
July 2013

Menopause – A Time for Reflection

Eve Sicurella

Follow this and additional works at: <https://vc.bridgew.edu/jiws>



Part of the [Women's Studies Commons](#)

Recommended Citation

Sicurella, Eve (2013). Menopause – A Time for Reflection. *Journal of International Women's Studies*, 14(3), 286-291.

Available at: <https://vc.bridgew.edu/jiws/vol14/iss3/20>

This item is available as part of Virtual Commons, the open-access institutional repository of Bridgewater State University, Bridgewater, Massachusetts.

This journal and its contents may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, re-distribution, re-selling, loan or sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden. Authors share joint copyright with the JIWS. ©2022 Journal of International Women's Studies.

This journal and its contents may be used for research, teaching and private study purposes. Any substantial or systematic reproduction, re-distribution, re-selling, loan or sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden. ©2013 Journal of International Women's Studies.

Menopause – A Time for Reflection

By Eve Sicurella¹

Abstract

A woman's post-reproductive years can bring the greatest challenges of her life as physical and psychological changes compel examination of her new role in life. The author's own experience of this leads her to reflect on cultural perspectives and healing practices that may impact the individual experience of menopause. In the USA, physical symptoms often have been managed by hormone replacement therapy (HRT) while the psychological changes, including the subtleties of what it means to be a (re)productive part of society have just begun to be addressed. In a holistic model, factors having a positive influence on a woman's experience of menopause include low body mass index (BMI), and using alternatives to HRT such as Chinese Traditional Medicine (TCM) and meditation. Additionally, revising one's view of what it means to be "older" will influence her experience. In order to create a plan to bring balance to a woman whose physiology is no longer supported by sex hormones, societal, nutritional, and cultural influences must be considered.

Keywords: Menopause, cultural perspectives of menopause, feminine consciousness.

In my early 30's I asked my gynecologist if it were possible my hormones were beginning to shift. I shared that my period was becoming more erratic and there were changes in the flow. I also noticed my emotional responses were not appropriate to some events. There were times that hearing, seeing or thinking of something even vaguely sentimental in nature would have tears flowing down my face and my heart aching while somewhere deep inside I'd hear: "*This is nuts. Why am I crying? What is wrong with me?*" My male doctor, as though speaking to a dramatic child, told me there was nothing wrong and that I was "too young" for hormone changes. He instead asked how my stress levels were. While not surprised by his reply, I thought it invalidated my perception and became really angry. As the emotions of frustration and anger began to rise in me, I came to conclude learning about the subtle interactions between the body, mind and spirit (BMS) would give me information to support my transition. Although I wasn't able to express this then, I somehow knew that empowering myself would support others in their conflicting, unsupported moments and that through our collective experience, we would come to recognize the formidable force of feminine consciousness.

¹ Eve Sicurella wrote this paper as an undergraduate student in the Holistic Health Program at Georgian Court University. It was presented at the New Jersey Women's and Gender Studies Consortium Undergraduate Research Colloquium in 2012 and acknowledged with the "Promising Scholar" Award. This achievement was validation to continue towards a degree in Sociology, no matter how long it takes. Eve can be contacted at evesicurella515@aol.com

I was born in 1959 into a working class Caucasian family. My mother, a first generation American of Hungarian parents, became a widow when I was 4. As the eldest of five children I saw myself as bonded to the care and service of my family. My dreams of heading out for adventure became obscured by my familial obligations. While “growing up” as a young married woman in the 1980’s and 1990’s, I saw radical societal change in terms of what a woman was perceived as capable of becoming. My generation was influenced by parents who grew up experiencing the after effects of World War II, many of which opened the world up to women in ways not previously experienced including education and ability to be a wage earner (Friedan, 2001). Television commercials told us we could “bring home the bacon, fry it up in the pan, never let [him] forget [he’s] a man” (Enjoli, 1980) and that’s what we did. We wore the female version of men’s suits and worked exceptionally hard to become recognized in the world. It was during this time connection with my feminine consciousness became concentrated on achievement as I immersed myself into that which would promote my economic viability and independence. However, something was missing from my life.

In this time of reflection, I concluded what was missing was not only a sense of *self*, but a lifeline of support from women who radiated knowing, acceptance and security in and of themselves and their lives. These are the ones I’d envisioned offering me words or actions of support in times when I couldn’t support myself. They would assure me all would eventually be well and that my path would become smoother. I believed what they said because of their confidence, which was achieved by having lived through the various changes of their lives. The women who serve as this lifeline in many cultures are the grandmothers and matriarchs. Because we are living longer than past generations and many cultures are redefining what it means to be a mature woman, many women are not sure how to establish a relationship with that matriarchal aspect of self.

