

Menopause or Aging?

by Janine O'Leary Cobb

L'auteure démystifie les croyances concernant le vieillissement des femmes et la ménopause. Elle explique que la ménopause n'est pas un phénomène récent et elle dénonce l'hyper-médication de cette phase qui n'est après tout qu'une transition normale dans la vie des femmes.

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Physicians commonly use resources which define menopause as a "metabolic and endocrine disorder" or a "clinical disorder of the ovary" characterized by estrogen deficiency. No wonder physicians have difficulty in accepting the notion of menopause as "natural."

How have we come to accept this reduction of a normal life transition to first, a purely biological process and then, by some, to a pathology based on estrogen deficiency? I suggest two sources...

The first follows from the repeated but false assertion that women are, for the first time in known history, living a third of their lives in a post-menopausal state. The second is the very human tendency to generalize based on the menopausal women who visit a doctor's office.

The idea that menopause is, historically, a recent phenomenon is pervasive and pernicious because it contributes to the sense that women living past middle age are somehow abnormal. The implication is that, if it's abnormal to live so long, it deserves medical attention.

I can't begin to count the number of medical articles which begin with some reference to the fact that the average life expectancy a century ago was 47 or 49 or 50. Once confined to the medical literature, this false idea gained currency with the enormously popular book, *The Silent Passage*, in which Gail Sheehy stated that, "At the turn of the century, a woman could expect to live to the age of 47 or 48" (227). Women all over North America began to believe that living past menopause was unnatural because it was happening for the first time.

But Gail Sheehy is wrong. The perils for women were childhood diseases and childbirth. Imagine that you are following the life histories of five women born in the late 1800s. One dies at age five of scarlet fever; a second dies at 25 during a difficult childbirth; the other three die at age

70. The average life span of these women is 48, but three have lived well past menopause. In her new book *Encounter with Aging*, Dr. Margaret Lock chastises those who falsely use longevity statistics to argue that ours is the first generation of women to live so long. She cites data to show that, a century ago, a 50 year old woman (that is, a woman who had successfully survived childhood and the reproductive years) could anticipate living to age 70 or 71. This is about ten years less than the life expectancy of a 50 year old woman today.

Lock also tells us that, in 1904, Charles Reed, a past president of the American Medical Association, published a *Textbook of Gynecology* in which he said this about the menopausal woman: "One third of her adult life is still before her, full of the promise of placid enjoyment and great usefulness" (742). Nowadays, we are told that living one-third of our lives past menopause is a new and startling development and that, to live it fully, most of us must be medicated.

Menopause is not inherently a problem. Nor is it a universal experience. It differs remarkably over time and from country to country. Cross-cultural studies—in Japan, Mexico, India, Africa, and the Greek islands—tell us that hot flashes, anxiety, depression, etc., are not necessarily recognized as menopausal complaints. Women in other societies may have no complaints, fewer complaints, or complaints of an entirely different nature.

Mid-life women do not run to the doctor's office when they experience menopausal complaints. We know this as a result of reliable survey data from Manitoba, from Massachusetts and, more recently, from a Gallup Poll commissioned by the North American Menopause Society.

In the Manitoba study, only 15 per cent of women discussed their menopausal complaints with a doctor. According to the Massachusetts Women's Health Study, slightly more than half of the women coping with hot flashes over a twelve month period discussed this with a physician.

In Massachusetts, of those women who saw a doctor and started on estrogen therapy, two in five stopped taking it within nine months and another ten per cent reported intermittent use. Similarly, the Gallup survey found that 34 per cent of past users of hormones had stopped because of side effects, meaning that 66 per cent had stopped for less tangible reasons.

Some of the reasons why women abandon hormone therapy were outlined in the December 1993 issue of *A Friend Indeed*. The point is that the women who visit a doctor's office are not representative of all menopausal women because most menopausal women manage the

transition without ever mentioning the "M" word to a doctor.

What most women need at this time in their lives is the reassurance that what they are experiencing is normal and will go away.

