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Man-Made Menopause

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Man-Made Menopause

Menopause, the cessation of menstruation, is certainly an inevitable biological phenomenon that will affect all women; however, it is also very much a cultural phenomenon as well. Our current understanding of menopause is a historical product resulting from the medicalization of women's bodies that acts to define women in terms of their social relationship to men. While the symptoms of what we now call menopause have occurred for as long as women have reached menopausal age, roots of our current conception of menopause lie in the cultural conception of class and gender that have their origins in the American Victorian Age. In this new construction of menopause the cessation of menstruation not only incorporated the public perception of women who no longer menstruate, but gave meaning to the effects menopause has on a women's body, her life goals, and how she was expected to behave after menopause. "Menopause," a medical discourse about women's bodies, was developed during the Victorian Age and laid the foundation of a developing medical discourse about women's bodies and minds in mid-century America and contemporary America.

Women have been prescribed organic, and more recently synthetic, estrogens for almost a century with the hope of preventing menopause and aging, sometimes these prescriptions have been for decades of their lives. Since its advent in the 1930s, estrogen therapies have been promoted as a pill that could cure old age in women and keep women young forever. Perhaps surprisingly this notion of "pill popping for youth" has not been scientifically evaluated until relatively recently. Significantly, in 2002 the National Institutes

of Health's Women's Health Initiative suggested that estrogen may cause more problems in patients than it cures, as there were marked increases in women who had heart attacks, strokes, breast cancer, and blood clots while on Hormone Replacement Therapy.¹

However, in spite of these findings, women continue to be prescribed estrogen, and more recently a combination of estrogen and progesterone. Women continue to take hormones due to a complex web of interactions between pharmaceutical companies, healthcare professionals, physicians, as well as more recently menopausal women who are themselves entering into the debate. Women are put in a difficult position because hormones can "cure" certain problems associated with menopause such as hot flashes, night sweats, and vaginal dryness. But, hormones continue to be marketed and promoted as a panacea for older women's health concerns.

In her "Gender: A Useful Category of Historical Analysis," the gender historian Joan Scott has suggested that we can usefully draw a distinction between sex as a biological category of male and female bodies, and gender as a socially constructed set of meanings that describe these bodies in terms of our expectations and understandings of masculinity and femininity. In light of this, we might profitably look not only at the history of women and women's bodies, but rather at the relationship between men and women and how these meanings have worked in history, and are still working today.² Looking at the history of menopause in this way can illuminate the gendered nature of women's relationships with traditionally male doctors and the medical establishment. Thus, the social and sexual

¹ The Women's Health Initiative Participant Website, *Hormone Program Update* (2002 [cited April 10 2006]); available from http://www.whi.org/updates/update_hrt2002.php.

² Joan Wallach Scott, "Gender: A Useful Category of Historical Analysis," in *Gender and the Politics of History* (New York, NY: Columbia University Press, 1999). 28-29.

relationships between men and women are at stake in the conception of menopause as a debilitating disease.

In this study I suggest that there are three distinct time periods mark new developments in society's understanding of menopause, Victorian America in the mid and late nineteenth century, mid-twentieth century America, and contemporary America. This is the case not only in terms of advances in biological science, but also the ways in which the medical establishment has viewed menopause has also changed, and in terms of changes in prevalent gender assumptions. In this paper I hope to expose the ways science, history, and society has medicalized menopause, and the ways in which menopause has been viewed by individual women, their health care providers, and society as a whole more generally. I also wish to expose the fact that how we have come to think about menopause is by no means simply the result of value-free, objective science and medicine.

The Biology of Menopause

The invention of our modern conception of menopause is rooted in the eighteenth century. In order to understand the cultural construction of menopause and its effects, it is important to first recognize the current understanding of the biological changes that lead up to menopause, and what happens to a woman's body once she has stopped menstruating. Although the following definition of menopause is a result of cultural, scientific, and historical interpretations of menopause, by paying attention to the current dominant Western understanding of menopause it is possible to deconstruct how menopause has changed throughout history and how it has come to shape women's sense of sexual identity.