Antonia Anna “Toni” Wolff was a pioneer in exploring the concept of feminine consciousness. Influenced by her relationship with Carl Jung, Wolff explored and wrote about the feminine archetypes Mother/Hetaira (personal relationships with emphasis being Other/Self), and Amazon/Medial Woman (relationships outside of self with emphasis being Public/Private). Wolff considered these archetypes pairs of opposites as well as a significant aspect in the process of individuation to recognize the wisdom and attributes from each (Molton & Sykes, 2011, p. 27). Using the points on a compass to illustrate, Mother/Hetaira would be represented by the East/West line and Amazon/Medial Woman the South/North line. In the middle where the lines intersect is the place where the energies of each archetype is fully represented and possessed. When we are in our center, this is when we are most powerful. Molton and Sykes (2011) write:

As each of us becomes familiar with both the personal and the impersonal characteristics of our own preferred type, we are reminded that all archetypes live, to some degree, in all of us. [Wolff’s] point is that *our growth depends on our ability to integrate and assimilate into consciousness an understanding of our own archetypal preference first, and the others over a period of time as we mature* (p. 9). (Emphasis mine.)

There are cultures where comparative/contrasting symbolic relationships are used in healing or medicine models. For example, in Native American cultures the Four Directions or Winds (East, South, West, and North) represent life stages (Birth, Growth, Maturity, Old Age) as well as the evolution through life. These models are not static but reflect the ever changing

aspects of self in relation to each other. These models interact with our psyches and teach us what we need to know about who we are and aren't and how to get there (Cohen, 2006).

In addition to the concept of feminine consciousness, the concept of “feminine nature” was useful for me in understanding my own transformation to “mature woman”. In defining feminine nature, I found the Eastern principle of yin and yang appropriate. As discussed by Beinfield and Korngold (1992), yin and yang are a cyclic, inseparable, system of opposing qualities that define relationship to the universe and all in it. These qualities exist in all individuals in different proportion and are often (in the English translation) erroneously interpreted as feminine or masculine gender characteristics. Because biological essentialism suggests the labels “feminine/masculine nature” do not reflect the true mutability of gender identity, I feel it is important to clarify that in Chinese medicine “feminine nature” can be explored by its opposition to “masculine nature” (pp. 49-54) and is not to be interpreted as gender-linked nor predictive of tendencies.

Theoretically, Yin qualities for “feminine” include forming, interior, softness, intuition, and emotion while Yang qualities for “masculine” include transforming, exterior, hardness, reason and logic. These qualities are imperceptible and interwoven (i.e., the formative within transformation; the intuition that leads us to reason) and can become implicit through insightful observation thus becoming a beneficial means of achieving awareness. It was through my contemplation of these natures within myself that awareness of my own potential became clear. This was especially liberating for me as previously those possibilities had been constrained due to learned gender roles.

As the roles and expectations of men and women in many societies have transformed, I suggest that limited self-awareness can result in a psychic vagueness about the uninhibited expression of a conscious, emancipated human nature. After all, it is not the change itself from which the vagueness arises but rather from resistance to the change because it appears to be inconsistent with one's self view. The stress of this uncertainty may indeed influence a woman's experience of menopause.

There are several common factors affecting women whose menses have ceased and who experience a minimum of symptoms. These factors include lower BMI, TCM treatments, diet and lifestyle changes as well as a perspective that views this time in life as one in which a woman might embrace her role as an empowered, confident leader.

Research confirms the experience of menopause can be defined by cultural and societal influences. There are cultures wherein by the time a woman has stopped reproducing she becomes a matriarch within the community. She takes on leadership roles within her family, guiding and supporting her children and grandchildren and is often responsible for the financial and spiritual health of her family (Hawkes, 1998; Lock, 1995, p. 99).

The way a post-reproductive woman is perceived within her world certainly influences her perception of self. For example, in Thailand menopausal women are referred to as *wai ngarm* - “a particular kind of middle-aged woman who is strong, wise and attractive” (Coday, 2000) and in Japan, the concept of menopause has been named *konenki*, “the turn or change of life” (Lock, 1995, pp. 10 - 11). Lock further suggests “[b]ecause *konenki* is thought of as a process and not an event, ... its occurrence encourages reflection about the life cycle as a continuous process. ...” (p. 44). In the Yucatan peninsula of Mexico, Mayan women do not experience menopausal symptoms of hot flashes, mood swings and insomnia. These women look forward to becoming spiritual leaders and welcome the freedom allowed by lack of monthly menses. Indigenous and shamanic cultures, including the Maori in New Zealand, the Iroquois Indians, and the Cree

women of Canada, believe that the experience of menopause allows them access and entry into the world of shamanism and healing (Mills, 2011).

