware that I need to acknowledge others with problems, to not be dismissive…I don’t take rubbish from others…I only need to ‘be heard’ by my GP so I take a list of problems along for discussion. He knows me well enough to realize I will not be fobbed off.
Lydia: Thinking about some of the symptoms, whether they’re related to some things in my life perhaps that I want to change…I would say certainly in my case, because I’ve had an unhappy marriage and would very much like to remove myself from that situation and I’m unable to, then I think that the symptoms of anxiety that you get at the menopause have definitely been exacerbated by my personal situation.

Vicky: I am suffering from anxiety and a bit of depression which is hard to deal with. My self esteem is low…it is a very emotionally difficult time…Suffering from anxiety has made me rethink my choice of career, as it has prevented me from continuing what I was doing…whether this is due to menopause as the cause or pressure and stress I don’t know, but I think the menopause was a contributing factor. This may be temporary or not, but I have slowed down and am taking more care of myself…I am more likely to stand up for myself…I tend to think before making commitments to anything and make more calculated decisions.

Jill: [I’ve had] anxiety, very severe, continually…The anxiety and genuine unhappiness [have had a relationship to aspects of my life which I’d like to change]…I was always persecuting myself, I had a lot of forgiving to do which I was permanently afraid of facing [or] wanting to do.

Wilson (1966, p.90) claims that: “When a woman becomes panicky during the menopause, she is merely responding to her instincts, which tell her truthfully that the loss of estrogen is for her…a supreme tragedy.” Research has indicated, however, that “women at midlife may be reacting to a multitude of changes that are common at this time of life, such as financial, relationship, and care giving burdens, that can elicit fear and anxiety.” For Northrup (2006, p.41) anxiety is “the earnest, straightforward inner self” making “one final hormonally mediated attempt to get us to deal with our accumulated needs, wants, and desires” – should these attempts, then, be medicated?
CHAPTER FOURTEEN: MOTHERING OURSELVES

In Western cultures, menopause is often represented solely in terms of loss - loss of self, loss of youth, loss of fertility, loss of looks, loss of desirability, bone loss, hair loss, oestrogen loss, memory loss. Menopause, says Milleret (2004, p.161), “marks a normal process of aging in women that could be taken as a time of reassessment and growth if it were not for culture’s message that menopause equals loss.” Kenton (1996, p.13), agrees that “menopause is not only a time for grieving over past mistakes and irredeemable losses,” but “is also a time for rejoicing…Often for the first time in a woman’s life, her creativity can be set free for use in whatever way the whispers of her soul dictate.” However, it is imperative to first acknowledge and validate the very real sense of grief which may be felt, for a variety of reasons, during the climacteric. As we have seen, for example, loss of status and social relevance are aspects to be grieved, yet women are made to feel they are exaggerating or ‘making a fuss’. Both the grief and the losses occurring at menopause are very real.

Women with children are likely to experience a sense of bereavement once their offspring have left the family home. The once bustling domestic environment can seem vacuous, leaving a woman without the previous fullness of her maternal role. Western women may feel the open expression of their grief to be in conflict with society’s regulations. Because her articulations of loss may be dismissed as unreasonable, unfounded outbursts, a woman may become reluctant to express her emotions for fear of judgement. Nevertheless, it is “normal to experience grief over this loss” (Pelletier, Kovarick & Romaine, 2000, p.85). Grieving is an essential and healing process, and its continued suppression is likely to have a detrimental effect on both physical and psychological health. “You don’t have to be a mother to experience the empty nest”, says Northrup (2006, p.76). When a woman has not had children by the time menopause comes, “the loss of childbearing potential can be a traumatic event. It’s normal to feel a strong and even severe sense of loss, just like you might feel pain at the loss of a loved one” (Pelletier, Kovarick & Romaine, 2000, p.85).

Viv: Menopause is your body clock telling you that the child-bearing period of your life is over, never to return which I suppose can be quite sad. The passing of time can be very cruel; it creeps up on you and you look back and wonder where all those years went. However, it also
means the next phase of life has arrived and gives you the freedom from any possibility of becoming responsible for another life for years and years.

Toni: If I’d been more attached to being fertile I think the emotional impact would have meant I suffered more.

Gina: I have never wanted to have children so that didn’t bother me.

Menopause is no more a disease than menarche. There may in fact be a hormonal parallel between peri-menopause and PMT. Pressure to continue performing in the external world can be a terrible burden for a woman during a menstrual period – going to work, tending to domestic tasks or being sociable can be difficult for several days each month. Likewise, this can be the case during parts of the climacteric. When we “ignore our cyclic nature, disconnect from the body’s wisdom, and attempt to function as though we were linear beings” says Northrup (2006, p.39), “very often PMS happens”. It provides a means by which a woman’s body can endeavour to remind her of the “growing backlog of unresolved issues accumulating within her.” Northrup (2006, p.41) suggests that peri-menopausal symptoms can be worse for women who have “hit the snooze button instead of heeding their monthly wake-up calls.”

For many women, simply the fact that they no longer have to deal with menstruation or be concerned about pregnancy is the key to a new found liberation.

Anna: Just pleased that periods are over...freedom from a monthly bleed and no more period pains is wonderful. No more sanitary protection to pack when we go on holiday for example!

Kate: I do feel more empowered in some ways since becoming menopausal, not having to have the hassle of periods and wondering if I might fall pregnant accidentally is good.

Olivia: I think it’s great, actually, not having periods even though I never had heavy periods. It’s just one extra thing you don’t have to think about or provide for.

Doreen: Number one you haven’t got the scariness of having pregnancies.

Heidi: The joy of not having periods or the worry of getting pregnant.

Paula: I so do not miss having a period every month.

Instead, the menopausal woman is now “pregnant with her future, wise, elder self”, says Owen (2006). “She needs to take very good care of herself, go on retreat as much as
possible, not exhaust her adrenal glands, clarify her life so it really works for her, and let go of occupations and relationships that drain her physically or emotionally.” Most of the symptoms of menopause are “actually an injunction from the body to do just this,” she continues, “and we harm ourselves by trying to medicate them away, especially through the use of hormones. Hot flashes, for example, will greatly diminish if one adopts a pregnant woman’s diet, with bland nourishing food, no alcohol or spices, along with early nights and an under-stimulating schedule.”