The hormone cycle in a healthy woman is complicated and dictated by many physiological forces. Once a woman goes through puberty, she begins her menstrual cycle, a cycle that will be relatively consistent until she is in her forties or fifties. Having a base knowledge of this cycle, as well as recognizing that menopause has been made into a disease, is crucial to understanding why women are prescribed hormones when they reach menopause. I will discuss the discovery of the cycle and the impact it has had on women's health in a later section.

The average length of the menstruation cycle is 28 days, however cycles are considered normal when they are 20-40 days in length. Menstruation, or the shedding of the endometrial lining of the uterus, is recognized as the beginning of the cycle. In the early part of the cycle, a small number of follicles begin to grow in a woman's ovary. One of these follicles becomes the dominant follicle that will be released from the ovary for fertilization. The Pituitary Gland produces Follicle Stimulating Hormone and Luteinizing Hormone. Both Follicle Stimulating Hormone and Luteinizing Hormone encourage the dominant follicle to mature into an egg that can be fertilized. Once the follicle is ready for fertilization, there is a spike in the level of Luteinizing Hormone in the blood stream. This spike causes ovulation and the egg is released into the abdominal cavity and sucked into the fallopian tubes.³

Estrogen secretion is codependent on Luteinizing Hormone and Follicle Stimulating Hormone production. The ovaries and the egg produce both estrogen and progesterone, and estrogen and progesterone provide positive and negative feedbacks with Luteinizing Hormone and Follicle Stimulating Hormone. Typically, when Estrogen and Progesterone levels are high, Luteinizing Hormone and Follicle Stimulating Hormone levels are low, and vice versa.

³ Colleen and Virginia Borden Belk, *The Second X: Biology of Women*, 2 ed. (Fort Worth, TX: Harcourt College Publishers, 2001). 137-150.

Progesterone levels peak about eight days after ovulation and at this point the uterus is ready for fertilization. Increased estrogen levels have caused the endometrium to swell with blood and nutrients for the impending development of the fetus. However, if there is no fertilization, estrogen and progesterone levels drop off, causing the endometrium to be shed through the cervix of the uterus and out the vagina.

At the onset of menopause when a woman is in her mid-forties or fifties, a woman's estrogen levels begin to slowly decline.⁴ The exact reason for this is not known, however there are two common hypothesizes about why menopause occurs. The first is that there are a decreasing number of follicle cells in a woman's ovaries.⁵ The second is that the hypothalamus changes and causes varying levels of hormones to be released, thus not allowing for a consistent, predictable cycle.⁶ During this stage of a woman's life, she can have very irregular periods. Bleeding can be delayed because an egg was not ovulated, or it can go on for longer than the average 5-7 days of pre-menopausal periods. Bleeding can be much heavier than before, or spotting can occur throughout the entire monthly cycle.⁷

Modern medical discourse defines three stages of menopause, perimenopause, menopause, and post-menopause. Perimenopause refers to the transition from a woman's reproductive years to menopause when most women begin to experiences the "symptoms" of menopause.⁸ As previously discussed, hormone levels naturally fluctuate during

⁴ The menopause discussed in this paper is natural menopause. In contrast, surgical, or induced, menopause occurs when a woman suddenly loses ovarian estrogen due to the removal of her ovaries. Menopause begins after the removal of the ovaries and must be treated as something unique from natural menopause because treatment options may be different.

⁵ Belk, *The Second X: Biology of Women*. 266-267.

⁶ *Ibid.*

⁷ Barbara Seaman, *The Greatest Experiment Ever Performed on Women: Exploding the Estrogen Myth* (New York, NY: Hyperion, 2003). 226

⁸ I am cautious to use the term "symptom" because it implies that menopause is a disease, and the symptoms of the disease must be treated. However, the term is often applied to menopausal complaints and I will be consistent with doctors' and the healthcare industry's vernacular.