During my 20's and 30's I explored my inner and outer worlds in a quest to define myself. While I never had children, I did have a television and a mirror. These two objects were critically influential in my evolving beliefs one of which was that if I wasn't defined in some way (as a mother, or sexy or powerful), then who was I? The experience of feminine consciousness post World War II has been influenced in many cultures not only by Sigmund Freud's suggestion that "Anatomy is destiny" (Friedan, 2001) but by recommendations in the late 1960's that menopause could be avoided by estrogen treatment thus allowing a woman to be "feminine forever" (Wilson, 1966). These suggestions apparently continue to have significant influence on the psyches of American women (and men) as we continue to search ways to define ourselves as we mature.

BMI appears to have an effect on a women's perception of self as well as in physical manifestation of symptoms in middle age. I find it compelling that a lower BMI has a minimizing effect on unpleasant menopausal symptoms. Could lower BMI be as a result of more exercise or is it because non-Western diets are typically lower in fat, higher in fiber and include soy which contains isoflavones reported to decrease somatic menopause symptoms (Carroll, 2006)? As the contemporary North American ideal of living the good life continues to influence the world, it will be interesting to note the effect on women in other cultures and their experience of menopausal symptoms. I note parenthetically that there was no word for "hot flash" in Japanese until the introduction of a Western diet to the East (Mills, 2011).

In my experience, people tend to define a person by one perception. They might be tall or short, good or bad, funny or sad, helpful or useless. By limiting our definition, we limit our view of the full essence of a person. In managing imbalance or physical dis-ease, this prohibits consideration of additional factors that may have contributed. Incorporating a holistic approach to examining imbalance insures all influences are taken into consideration in creating a wellness plan. TCM is a model that examines the whole individual and has a positive influence in balancing menopause symptoms. The organ network known as Kidney regulates not only blood, waste product and water metabolism, it has significant influence in reproduction growth and development. Additionally, Kidney is the producer of marrow and dominates water metabolism in conjunction with the urinary bladder and lungs. The emotion of fear, the ears, bones and water are also connected to Kidney (Pacholyk, 2010; Beinfield & Korngold, 1992). Is it a co-incidence then that as our reproductive ability ceases we begin to experience fear in not knowing what this change means to us, that our ears begin to ring to alert us we must really begin to listen to ourselves, we are tested for osteopenia and osteoporosis, and our bladder does not function as efficiently as it once did yet we often hold more water?

In the U.S. customary menopausal complaints including hot flashes/night sweats, insomnia, mood swings, fatigue, headaches, dryness (which extends to the joints, vagina, mouth and eyes) and depression. I am particularly intrigued with the connection between depression and menopause. On a psychic level, I suggest depression can be influenced by a lack of connection with the Medial Woman, or inner aspect of self. On a physical level, brain chemistry is certainly influential. Serotonin, a neurochemical reported to influence moods, sleep, and body temperature, can be impacted by food choices as well as cravings for processed carbohydrates (Nelson, 2012). Wong (2009) and Carroll (2006) report favorably on the influence of SSRI's in reduction of hot flashes as well as in decreasing the degree and frequency of somatic symptoms in menopause. In terms of treating the depression aspect of menopause, I don't find it surprising

then that SSRI's are effective in reducing customary complaints. What I do find surprising is that meditation which has been shown to affect brain chemistry has not been encouraged as an alternative to manage symptoms (Newberg & Waldman, 2009).

The physical changes I have experience since becoming post-menopausal might have limited my activity level had I not learned to improvise. A recent example is after injuring my knee in a “gardening incident” in 2010, I learned yoga could be done on an exercise ball. This allowed me to continue my practice in a different way yet still receive the benefits. I was inspired by learning of “life maintenance” clinics as set up in Thailand. Here, exercise (validated as providing relief from hot flashes) was modified (to fit lifestyle challenges of wearing skirts vs. pants) so women were more willing to participate (Cody, 2000).

My own wellness plan for managing menopause symptoms now includes meditation which has not only been beneficial in modifying my thoughts but has strengthened my relationship with *self*, a 2% natural progesterone skin cream applied ten (10) days every month for managing hot flashes; exercise consisting of walking, yoga, bike riding and strength training; and eating more whole foods/less processed foods. I can report that when my plan is regularly applied I feel great. However when I allow distractions to keep me from doing so, I begin to notice a shift in my physical and mental status.