The menopause, declares Kenton (1996, p.272), “brings you face to face with the deepest layers of your own being”, and, according to Martin and Jung (2001, p.114), “many women revisit or discover early traumas during this phase.” Menopausal symptoms can direct a woman to confront issues and unresolved griefs that originate in earlier life once and for all, allowing her to be more true to herself, and more alive. To what extent, however, are these issues a factor in the physiological and psychological signs of the climacteric? Dr. Leichti von Brasch advises us of the way natural medicine interprets hot flushes. She says that “like night sweats, they have always been considered the means by which a woman’s body deep-cleanses itself” (Kenton, 1996, p.142 citing Leichti von Brasch, n.d.). Uncontrollable emotional outbursts may also be connected to surfacing feelings from childhood, especially if they have been previously suppressed. “This is not to discount the direct physical effects of changing hormone levels”, writes Northrup (2006, p.41), “however, it is a safe bet that any uncomfortable symptoms that reveal themselves during times of hormonal shift will be magnified and prolonged if a woman is carrying a heavy load of emotional baggage. These symptoms are the body’s wisdom, pleading yet again that unresolved life issues be attended to.” Some of my interviewees related their view of this aspect.

Vicky: Old issues have come up and I have worked hard to understand them, work through them and let them go. Some of them are surprising in that they are things I thought I had come to terms with and sorted out…A lot of childhood emotions have surfaced and I am working through them with a counsellor.
Jill: Yes, very definite childhood traumas are needed/called to be resolved. [I have been] looking at myself “internally”.

Eva: I have challenged my low self esteem and inability to stand up for myself and others by having had 4 years Group Psychotherapy and also continuing to go to CODA.

Anna: I dealt with my past during the 1990s when I was in my mid-40s. This meant I wasn’t dealing with menopause symptoms at the same time – it wasn’t planned that way, it happened due to circumstances at that time.

Rita: I do not believe that old wounds require opening. What’s done is done – I do not approve of ‘regression’ or ‘re-birthing’ therapies for that reason.

Northrup (2006, p.53) observes that oestrogen and progesterone molecules bind themselves to areas in the brain such as the amygdala and hippocampus, which are important for memory. “Changing levels of these hormones”, she explains, “simply facilitate remembering and clearing up unfinished business.” A study by Dr. Charles Nemeroff (2008), found that women who had suffered trauma in childhood showed very exaggerated somatic responses to stresses in later life compared to women without this history. According to Hollis (1993, p.104), “insufficient attention has been paid to early experience as a potential source of healing during the Middle Passage…At midlife, one must finally ask that inner child what it needs, what it wants.” Each woman “needs to become familiar with what lies behind the various pathologies commonly associated with menopause in the western world”, agrees Kenton (1996, p.17). Martin and Jung (2001, p.240) suggest that those women who have had difficult childhoods can “undergo transformation of these wounds through acknowledging them, expressing anger, grieving loss of a happy childhood”, and that through this process “those who suffer serious illness can learn the process of regaining health or living gracefully with limitations.” Perhaps it is partly because the signals from our changing minds, bodies and souls are not regarded, that degenerative dis-ease occurs. Northrup (2006, p.46) believes that it is instinctual for a woman to retreat from external life during this time in order to “revisit your past”, and considers peri-menopause to be “a time when you are meant to mother yourself.”
CHAPTER FIFTEEN:
TAKING STOCK

Menopause can play a role in reminding women of the temporary nature of life and the inevitable approach of advancing years. Awareness of the aging process can be frightening. Nevertheless, menopause may also present women with a focused demarcation, providing a powerful motivating force which inspires them to postpone self-fulfilment no longer.

Paula: Strange, [the menopause stage of life] makes me feel as if I am changing and the future is getting shorter, giving me less time to achieve things. But I have become more confident, a bit more anxious at times…I get more anxious about getting older and time running out.

Gina: It’s a reminder of mortality, so from that respect made me determined to seize the day, but I wouldn’t say that was the effects of menopause so much as mid life crisis.

Sam: I think I can find it hard because every year older takes you nearer to your death but generally I’m too busy to dwell on it. [Menopause] is an acknowledgement that life will not go on for ever.

Joyce: When mummy died unexpectedly I suppose I started to think about my own mortality. I was 60 then and although id had quite an eventful life so far I began to think abvout all the things I hadn’t done in my life and would like to achieve before I shuffled off this mortal coil.

Jill: Have I experienced a shift in focus since my menopausal process kicked in? Only in the sense of having limited time left.

Vicky: This is a vulnerable time where I am confronting the aging of my parents and some friends and mortality is something I worry about. I don’t want to get old…or especially feel it because it may stop me from being active and that scares me.

Anna: [I’m] scared of the future. Scared of the OAP home scenario. Scared of having to clear our house of the clutter and of down-sizing.

Lydia: It’s almost a sense of relief when the symptoms begin to abate that you’re so pleased to get a normal life back that perhaps you almost overcompensate and go all out to try things that you maybe wouldn’t have done before, so maybe in that respect it is a driving force – it propels you onwards to things that you haven’t been able to attempt before.

Viv: The fear of knowing you’re so much nearer the grave than the cradle and there’s no stopping the gallop of time…Being unable to take care of myself, being dependent on others, becoming ill with some debilitating illness and losing dignity…Having said that, however, I wouldn’t want to live forever.
Olivia: Because I feel fitter than I’ve ever felt in all my life anyway, I just think make the best of it now because this is your later stages in life and you never know, you might get ill at some point and it’s irreversible or you’re going to die – you know that’s closer, when you’re young you think you’re immortal. So… I’m going to continue dancing…continue trying to make things better rather than worse in this world. I think maybe I’m embracing life more because I think my life is more limited than I did before, so I know there’s a boundary to my life now, where before I never felt it and I intend to make the most of it

During the climacteric, what a woman’s body is often craving and demanding, is to be released, at least temporarily, from the demands of everyday life, to allow her to prepare for a new phase with its change of focus. No matter “how fed up she is with the whole business”, writes Greer (1991, p.38), a middle-aged woman “is not allowed to say, ‘Now I shall let myself go’: letting herself go is a capital offence against the sexist system.” Rather than curing society of its demands on women, our culture would prefer to ‘cure’ a woman of her inability to adapt as readily as before to the strain. Northrup (2006, p.46) explains that biologically, “you are programmed to withdraw from the outside world for a period of time” during the climacteric. The Crone's stage of life is traditionally viewed as “that of the dark moon, a time of latency and retreat” (Almond, 2008, p.33). Vicki Noble (1994, pp. 76-81), referring to the Crone in her Motherpeace book, expands on this ancient practice: “Weaving a cocoon out of the substance of one’s own life is the necessary prerequisite for the emergence of the psyche: in withdrawing we create a way out.” In her clinical practice, Northrup (2006, p.46) finds that those who have the longing to pull back from the world often believe “that their uncomfortable menopausal symptoms would simply dissolve if only they had the luxury of shutting out the world so they could tune into the growth process occurring within themselves.