perimenopause, but they do not necessarily do so in a predictable manner. Eventually estrogen levels decrease to the point that the lining of the uterus no longer builds up and menstruation ceases. This is menopause. After menopause, estrogen levels off at approximately 40 to 60 percent of a woman's premenopausal levels and progesterone falls close to zero. Although hormone fluctuation is fairly consistent in all women, each individual woman's response to the changes in hormone levels is unique.⁹ Menopause marks the moment one year after a woman's last menstruation, and thus can only be defined retrospectively. Once periods finally cease, a woman enters post-menopause. Natural menopause occurs in women who are in their forties through their late fifties. Women who experience menopause before age thirty are considered prematurely menopausal.¹⁰

Today it is widely accepted that menopausal signs vary from woman to woman. The most common complaint is hot flashes, with 60 percent of woman suffering from some form of them.¹¹ Despite the large number of women suffering from hot flashes, the hot flash is still not completely understood. It is believed that Follicle Stimulating Hormone and Luteinizing Hormone levels dilate blood cells, which causes increased blood flow to the skin, raising its temperature.¹² While nearly 60 percent of women have hot flashes, only 10-20 percent of all menopausal women find them intolerable.¹³

Other complaints during menopause are vaginal atrophy, or the thinning, drying, and loss of elasticity of the vagina. A woman's vagina may not become as lubricated after

⁹ Power Surge: A Warm and Caring Community for Women in Menopause, *Menopause Symptoms, an Introduction to Menopause* [Website] (2005 [cited October 30 2005]); available from <http://www.power-surge.com/educate/menoprimer.htm>.

¹⁰ Paula B. and Diana Laskin Siegal Doress-Worters, *The New Ourselves, Growing Older: Women Aging with Knowledge and Power*, 2 ed. (New York, NY: Touchstone, 1994). 119.

¹¹ Imaginis: The Breast Health Resource, *Hormone Replacement Therapy (Hrt)* [Website] (2005 [cited October 20 2005]); available from <http://imaginis.com/breasthealth/hrt.asp>.

¹² Belk and Borden, 227.

¹³ *Ibid.*

menopause, and sexual intercourse can become painful. Anxiety and insomnia are also cited problems, as well as mood changes. Opinions about these problems vary, some believing that insomnia is due to hot flashes and being awoken during the night as a result of drastic temperature changes. This lack of sleep can cause mood changes and anxiety. However, others classify anxiety and insomnia as separate problems from hot flashes.¹⁴ Women may also experience muscle pain, joint pain, headaches, and other symptoms.

Womanhood in Victorian America

As the historian of sexuality Jeffrey Weeks has pointed out, the ‘Victorian Age’ has long been a synonym for a period of sexual repression.¹⁵ However, and in contradiction of this common assumption he points out that, “it was during the nineteenth century that the debate about sexuality exploded. Far from the age experiencing a regime of silence and total suppression, sexuality became a major social issue in Victorian social and political practice.”¹⁶ Conceptions of gender were transformed by the cultural change driven by the Industrial Revolution. In New England and states along the Atlantic Ocean, factories were established at an astonishing rate, and as a result, work previously done by families in their homes moved from the private, and the public sphere. As a result of these factors, and although many working class women found themselves in factory work, the vast majority of middle class women were isolated in the private sphere of the home, which was thought to be safer and less polluting, while men worked in the dangerous, morally abominable public sphere.

¹⁴ *Ibid.*

¹⁵ Jeffrey Weeks, *Sex, Politics, and Society: The Regulation of Sexuality since 1800* (London, England: Longman Group UK Limited, 1981). 19.

¹⁶ *Ibid.* 19.

In Victorian America, the ideal middle-class woman was one that had “innate” qualities such as inherent intuitiveness, passivity, delicacy, a need to nurture, affection, and domesticity.¹⁷ Social issues, such as menopause, were very much considered to only effect those in the middle and upper classes, as those in the working class seemed to “enjoy” their lower class lifestyle of working late hours, doing laborious tasks such as laundry, cooking, and factory work which were absent from wealthier women’s lives.¹⁸ These qualities attributed to middle and upper class women were based on the assumption that the woman had moral superiority, and would thus lead a fruitful life, albeit a life that was spent within the confines of her home. However, the traits that made a woman suitable for the home also “prevented” her from succeeding in the public, industrialized sphere. The fragile woman would be destroyed in the industrial world, her delicate physiology made her suitable only for the less rigorous home life. By placing them in the private sphere, middle class women could also create an atmosphere in which their husbands and sons could feel rejuvenated. It also served to keep them from the immoral influences in the public sphere.¹⁹ The home was also where children were reared, and it was imperative that they grew up in a safe and controlled environment that would stimulate their minds and keep them under control.