Between the 1920's and early 1940's medical literature and popular magazines began to portray menopause as a condition that could benefit from medical management. Interestingly enough this took place after the discovery of estrogen as well as the creation of synthetic estrogen. Prior to that time menopause was considered part of a woman's life cycle only requiring medical supervision in severe cases (Mitteneess, 1983). From the 1960's through 1980's menopause became a target market for the pharmaceutical industry. By 2005 when the World Health Organization revealed the carcinogenic effects of HRT and because contemporary North American women had become conspicuous participants in economic and political arenas, we found ourselves in uncultivated territory in terms of processing the psychological changes (i.e., beliefs about what it means to be an autonomous, prominent, established woman) as well as physical changes (i.e., hormonal shifts and resulting physiological transformations) *on our own terms*. The good news is that we can create a set of operating rules that can harmoniously and unconditionally be supported not only by medical interventions and lifestyle choices but by influences of feminine consciousness.

Conclusion

Short of moving to a culture that supports productive identities for non-reproductive women and infusing one's self within, shifting the way North American women (and men) perceive women's post-reproductive years will likely have an effect on menopausal symptoms. Perhaps we may gain some insight by considering other cultures and societies for guidance and more significantly, by questioning our perceptions and beliefs. Within a culture, a woman's view of her societal importance plays a large part in how she experiences menopause. Symptoms may manifest cross-culturally yet an individual's experience of them can be vastly different through cultural/societal filters. For this reason, continuing to see menopause as a medical condition requiring treatment holds us prisoner until we are “cured”.

Menopause, if defined *as the turn or change of life* makes this time of life magic as we take dreams and manifest them. We can take this opportunity to use all of our life experiences to expand the definition of “our purpose” on our own terms, rather than that set out by our culture.

References

- Beinfeld, H. & Korngold, E. (1992). *Between heaven and earth*. NY: Ballentine Books.
- Carroll, D. (2006 Feb). Nonhormonal therapies for hot flashes in menopause. *American Family Physician*, 1:73(3):457-464.
- Coday, D. (2000 Nov). *The culture of healing*. Retrieved from <http://www-cgi.cnn.com/ASIANOW/asiaweek/99/0604/feat4.html>
- Cohen, K. (2006). *Honoring the medicine: the essential guide to Native American healing*. Ballentine Books. 47–48.
- Enjoli. (1980). Charles of the Ritz Group Ltd. Commercial.
- Friedan, B. (2001). *The feminine mystique*. NY, NY: W.W. Norton and Co.
- Hafiz, I., Liu J., Eden, J. (2007 Aug). A quantitative analysis of the menopause experience of Indian women living in Sydney. *Aust N Z J Obstet Gynaecol*, 47(4):329-34.
- Hawkes, K., O'Connell, J., Blurton Jones, N., Alvarez, H. & Charnov, E. (1998, Feb 3). Grandmothering, menopause, and the evolution of human life histories. *Proc Natl Acad Sci U S A*; 95(3): 1336–1339.
- Lock, M. (1995). *Encounters with aging – Mythologies of menopause in Japan and North America*. University of California Press.
- Lu, J., Liu, J., Eden, J. (2007 Feb). The experience of menopausal symptoms by Arabic women in Sydney. *Climacteric*, 10(1):72-9.
- Mittens, L.S. (1983 Summer). Historical changes in public information about the menopause. *Urban Anthropology*, 12(2):161-179. Retrieved from <http://www.jstor.org/stable/40553005>
- Mills, D. (2011, April). *A look at menopause across cultures*. Retrieved from <http://www.womentowomen.com/menopause/menopauseacrosscultures.aspx>
- Molton, M. & Sikes, L. (2011) *Four eternal women: Toni Wolff revisited – A study in opposites*. California: Fischer King Press.
- Nelson, K. E. (2012, Feb). *Hot Flashes*. Retrieved from *Gale Virtual Reference Library*. Web.
- Newberg, A. & Waldman, M. (2009). *How God changes your brain*. New York: Ballentine Books, 56.
- Pacholyk, A. (2010). *Menopause*. Retrieved from <http://www.peacefulmind.com/menopause.htm>
- Wilson, R. (1966). *Feminine forever*. NY: M. Evans.
- Wong, V.C., Lim C.E., Luo X. & Wong W.S. (2009 Mar). Current alternative and complementary therapies used in menopause. *Gynecol Endocrinol*, 25(3):166-74