The climacteric can provide an opportunity to pause and reassess, but it is an inner journey which must be experienced alone. “Turning away from the world to discover whether you are really alive is unquestionably painful”, says Noble (1994, pp. 76-81), “but it is in the conscious acceptance of loneliness - when there is nothing else to do - that a natural process of healing occurs…Going down into the subconscious and coming back out again are vital parts of the soul’s search for meaning.”

Eva: It is a time to reflect back on life - what I feel good about, what I wish I had achieved but haven’t, also a chance to slow down, less pressure to be something… I am not so worried what
people think of me…Now my son is twenty and able to fend for himself I’ve only got to be responsible for myself.

Olivia: I’ve felt lonely – whether I admitted it to myself, emotionally I felt much more lonely than I’d ever done before.

Sam: [It is] a time of change both physical and mental. A time to reflect and a time to take stock. A time to really look at positive changes.

Lydia: It’s a cessation of one part of my life and moving on to a new stage of my life. I think in a way it gives you time to reassess your life and come to terms with the physical and mental changes that you have at the time of the menopause and to decide what’s really important to you and how you want to move on with the second part of your life and what choices your going to make.

Maureen: The menopause made me realise – this is the time of your life when it’s not just a play, this is real, you’re in the mid stage of your life now, this is not a rehearsal for it…I like a challenge…I’ve come to this stage now and I’m free, totally free, that’s exactly how I feel. I’m free to make choices and I love it.

“The Crone earns her healing power through having to complete nearly impossible tasks”, writes Noble (1994, pp. 76-81) One of these challenges, for example, may be sleepless nights that result in a need to rest and recuperate during the day. Dr. Joan Borysenko (1996, p.164) named the emotional and physical experiences of the climacteric “psychospiritual opportunities” which serve as ‘motivators’. In this light, insomnia, for example, might be a sign that a woman’s inner self is trying to connect with her. With her soul’s calling demanding acknowledgment, says Eliopoulos (2005, p.308), “her spirit may awaken her at night to get her attention.” If this retreat into self-care and cultivation is willingly taken and consciously utilised, a woman can emerge with transformed, refreshed energy, ready to bring into reality the dreams and fantasies she has been nurturing and visualising during her time of withdrawal. Some of the women I spoke to had a such a vision of what post-menopausal life had in store.

Rose: I will blossom into this woman who will know exactly what she wants, who’s got her own picture of the world. It just won’t matter what anyone else thinks about their own stance on life. It won’t be a competitive thing, it will just be a total self awareness, a total belief about where I have arrived at in my journey. I think the menopause is about the arrival at the beginning of that process, that from there on in you just kind of move on up with your spiritual understanding and your knowing yourself.

Lydia: I don’t want to just sit around for the rest of my life, I want to have new experiences and achieve a lot more, hopefully, with my life…As far as any dreams that I still hope to fulfil, I
suppose because of my enjoyment of walking, I would love to go to the Himalayas and do more walking and camping and things like that. I would love to go back to sailing which I did as a child which I’ve not had the opportunity or the time to do since – I loved it when I was a teenager, so that would be a definite thing on my wish list. Certainly because I loved parascending, I’d like to do that again, hopefully out of a plane, but my biggest fantasy that I’ve always had is I’d like to do wing-walking on a bi-plane. I have no idea why I’ve always wanted to do it but I have.

Kate: I would like to do more travelling with my partner now that I have reached this stage of my life.

Vicky: At the moment its hard to see it but if I was not anxious travelling would be the dream…I am embarking on hobbies which I have let go again, including tennis.

Eva: [It] would be nice to have another relationship but if I don’t I will be ok too…Hope to perform in my band.

Liz: [I dream of being] a top class poker player outwitting my opponents, and getting my book published.

Sam: [I want to] resign from my job and would strive hard to make my life as I would wish. Definitely make time for myself…I love computers, in particular the creative aspects, for example movie making and photography. [I want] to keep travelling with my husband and to be fit enough to enjoy myself.
CHAPTER SIXTEEN: NEW BEGINNINGS

Having examined the possibilities surrounding a connection between menopause and a more profound level of change, I will now look at the ways these changes have manifested for women. The following chapter examines the ways in which women feel their journeys through menopause have empowered/liberated them, or altered their outlook.

Kenton (1996, p.233) speaks of the rich reward on the other side of the transition if a woman can ride through the symptoms of peri-menopause – trusting that they will not continue indefinitely - while listening to her body and following its promptings. “The doorway of menopause which each of us is invited to pass through”, she muses, “connects the ordinary world in which we have been living to a numinous zone of magnified power.” Similarly, Martin and Jung (2001, p.174) refer to menopause as a “gateway”. Once she has entered, “the woman can no longer be the same person she was before. She will be changed in some permanent, unavoidable ways.” Standing at this gateway, a woman is presented with a choice as to whether or not to pass through it and travel beyond her known world. She must face uncertainty and rely only on her inner wisdom to guide her. The choice for women at menopause, claim Martin and Jung (2001, p.174), is whether to embrace the new self, or “try to cling to identities from earlier life.”

“As the vision-obscuring veil created by the hormones of reproduction begins to lift,” says Northrup (2006, p.9), “a woman’s youthful fire and spirit are often rekindled, together with long-sublimated desires and creative drives. Midlife fuels those drives with a volcanic energy that demands an outlet.” It also initiates the required confidence and self-determination to achieve them. Sometimes, the impetus that the climacteric brings, and the way this influences our ability to assert and express ourselves, can be enough to bring about the necessary empowerment.

Lydia: I think it’s been a gradual process going through the menopause, finding the confidence to face up to the things that aren’t right in your life and to try to put them right or else to avoid the sort of situations that trigger the symptoms, really, to not go down that road, basically, and to take yourself away and introduce other aspects into your life so that the things in your life
that you really can’t change, that would definitely make the symptoms worse, you can steer away from them and not have a problem with them, really.

Anna: [As a middle-aged woman I feel] secure in what I need and secure in the knowledge that I can ask for things that in my earlier years I would have been scared to ask for.

Paula: On the plus side I accept things much more, putting symptoms down to that. I have taken more control of my life, I take more me time now and do not feel guilty over this…Okay, I’m not shouting from the rooftops, but I feel more confident in myself.

Olivia: I seem to be more determined…I’m more determined in the things that I do and I don’t know whether that’s the confidence that comes with age or not, but I just think ‘this is where I’m at’ and I accept myself as ‘that’s who I am’ and that’s what I understand and that’s what’s important to me.