Middle class women’s sexuality in Victorian America revolved around childbirth, motherhood, and morality. Sexual activity for women was for the purpose of reproduction and was assumed to be confined exclusively to marital relations. It was thought that women endured sex because it allowed them to have more children and spread moral values to future

¹⁷ Joy Webster Barbre, "Meno-Boomers and Moral Guardians: An Exploration of the Cultural Construction of Menopause," in *The Politics of Women's Bodies: Sexuality, Appearance, and Behavior*, ed. Rose Weitz (New York, NY: Oxford University Press, 1993). 243.

¹⁸ Weeks, *Sex, Politics, and Society: The Regulation of Sexuality since 1800*. 11.

¹⁹ Barbre, "Meno-Boomers and Moral Guardians: An Exploration of the Cultural Construction of Menopause." 244.

generations, not because sexual activity could be enjoyable for anyone other than the man. Men had sexual needs that a good woman had to satisfy, regardless of her own interests. Despite the prevalence of sexual discourse in Victorian America, social convention meant that it was still difficult for middle class women to have open conversations about sex, and as Weeks notes all sex that was discussed was heterosexual in nature. Homosexual sex was regarded with fear and revulsion. Citing Foucault, Weeks points out that even the refusal to talk about sexuality and sex marks it as the secret and puts it at the heart of discourse.²⁰

Although Victorian America dictated very strict moral and social guidelines for relationships, there is evidence that women formed intense female friendships that allowed them to find solace and comradeship during the Victorian era. The historian Carroll Smith-Rosenberg has studied manuscripts of letters between Victorian women and has found that these relationships showed a much different side of women and marriage than has generally been portrayed.²¹ Smith-Rosenberg writes, “These female relationships served a number of emotional functions. Within this secure and empathetic world women could share sorrows, anxieties, and joys, confident that other women had experienced similar emotions.”²² There is also some evidence in the letters that at least some of these relationships between women were sexual. Clearly, and in spite of prevailing opinion, women experienced and enjoyed sex as more than a means to have more children. If women enjoyed sex because of the pleasure of the act, not the pleasure of children, then the patriarchal perceptions of female sexuality, including menopause, would be seriously undermined. This also shows that while men

²⁰ Weeks, *Sex, Politics, and Society: The Regulation of Sexuality since 1800*. 19.

²¹ Carroll Smith-Rosenberg, "The Female World of Love and Ritual: Relations between Women in Nineteenth-Century America," *Signs* I, no. 1 (1975).

²² Smith-Rosenberg, "The Female World of Love and Ritual: Relations between Women in Nineteenth-Century America."

dominated the social and medical world of the time, women did offer a competing, if hidden, voice to the social norms of the era.

Women's Bodies and Medical Theory in Victorian America

*"The Almighty, in creating the female sex, had taken the Uterus and built up a woman around it."*²³

The "scientific" understanding of women's bodies in Victorian America was the result of the combination of medicine, morals, and culture. In accordance with women's social status of the time, Victorian medicine defined white, middle and upper class women's bodies as lesser, imperfect specimens. Working class women on the other hand were working eighteen hours days in factories or as domestic servants, and their biology was excluded from medical investigation. Extensive medical and biological arguments were used to explain why women were supposed to be subordinate to men and morally guided. Thus contemporary science supported the claim that women's places were in the home, not the public sphere.