Instead, most doctors offer hormone therapy. According to the women surveyed in The Gallup Poll, physicians have a limited repertoire of menopausal remedies. Only two per cent of those consulted for menopausal complaints presented options such as exercise, diet, smoking cessation, and stress reduction techniques as strategies to manage menopause.

There are certainly many sound indications for hormone therapy and this is clearly acknowledged in the pages of *A Friend Indeed*. However, a lot of basically healthy women feel that it makes sense to start off with remedies that have more gentle effects, and to couple this with health-giving strategies such as increased exercise and sound nutrition—before resorting to potent medication.

Certainly, given borderline cases of hypertension, diabetes, and hypothyroidism, most physicians would recommend changes in exercise and diet before prescribing drugs. Why is this approach not valid for menopausal complaints?

Surveys of the health status of mid-life men and women—reports of nervousness, dizziness, headache, fatigue, joint pains, aggressivity, etc.—demonstrate virtually no differences between the sexes. The only complaints which are strictly sex-based at mid-life are vasomotor and atrophic changes (i.e., hot flashes and dry vagina) reported by women and presumed to be caused by menopause.

Rightly or wrongly, however, we tend to blame everything that happens to a mid-life woman on menopause, and this situation will continue so long as women themselves are convinced that menopause is the cause of their problems.

In my view, the crucial issue to be confronted when menopause arrives is aging. It is certainly a major issue in Gail Sheehy's book—an issue that was never really resolved, leaving thousands of her readers in limbo, unsure of whether their complaints are normal for that age, or temporary aggravations due solely to a hormonal disturbance. Most are probably due to stress or to the effects of getting older.

If a woman can successfully deal with her fear of aging—the negative images we have of aging women, the lack of positive role models of women in their late 50s and 60s, the problem with looking, acting, and even sounding like one's mother—then menopause becomes much easier to deal with.

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tation she gave to members of the American College of Physicians and Surgeons during their annual meeting, Orlando, Florida, May 1994.

References

- Bungay, G.T., M.P. Vessey, and C.K. McPherson. "Study of Symptoms in Middle Life with Special Reference to Menopause." *British Medical Journal* 1980:1:181
- Cobb, Janine O'Leary. "The North American Menopause Society Gallup Poll." *A Friend Indeed* X(6), November 1993.
- Johannes C., S. Crawford, J. Posner, and S. McKinlay. "Longitudinal Patterns and Correlates of Hormone Replacement Therapy Use in Middle-Aged Women." Under review.
- Kaufert, P.L. "The Menopausal Transition: The Use of Estrogen." *Canadian Journal of Public Health* 1986; 77 (suppl.1): 86-91.
- McKinlay, J.B., S. M. McKinlay, and D.J. Brambilla. "Health Status and Utilization Behaviour Associated with Menopause." *American Journal of Epidemiology* 1987; 125: 110-121.
- Lock, M. *Encounter with Aging: Mythologies of Menopause in Japan and North America*. Berkeley: University of California Press, 1993.
- Martin, M.C., J.E. Block and S.D. Sanchez, et.al. "Menopause Without Symptoms: The Endocrinology of Menopause Among Rural Mayan Indians." *American Journal of Obstetrical Gynecology* 1993; 168: 1839-1845.
- Sheehy, Gail. *The Silent Passage*. New York: Random House, 1992.
- Van Hall, E.V., M. Verdel, and J. Van der Velden. "'Perimenopausal' Complaints in Women and Men: A Comparative Study." *Journal of Women's Health* 1994; 3:45-49.

Correction

In her article "Notes for Feminist Theorists on the Lives of Psychiatrized Women" ("Women and Disability," Summer 1993, pp. 72-74), Lillith Finkler explained that women who are labeled "mentally ill" suffer from oppression including a lack of recognition within the feminist community. In her argument, Finkler stated: "Some argue that 'schizophrenia' is biologically based, claiming that an insufficient amount of dopamine in the brain results in 'mental instability.'" What she intended to state is: "Some argue that 'schizophrenia' is biologically based claiming that an increased amount of dopamine in the brain results in 'mental instability.'" In the original article, Finkler critiques the notion that "schizophrenia" is biologically based.