Because a woman may have spent previous years concentrating her resources within the domestic sphere - raising a family or attending to the needs of a partner - redirecting those energies into her own inspiring endeavours can give life renewed meaning. Wilson (1966, p.45) believes that at menopause, “some women…subside into a stupor of indifference”, and believes that at menopause, “the basis of a woman’s selfhood – crumbles in ruin”. Greer, (1991, p.39) on the other hand, considers that women “can find their full spiritual and intellectual range on the other side of fifty.” Activity outside the domestic environment is considered to be protective, for women, against depression (Alder, 1999, p.189), and so, once any period of withdrawal and reflection is complete, a woman may re-acquaint herself with a world of possibilities. Rather than being passive, almost all the women I questioned had taken up new, fulfilling aspirations and activities.

Heidi: I have developed more interests, such as travel, photography…Power walking, gardening, travel, photography, being a grandmother, otherwise more of the same – theatre, film, friends.

Lydia: Since starting the menopause, I suppose I’ve taken up quite a lot of interesting [things]. Certainly, I’ve joined a choir, and in recent months for the first time ever in my life I’ve plucked up courage to do a solo workshop – I’ve never sung on my own in my life, so I’m quite proud of that.

Kate: On the plus side I have an interest in psychology, am tracing my family tree and am also learning German with my other half.
Jill: Watercolour painting, and Genealogical research – both as a volunteer for Barnardos and academically.

Anna: I have been able to extend those [activities] I already enjoyed…Hubby and I look towards retirement together. Whether this is relevant to menopause I don’t know.

Toni: Became a Nichiren Buddhist, taken up gliding, allotment gardening, joined a Transition town group.

Paula: Jewellery making, Scrapbooking, and I’m looking at maybe bowls or croquet in the future.

Doreen: I started making clothes for drag artists and male strippers, their sequined frocks…When people ask me what I do and I tell them that they’re shocked because they think I’m quite reserved.

Some of my interviewees had also refused to accept their unfulfilling job situation, and had taken up or were training for a new career or enterprise.

Lydia: I suppose the way I’ve acted on my own behalf to make the second half of my life better is to try to achieve some of the hopes and dreams that I always had and to try to take a new direction as regards to a career, because my previous career I cannot go back to now because I’ve been away from it too long. It’s been a journey to try to find something new to do with my life both working and pleasure, really…I’ve recently started a course to become a keep-fit instructor!

Toni: [I have] re-trained in a healing therapy as a new career.

Doreen: I joined the metropolitan police as a member of the civil staff starting at Scotland yard at central personnel…then I went to traffic which was an experience and I’m now at Wapping which is on the marine side. When the children left school I decided to join the Special Constabulary…I was the oldest person in my class with people there that were young enough to be my children… running round the streets, chasing people, climbing fences, and everybody was saying to me ‘why are you doing it at that age’ and I said ‘why not. It’s my choice’. I’m now fifty-six and I’m still doing it! I’m driving boats, I’m climbing out of boats, I’m swimming in the river [Thames], I’m driving fast boats wearing rubber gear…but I still enjoy what I do.

Liz: How have I have acted on my own behalf to make the second half of my life better? Career moves with poker and designing lingerie.
Maureen: I decided I wanted to train to be a nurse…I qualified and became a nursing sister after some years and I wanted to work with the elderly. I actually myself did some research on menopause and osteoporosis and HRT, so this is quite interesting for me to see what I could do about this, if anything.

Eva: Have retrained in a new career (hope to become self employed as a Foot Health Care Practitioner), played in an orchestra and a band, taken more responsibility than previously, for example in my local Buddhist group.

Rather than being a time for resignation or defeat, post-menopause can be an opportunity for a woman to shift her focus away from the external trappings of femininity towards an experience of her true inner self, and all that can be achieved in the second half of life. A 1998 Gallup Poll found that the majority of post-menopausal women reported being happiest and most fulfilled between ages 50 and 65. The survey revealed that for many women, numerous areas of their lives had improved since menopause, including enhanced relationships and an increased sense of personal fulfillment. I also found this to be the case for many of the women I spoke to.

Eva: I feel happier generally! I was expecting to feel depressed and was expecting to have a breakdown/need anti-depressants…I think I’m more concerned with the world around me than I used to be and would like to get more involved in campaigning to save us all from economic ruin and global warming.

Lydia: I think my outlook on life has definitely changed since the menopause but for the better in a way, I think I’ve got more confidence now, and a lot of things that bothered me before don’t bother me, so, in a way I think it’s been quite a positive thing for me.

Toni: Freedom! Leaving relationship…saying 'no' to things, claiming more control and being heard? All of the above! I now live alone and love it…I feel] pretty good. Much more comfortable with myself. Don't bother what other people think of me. I dress, act and do what pleases me - matured!

Maureen: I think as the years have passed as I’ve got a year older I’ve got a year younger in my mind. Today I feel as if I’m 62 going on 26. I truly feel younger today than I did in my thirties, no doubt about it

Doreen: I now do more things than I ever thought I’d do. I go off on holiday with my daughter which I never thought I’d do – I just tell my husband I’m going and that’s it! He just accepts it… I just say I’m going out, I’m doing this, whereas beforehand I would never do that…now it’s me time – I’ve done all the stuff at home, looking after the home, bringing up the children, he’s big enough to have to look after himself now, it’s my time of life now to do what I want to do, that’s how I look at it. My change from before the menopause and now I’m in the menopause.
Only by rising above the patriarchal economy can women redefine the currency by which the worth of women is arbitrated. In this vein, some women have injected a sense of humour into their menopausal experiences, while using menopause itself as the springboard for imaginative and enterprising endeavour. One especially inspiring creation comes in the form of Jeanie Linders’ *Menopause The Musical*, a stage production which describes itself as “a salute to women who are experiencing The Change.” The all-female cast “makes fun of their woeful hot flashes, forgetfulness, mood swings, wrinkles, night sweats and chocolate binges. A sisterhood is created between these diverse women as they realize that menopause is no longer The Silent Passage.” As well as being great fun and allowing women to reclaim menopause for themselves, it also provides an opportunity for positive discourse about issues such as aging and women’s health. Another menopausal woman, Kari Epstein, was inspired to develop *Hotflash! The Menopause Game* while playing board games one night. Her first hot flush “totally floored me!” says Epstein, but “I finally got it - what all the fuss was about.” Surprised by the intensity of the experience, she imagined creating a “cheeky, irreverent” game to “help women learn about menopause.” The game involves trying to reach “Hormone-free Haven” without falling into “PMS Purgatory” or falling down the “Fallopian Tubes” through “Weepy Way” or “Forgetful Forest”. Epstein has woven information about the menopause into the game. “It’s a fun way for women to learn, share and commiserate in this experience,” she says.
CHAPTER SEVENTEEN:
RITES OF PASSAGE