Mid-nineteenth-century medical theory claimed that the ganglionic nervous system served as a storage for the "vital force" and was the source of all energy. This "vital force" was the source of all energy for both men and women, and was directly connected to reproductive health in both sexes.²⁴ In addition to the reproductive organs, all systems in the body were connected through a "vital force." However, because women were portrayed as having more complicated reproductive physiology- puberty, menstruation, childbirth, lactation, menopause- their "vital force" was always at risk of depletion.²⁵ A woman's reproductive organs were the largest receptors of her "vital force," so it was imperative that

²³ Barbre, "Meno-Boomers and Moral Guardians: An Exploration of the Cultural Construction of Menopause." 245.

²⁴ *Ibid.* 244.

²⁵ *Ibid.*

she did not over extend herself sexually and expend her “vital force” on non-reproductive sexual encounters, with others or alone.²⁶

A woman’s reproductive organs were thought to govern her entire being. Any stress on the nervous system could damage her reproductive capabilities, thus making it necessary for women to avoid anything seen as potentially harmful. In Victorian America, harmful activities were not limited to working outside of the moral center of the home, or unproductive sex, but also such activities as reading novels, drinking alcohol, social activism, contraception, excesses in food or dress, and education.²⁷ In this theory, medicine and biology dictated that middle-class men and women separate themselves in different social spheres, or else their health would rapidly deteriorate. Throughout the Victorian era, middle class women were not welcomed in the work force or in medical school, nor could they attempt to prove male doctors and scientists wrong, while still maintaining their social standing.

In 1848 Dr. Charles Meigs, a professor of obstetrics and diseases of women at the Jefferson Medical College, wrote in his work “Females and Their Diseases”, “Her [a woman’s] reproductive organs, that are peculiar to her; and her intellect and moral perceptivity and powers, which are feminine as her organs... the strange and secret influences which her organs, by their nervous constitution, and her functions, by their relation to her whole life-force, whether in sickness or health, are capable of exerting not on the body alone, but on the heart, the mind, and the very soul of a woman.”²⁸ In 1851, the French gynecologist

²⁶ Men were also warned that masturbation was considered a major stress on the “vital force” and was to be avoided at all costs in order to stay healthy and successful. See Weeks, *Sex, Politics, and Society: The Regulation of Sexuality since 1800*. 50-51.

²⁷ Barbre, “Meno-Boomers and Moral Guardians: An Exploration of the Cultural Construction of Menopause.” 244.

²⁸ *Ibid.* 245. From Charles Meigs, “Females and Their Diseases,” (Philadelphia, PA: Lea and Blachard, 1848.)

Columbat believed that women should be secluded and left in a state of inaction during menopause.²⁹ Similarly, in 1857 Dr. Edward Dixon argued that reproduction was the end and object of woman's existence, the great object of her being.³⁰ These men were key actors in ensuring that Victorian medical beliefs became intertwined with cultural norms to produce scientific evidence that female physiology explain their inherent morality and nature. If a woman's biological delicacy could be proven, then her separate (lower) social role was justified. The middle class female body was shrouded in medical and moral expectations, and these entangled notions contributed to the perception of menopause in Victorian America.

Menopause in Victorian America

Following Doctors Meigs and Dixon, the Victorian medical profession defined a woman's sex and sexuality with reference to her uterus and her capability to produce children. In light of this, because menopause signals the end of childbearing, it also heralded a woman's decline into old age, and, effectively, the decline of her womanhood. Menopause itself was portrayed as a terrifying and potentially life-threatening disease that put major stresses on a woman's "vital force." Menstruation, although it traumatizes a woman's reproductive and nervous systems, regulated her body and suggested reproductive health. But, if a woman could survive menopause, then her old age was considered pleasurable. The stresses of menstruation and childbirth were behind her and she could regain the beauty and health of her younger days.³¹ I will return to this concept later in the paper and explain why.

²⁹ Roe Sybylla, "Situating Menopause within the Strategies of Power: A Genealogy," in *Reinterpreting Menopause: Cultural and Philosophical Issues*, ed. Philipa Rothfield Paul Koesaroff, Jeanne Daly (New York, NY: Routledge, 1997). 203.

³⁰ Barbre, "Meno-Boomers and Moral Guardians: An Exploration of the Cultural Construction of Menopause." 245.