Parallels have been drawn between the climacteric years and adolescence, with menopause itself being constructed as a kind of second puberty. The signs of each of these hormonally orchestrated transitions are indeed similar in many ways, although, suggests Anne Morrow Lindbergh (1986), in youth “one does not as often misinterpret the signs. One accepts them quite rightly as growing pains. One takes them seriously, listens to them, follows where they lead. One is afraid. Naturally...But despite fear, one goes through to the room beyond” (Lindbergh, 1986, p.86 cited in Owen, 2006)

Although menarche and the status bestowed by reproductive capacity - the passage from childhood to young womanhood - is commonly marked with a ritual in other cultures, menopause is not. In the West, for example, we have the Bat Mitzvah in Jewish culture and the Catholic Confirmation ceremony, while in parts of Africa, Europe and Latin American cultures, a girl celebrates her fifteenth birthday with the Quinceaneras. The purpose of this kind of rite of passage is to “give significance to a crucial change in the life of the individual, to give one the support of society during this change” (Greer, 1991, p.40 citing Manowitz,1984). Viewing menopause, likewise, as a meaningful rite of passage, can infuse the climacteric with a sense of purpose and hope for a new stage of life. Rose had thought about this deeply.

Rose: I just think [menopause] is an amazing, magical and spiritual experience and I think it’s so denied and so underplayed by society. We’re marginalised anyway, but I think that women themselves aren’t yet aware of the significance of it. I think in years to come, it will be a particular time in a woman’s life which is truly honoured and looked forward to and it will be as exciting as in today’s society of having your first baby or having your first period (actually, that isn’t often celebrated!)

Marianne Williamson (1994) believes that a significant way to welcome your midlife, is by participating in a coming of age ceremony. “Not having a ceremony to honor significant points in life’s journey can leave a person emotionally confused”, she says: “If a culture or a family does not consciously and honorably mark the transition into the teenage years, the teenager will subconsciously feel the need to mark it anyway. That will often be in a dysfunctional way.” The transition into mid-life works in a similar way. “Without consciously honoring a change, we'll mark it subconsciously - with a
midlife crisis.” Williamson believes that a man will tend to enact his midlife crisis by wild behaviour, while women are more inclined toward unrecognised depression. If, however, you have a ceremony to mark the passage, she says, “you will literally change how your mind thinks.”

Hollis (1993, p.23) feels that “the Middle Passage, which calls for death before rebirth, is often experienced in frightening and isolating ways,” because “there are no rites of passage and little help from one’s peers who are equally adrift.” For the average Western woman, agrees Greer (1991, p.39), there is no ritual to “surround the middle-aged woman in solemnity, no seclusion ordered for her, no special periods of rest. She cannot withdraw to a menopause hut and sit and talk to other menopausal women. She simply has to tough it out and pretend that nothing is happening.” Kushi (2006, p.20) informs us that “in traditional Native American cultures there has always been celebration when a woman entered menarche and menopause.” Du Toit (1990, p.91 citing Potts, 1979, p.162) reports that the Meo of Northern Thailand, “have a menopause ceremony for the older women. When a woman goes through the menopause she has a celebration if she can afford it.”

Williamson (1994) has created a ‘Rite of Midlife’, which can be carried out on a significant birthday to mark the mid-life transition. The ceremony begins with a ritualised welcome from the Officiant: “We gather on this day to celebrate an important passage in the life of (the celebrant). She is to us a beloved child of God…sister to the world.” The ritual continues by honouring the woman’s sacred passage: “The years of her life on earth have brought her to this sacred moment, where she takes upon herself, through the grace of God, the mantle of the Elder. From this day forward, she celebrates and carries forth the purpose of the wise ones, who oversee our human progress, who nurture and sustain us. She shall be grandmother to all children, handmaiden to God and Goddess, revered for her insights and honored for her knowledge.” The rite is sealed with two minutes of silent prayer, in thanksgiving and in blessing for the woman whose passage is being honoured.

In Celtic Myth & Magick, Edain McCoy (1995, p.109) describes the Celtic inspired ‘Cronage Ritual’, where a woman is invited to mark the onset of her elder status: “Invoke in yourself a Crone Goddess. Allow her energy to fill you, feel her wisdom as she welcomes you as herself, as a woman of age and power…See the power of the invoked Crone Goddess reflected in your face. See your wrinkles as a badge of honour, your crow’s feet as symbols of wisdom…Remind yourself that you are far from finished on earth, and that you can make of the rest of
your life anything you wish it to be, perhaps even fashioning it to be the best time yet.”
The following words are then uttered: “I am Crone. I am Wise. I am Powerful. I am
Beautiful. I am Strong.” Similarly, Zsuzsanna Emese Budapest’s (2006, p.88) Holy
Book of Women’s Mysteries includes a ritual she calls the ‘Celebration of the End of
Menstruation’. “The end of bleeding”, writes Budapest, “means the woman is entering
the last stage of her life’s Queenhood – individualized, independent and strong. Her
energies are directed toward more spiritual goals, saved for more achievement.” The
ritual begins with a song or sacred sound, raising the energy of the group of women
who have gathered to celebrate the passage of a friend, and culminates with the casting
of four red and four yellow candles that have run their course, into a living body of
water. One of the celebrants friends, acting as Priestess, administers proceedings: “I
release you, said the Goddess of the Red. I accept you, said the Goddess of the Yellow
Ray. I call you into my wisdom to grow in, I call you like a new Maiden, into my
sciences, into my knowledge, into dreams to be manifest!”

Although there are no official, publicly recognised ritual for the menopause in our
culture, a woman might mark this rite of passage in her own personal way, for example
dying or restyling her hair, taking a subscription to a gym, buying a motorbike, or
travelling to a place of sacred meaning.

Joyce: When we were young both brothers had motorbikes and of course I went out with them
riding pillion. Eventually I got one for myself, an old (1949) BSA 250cc and spent about 18
months riding around the area with the wind blowing through my waist length hair – no lids
then…Inevitably I had an accident – broke the bike but not me! So - I gave up my wild ways
and settled down with a husband and 3 lovely children. So – when mummy left me a bit of
money I took the plunge and booked for my Compulsory Basic Training to learn how to ride a
bike again! I didn’t tell anyone, and for 5 days I left home in the morning and returned home
late afternoon having spent the time riding – mostly in the rain, terrified I might slide and crash.
You have far less fear when you’re young. As you get older you know the dangers! After 4 days
of the disappearing act, I confessed. I passed my test at the age of 61 and bought a Honda 250
twin – at 73, I still have it!

Lydia: With a fiend, eighteen months ago, I trekked the Inca trail up to Macchu Pichu in Peru
and we camped 3 nights, walked for 4 days and it was absolutely amazing. It was something I
would never have dreamt I could do at my age but it was absolutely fantastic.

Eva: Have been in the Crones Group at the Spiral Women’s Camp some years ago, which was
an amazing chance to hear women’s stories.
Greer (1991, p.43) argues that because self-defined, woman-centred rituals “do not involve the priestly caste of men and do not enhance getting and spending activities, they are often unpopular and are even seen as subversive, backward or superstitious.”
CHAPTER EIGHTEEN:
BODY-MIND-SPRIT

In this final chapter, having assessed women’s experiences of the climacteric in terms of both body and mind, and as a meaningful transition and gateway to a new stage of life, I will look to spiritual aspects of the change. I will endeavour to determine the degree to which women understand this transition as a spiritual journey.

Deep-seated, fundamental and sometimes revolutionary alterations can take place in a woman’s life during the climacteric. Kenton (1996, p.13) is certain that these changes are “not signs of decay or pathology” but “a call to adventure signalling the beginning of each woman’s archetypal hero’s journey to her core.” For many, this journey takes place only in “the mind, the heart and the spirit”, says Kenton (1996, p.234), although for women such as Lydia, the journey of discovery comes to pass in a very literal way.

Lydia: With a friend, I travelled all round the world – we literally went round the world. We started off in Los Angeles and went round and did Australia, New Zealand, it was absolutely the trip of a life time for 3½ weeks, had a fantastic time. When we were in New Zealand, we both jumped off a mountain and did tandem paragliding right the way over the lake which was fantastic – it’s the closest thing you ever get to flying and it’s an experience I’ll never forget…I hope I’ll get the chance to try it again some time!

Mid-life has long been interpreted in astrological terms - but can the heavens shed light on the menopausal transition? There are, reportedly, planetary events occurring during this period which astrologers call the ‘Midlife Transits’. “Some pretty meaty transits and progressions affect all of us in the fifteen years following the traditional midlife transits”, declares Owen (2006). At age forty-eight, the fourth Jupiter return occurs, which, she says, “can be one of the most inspiring Jupiter transits. You go on a big trip, go back to school, or begin a new spiritual practice.” The Chiron return follows, promising that “you will gain a gift of deep healing that can have profound psychological, physical, and spiritual effects.” It is interesting that the Chiron return, which is scheduled to happen at the age of fifty-one, coincides precisely with the average age for menopause in our culture. At the age of fifty-four, explains Owen, there is “the second progressed Moon return, followed swiftly by the second Saturn return. This period is, ideally, a major phase of psychological integration”. The second
progressed Moon return “is an opportunity to clarify how you want your living situation and your lifestyle to develop during the next phase of your life: to dream a new dream of home, family, and emotional satisfaction.”

The Second Saturn Return occurs in a woman’s late fifties, and is a time “that calls for concrete actions in the real world”, writes Elizabeth Spring (2007). “Priorities need to be clearer, and metaphorical closets and basements cleaned. There is a need to look at what we feel disillusioned about and let the illusions go”. At sixty, continues Owen, “you get the blessing of the fifth Jupiter return. At that point…midlife is over. You have endured. You have arrived.”

Some of the women in my study experienced menopause as a meaningful transition, even a spiritual one, while some simply registered a significant shift in lifestyle. For others, the menopause was not an especially significant passage at all.

Rose: I see it more, basically, as a spiritual journey…All the significant things women go through in their lives, from early adolescence, from puberty onwards, all things accompanied by physiological stuff, are all types of spiritual change and dynamic in a woman’s psyche.

Vicky: I have found that I have been going to church more and praying for help with the anxiety. I also pray at night now and say thank you for what I have got and feel more grateful for the good things in my life…I think for me it is a transition into getting in touch with feelings and being a more vulnerable sort of person. I suppose I mean a more real person.

Viv: I don’t remember particularly being any different in my emotions due to the menopause, just that it was about the same time that I decided to change my life totally. However, not having any menopausal symptoms apart from not having a period in almost two years I wouldn’t say that I’ve even gone through ‘it’ as such so have no real knowledge or sense of how it has/might have/ is affecting me.

Paula: My spiritually has changed, I am more aware and interested in that side of things.

Toni: Spiritually Richer. I like the role of having arrived at the next stage - like being a real grown-up at last!

Jill: Spiritually and emotionally, I am at peace within myself.

Anna: I search for peace. I look for something that makes me smile each day for example a raindrop on a rose petal.

Sam: What do I feel about the changes happening to me spiritually? Good, I know what I want in terms of inner peace and contentment and with good health I can get there.

Eva: I am a Buddhist and find this a very strong foundation from which to live my life and also a struggle to live up to!
Gina: In what ways do I consider menopause to be a transition for me? Not at all, I’m trying to ignore it as much as possible…I don’t really do spirituality.

Heidi: I’m not convinced the transition had anything to do with menopause.

Liz: [It is] just more money spent on maintaining my appearance. As for it being a transitional experience – today is cancelled due to lack of interest would sum up my opinion about it.

Rita: I don’t [consider menopause to be a transition]. It is just a fact of life…I feel I am the same now as I was at 18…What do I feel about the changes happening to me spiritually? No opinion.

Sometimes it becomes necessary to work unrestricted by the need to allude to men’s management of womanhood, thereby establishing new ideologies from a woman-centred standpoint. Kenton (1996, p.7) suggests that “perhaps we need for a time to abandon the language of science and turn to myth.” Hollis (1993, p.23) considers that our culture has “lost the mythic road map which helps locate a person in a larger context.” Without the archetypal wisdom of tribal vision and a spiritual network, he says, “modern individuals are cut adrift to wander without guidance, without models and without assistance through the various life stages”. Much maligned, the ancient archetypal figure of the Crone embodies the potential of feminine power. For Noble (1994, p.76-81), the Crone, symbol of the woman who has learned to harness the transcendent energies of menopause, has also gained control of the sacred flames. Crone “keeps the inner fire burning”, says Noble: “She has learnt the power of energy retention and transmutation and she can choose how to spend or store her energies.” Another traditional archetype of mid-life and menopause is the Alchemist, who is characterised by the woman who must spin straw into gold in order to save herself, calling upon her inner wise woman to teach her. Martin and Jung (2001, p.240) consider that “during perimenopause, as midlife issues arise, the Alchemist is usually activated,” transforming “wounds and suffering into wisdom and strength.” They believe that the Alchemist is present in the energy of most women’s menopausal transitions: “We transform problems, symptoms and fears into something valuable: the precious wisdom, vision, and courage of the mature Wise Woman and the Elder Woman.” Despite the fact that feminine traditions have been lost in many cultures, images of this alchemical power can be found in myths such as Spider Woman of the Hopi, Changing Woman of the Navajo, and Shakti in Hindu traditions. Another inspiring figure at mid-life is
Durga, the Hindu goddess of invincible power, who eliminates obstacles to enlightenment and overcomes negative forces. In her most formidable form, she becomes Kali, goddess of destruction and transformation (Martin & Jung, 2001, p.247). Archetypes such as these can provide an incredible source of inspiration and motivational energy.

Menopause can connect a woman once again to her core values. Kenton (1996, p.5) believes that “a woman who knows such connectedness seldom needs to rely on high-tech medical intervention or prescription – such are the goals of natural menopause.” Greer (2000, p.5) speaks of The Whole Woman, describing her as a woman who does not “exist to embody male sexual fantasies or rely upon a man to endow her with identity and social status” - a woman who does not have to be beautiful, who can be clever, and grow in authority as she ages. Several of the women in my study experienced the climacteric as reconnecting them with this sense of inner womanhood.

Rose: It’s like arriving on earth, arriving on earth with all your experience and finally understanding how the spiritual and the physical intertwine. You become whole, you know, you become a whole woman.

Viv: I, like everyone my age, am more experienced with life itself obviously; some good, some great, some extremely sad and some really awful experiences but they make me who I am today and quite recently I realized that I really quite like me for being me.

Vicky: I suppose I do feel more like a woman. Physically I like my figure more now than when I was younger, but emotionally the transition into being a "grown-up" is challenging… It feels upsetting in some ways to think I am in the second half of life but at the same time I feel more like a woman than ever.

At menopause, women are expanding into their wisdom and a renewed authentic life. “We are hungry for our wise women”, says Marianne Williamson: “We are hungry to know them and to become them. The wise have seen the light at the center of things, and the light at the center of things is who we are. Until we see that, the mission of our lives remains unfulfilled.” Life following menopause has the potential to feel great - and can be great. As the anthropologist Margaret Mead declared in the 1960s: “There is no greater power in the world than the zest of a postmenopausal woman” (Sheehy, p.62 citing Mead, ca. 1960).
During my journey through this project, I have been surprised, moved and humbled by women’s stories. It was an honour to have women open up and share their views and experiences with me, and I am more convinced than ever that to document women’s stories for posterity is invaluable. I set out to explore the possibilities of menopause as a holistic transition, and to determine whether signs of the climacteric were purely hormonal events that require medical treatment - or whether they embodied a more profound cultural and personal significance. Certainly, each of the women in my study had their own unique understandings of menopause and its signs. The spectrum of meanings appeared to be informed by their varying personal experiences and ideologies.

One of the main conclusions I have drawn from this study is that the medical model of menopause is limiting. Western cultures condition women to fear and mistrust signals emanating from their corporeal selves. They are encouraged to medicate bodily symptoms - from a simple headache to depression - rather than change circumstances which precipitate or exacerbate these conditions. Menopause has provided a lucrative market for pharmaceutical companies, which capitalise on women’s fears of aging, decline and illness. The inadequacies engendered by marketing strategies are subsequently perpetuated by hegemony. Women are a vulnerable group who are already cultured to dissatisfaction with their bodies and identities, and conditioned to consume products to ‘improve’ their lives and themselves to achieve social acceptability. The medicalisation of menopause discourages women’s trust in their own experiences of menopause. Medical rhetoric refers to menopause in terms of disease, and women’s language has been informed by this. Gina, Liz and Kate, for example, understood their symptoms to be oestrogen deficiency.

As shown in chapter two, some highly regarded, large-scale studies have found many of the claims of hormonal treatment to be unfounded. It was even shown to be potentially hazardous. The rationale that women decline without this treatment is also without basis. The majority of women in my own study were not taking hormone treatment – no more than 20% were using HRT – yet almost all were embracing life at this time with a sense of possibility and aspiration. I observed some common themes
running throughout women’s testimonies. A large proportion had some form of symptomology, yet most of them viewed menopause as a natural process rather than an illness. 13 out of 18 women felt mid-life to be a time of renewal and progress rather than decline.

Certain signs of the climacteric may well be hormonal induced, but medical intervention was shown not to be the only option. Lifestyle factors - such as diet, various forms of stress, and adrenal fatigue, may exaggerate symptoms. Further elements influencing biochemistry such as exercise, soy consumption, some alternative remedies, and regulating glycemic functioning, were seen to reduce symptoms. Japanese women – who have a low-fat, high-fiber and soy rich diet - show fewer vasomotor symptoms. Mayan women exercise and consume a low protein diet. They display similar hormone patterns to Western women but are symptom-free, strongly suggesting a cultural component. Symptoms may also reduce if women can withdraw to a more relaxing, nurturing environment.

Some societal institutions of cultures where symptoms were found to be absent or less severe contrasted with those of Western societies. This led me to further conclude that cultural elements play a part in constructing experiences of the climacteric. Women in these cultures were allowed greater access to important social roles and increased responsibility after menopause, or enjoyed an elevated status. Women were either valued for their elder status, or were released from a prior inferior status. Navajo women living a non-traditional life were more somatic than traditional Navajo women. Traditional Native American women acquire special tasks and the authority to participate in various rituals at menopause. This suggests a connection between women’s positioning in a society and the signs produced by their climacteric. Western construction of menopause and older women has been extremely disagreeable. Problematic attitudes to menopause are supported by negative stereotypes and traditional lore. It is not freely discussed, nor is it often represented in the media. Women in my study were influenced by cultural ideals and were concerned by external signs of a maturing physical appearance, identifying menopause as a landmark point in this process. One common theme was the undesirability of weight gain and a fear of being less attractive, which were frequently mentioned. Doreen illustrated the way in which women were also troubled by embarrassment caused by visible signs of menopause.
Even though most had a good understanding of social attitudes - their negativity and their construction – this did not stop women being influenced by them. Eva, for example, felt happier now than ever, but experienced her value diminishing, believing menopause to mean accepting being less attractive. Women were generally aware of the way their age was affecting their social status and their desirability in the job market.

There are pressures on women to retain qualities - such as youth - which make them feel esteemed socially. Women in my study were aware of cultural perceptions of the middle-aged woman. The opinion of others regarding dress and propriety were important to women. Older women have reduced choices available to them, and police themselves and others so as to appear appropriate and avoid social judgement. I observed that older women appeared in only 17% of television adverts compared with 43% featuring older men. Their content exposed the way older women are cultured to focus on aging and maintaining femininity, while older men are permitted to continue involving themselves in a spectrum of life activities. It also illustrated the contrast in status between the sexes, and the gendered approach to elder wisdom.

At puberty, girls learn that signs of adolescence will pass in time. During menopause, fears surrounding uncertainty as to whether or not unpleasant symptoms will be temporary arise. These fears are heightened by a combined lack of information and preparation, plus an insufficient holistic understanding among medical practitioners and society at large. Western cultures provide limited frames of reference for menopausal meanings, or understanding that the process has its own wisdom. Many women choose hormone treatment to try and return to ‘normal’. Treating the climacteric in medical terms - and as a medical problem to be solved - undermines the role of menopause as a meaningful transition in a woman’s life. In coming to a conclusion, I can not discount the direct effects of fluctuating hormone levels, but on a personal level, signs of the climacteric do appear to have a deeper significance.

All the women in my study - with the exception of Rita - were taking up new activities and hobbies, changing to a more satisfying career or starting new business ventures. The desire to travel was a common theme. Many were leaving behind old relationships or looking forward to a new lease of life once their symptoms abate. Sometimes the signs related to menopause indicate losses to be grieved or childhood issues to be
healed, as well as boundaries to be set and long-repressed needs to surface. I encountered a convincing quantity of research supporting the theory that women are more somatic when emotions and reactions to life circumstances are suppressed, where there is significant stress, when women have a history which includes trauma, and when women fail to heed earlier signals that change is due. Anxiety, depression, insomnia and hot flushes can play a part in this, demanding women listen to the dictates of their inner selves and find creative outlets for repressed expression. Some of the women in my study felt that being more prone to irritability - or even ‘murderous rage’ - had encouraged them to see things more clearly, and be more assertive and self-protective.

Dr. Northrup puts forward strong evidence that although specific hormonal activity occurs at this time, the function of these changes is partly to facilitate empowering change. A biological imperative drives women to challenge their lives and those elements needing consideration. Women in my study had altered things that no longer work for them, moved from a maternal, domestic role, or embraced a renewed commitment to themselves and their dreams. A recurring theme among my interviewees was the role menopausal indicators played in reminding them of limited time and the temporary nature of life. Women were on the whole experiencing a change of focus, self-determination, and independence. Part of this altered focus came from this awareness of mortality, motivating them to ‘seize the day’. The climacteric was giving women an opportunity to take stock of their lives and reassess priorities. Some women were dealing with unresolved issues that held them back from full joy, changing aspects of relationships, and to listening to their own desires. Women generally felt freer and were glad not to be menstruating or at risk of pregnancy.

Some cultures celebrate a woman’s arrival at menopause. The absence of any recognised rites of passage for Western women contributes to the hidden nature of menopause, but - like Joyce with her motorbike - women were marking the transition in a personal way. Sometimes the symptoms themselves caused women to assert more control over their lives, albeit uncomfortable or challenging. Some women were unable to relate to the notion of symptoms being messages of the body, while some women made a connection. Lydia and Vicky, for example, felt anxiety to be related to an unhappy marriage and career path, respectively; Anna, Jill and Eva were prompted to listen to their bodies and take better care of themselves. Many women had experienced
a deepening of their spiritual selves. Most women who found it difficult to relate to a spiritual transition were nevertheless experiencing post-menopause as a time of expansion into new possibilities on other levels. For others like Rose, it was a mystical journey. 15 out of 18 women maintained that they had acted on their own behalf. Each woman had her own unique story of empowerment, whether it was choosing to live alone, looking at her inner self, taking a journey of discovery, changing her religious path, or simply making more time for herself. Traditional archetypes and interpretations of mid-life astrological transits both reflect these developmental events.

In conclusion, I believe I have satisfied myself that signs of the climacteric go beyond being simply hormonal events requiring medical treatment. Experiences and meanings of menopause go beyond a merely corporeal, symptom based event, to encompass a transitional, affirmative role in women’s lives which brings positive outcomes. There is a strong indication that the meanings of menopause for a particular society influence its signs. Cultural aspects and attitudes influence women’s perceptions of themselves and their climacteric. Having listened to women’s experiences, I feel that signs of the climacteric do indeed embody an altogether more profound cultural and personal significance. On the whole, menopause proved to be a fundamental, life-changing and holistic transition for women, having a profound effect on their outlook, and allowing them to know themselves better. In many ways, women experience the climacteric as a meaningful body-mind-spirit transition that radically transforms their lives.
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APPENDIX

INTERVIEWS & WRITTEN STATEMENTS

QUESTIONS TO BE USED AS SUGGESTIONS AND GUIDES FOR SHARING YOUR EXPERIENCES

What does menopause mean for you?

How would you describe the menopause stage of life?

How has your outlook on yourself, life and the world changed since menopause?

What type of symptoms have you experienced and how severe would you say they have been?

How do you feel about the way society views older women?

What do you feel about the changes happening to you?

Physically?

Emotionally?

Mentally?

Spiritually?

How do you feel about yourself as a middle-aged woman?

How do you feel about aging?

How do you feel that society treats you as a middle-aged woman?

Have you ever thought of your menopausal symptoms (eg: hot flushes, anxiety, depression, mood swings, rage, emotional outbursts) as having any relationship to some aspect of your life which you’d like to change?

In what ways would you say you have acted on your own behalf to make the second half of your life better for yourself? Eg leave relationship, career move, new rewarding passtimes, saying ‘no’ to things, claiming more control and being heard.

What sort of new fulfilling interests, hobbies or activities have you taken up in mid-life?

Have any issues or feelings from childhood emerged in order to be resolved or healed at this time?
Have you experienced any kind of sharing or ‘sisterhood’ with other women at this time? Has your mother or any other older relative shared their experience of menopause with you?

In what ways do you consider menopause to be a transition for you?

Do you see your own transition as different to that of your mother’s generation?

Have you used any alternative supplements, therapies or techniques to help you during ‘the change’ and if so, how effective have they been?

Have you done anything, e.g. a ritual, even privately, to mark menopause as a kind of ‘rite-of-passage’?

Because the symptoms of menopause by their very nature disrupt your sense of ‘normal life’, have you found these symptoms themselves to be a driving force toward needed change and if so, how and what?

Do you have any exciting dreams or fantasies for yourself for the post menopausal phase of your life?

Do you have a greater insight into yourself since going through menopausal changes? In what way?

Do you ever experience your symptoms as your body trying to tell you something? What is it saying?

Do you feel feel that midlife is a time of decline or a time of renewal and progress?

Have you experienced a shift in focus since your menopausal process kicked in? In what way?

Post menopause, do you feel more liberated or empowered at all? If so, how?

Have you taken HRT? What have been your experiences and what do you feel about HRT?

Has this ‘change of life’ caused you to question anything about your life? If so, what aspects?