³¹ *Ibid.* 246; Sybylla, "Situating Menopause within the Strategies of Power: A Genealogy."

These two trains of thought provided the infrastructure for the Victorian construction of menopause and continued to regulate women's bodies by enforcing patriarchal opinions of women's sexuality and abilities.

To talk about gender and sex in the nineteenth century and not discuss Charles Darwin neglects a major shift in ideas that served to further naturalize sexual differences. In his monumental 1871 work, *The Descent of Man* (1871), Darwin wrote, "Woman seems to differ from man in mental disposition, chiefly in her greater tenderness and less selfishness."³² Clearly, biology defined women primarily in terms of their reproductive function, and identified them as the weaker, more primitive, and less developed half of the species. In regards to intellectual prowess, Darwin wrote, "The chief distinction in the intellectual powers of the two sexes is shown by man's attaining to a higher eminence, in whatever he takes up, than can woman-whether requiring deep thought, reason, or imagination."³³ Though important, Darwin's influence on Victorian America's construction of sexuality and sexual expectations is not the focus of this paper. Nonetheless, his theories on gender provide an imperfect link between the mid and late nineteenth century.

Meigs, Dixon, and Darwin shaped notions of womanhood, and these views of women were strengthened as the century came to an end. The English gynecologist, Dr. Edward J. Tilt was the leading medical authority on menopause in the late-nineteenth century. His influential book *The Change of Life in Health and Disease: A Clinical Treatise on the Diseases of the Ganglionic Nervous System Incidental to Women at the Decline of Life* (1882) systematically dissected "menopause" and discussed the health and social concerns that

³² Charles Darwin, *The Descent of Man* (Amherst, NY: Prometheus Books, 1871). 583.

³³ *Ibid.* 584.

resulted from “the change.”³⁴ He asserted that menopause put the reproductive organs in great flux, and this disturbed state could gravely effect a woman’s health. Tilt claimed that chronic ill health, chronic debility, consumption, rheumatism, ulcerated legs, diabetes, urinary tract problems, hemorrhoids, gout, tooth decay, heart disease, shingles, chronic diarrhea and constipation, deafness, and cancer were just a few of the conditions that could result from menopause.³⁵ Tilt also explained that “moral insanity” was a common condition, and women should be excused for improper behavior when going through menopause, because their natural purpose was decaying right before their very eyes.

Tilt’s explanation of menopause does not apply to “peasant women,” and presumably other working class women.³⁶ Tilt wrote, “They belong to the *genus irritabile*, and are therefore little liable to nervous disorders. Their health is generally good when the change of life comes on...Of what use is leisure to practice all the appliances of hygiene, without the resolution to use them? Many of the poor are not forced to work in atmospheres so injurious as those of the heated ball-rooms frequented by the wealthy.”³⁷ Class determined whether a woman would be able to “endure” menopausal symptoms. Middle and upper class women had the luxury of dealing with their menopausal ailments by seeing doctors and taking time to adjust to the changes in their bodies. Working-class women, as well as women of color, could not afford to have the problems Tilt and others associated with menopause. Middle-class women did not have to work, and thus could endure menopause from the comfort of their homes and doctor’s offices.

³⁴ Edward John Tilt, *The Change of Life in Health and Disease: A Clinical Treatise on the Diseases of the Ganglionic Nervous System Incidental to Women at the Decline of Life* (New York, NY: Bermingham and Company, 1882). 11.

³⁵ Barbre, "Meno-Boomers and Moral Guardians: An Exploration of the Cultural Construction of Menopause." 247.

³⁶ Tilt, *The Change of Life in Health and Disease: A Clinical Treatise on the Diseases of the Ganglionic Nervous System Incidental to Women at the Decline of Life*. 72.

³⁷ *Ibid.* 72-73.

As Roe Sybylla says in “Situating Menopause within the Strategies of Power: A Genealogy”, menopausal women were warned that sexual arousal and intercourse during menopause could be extremely harmful, putting additional and undue stress on their already weakened reproductive and nervous systems.³⁸ Indeed, according to Tilt, sexual desire during menopause was a sign of “morbid irritation” or “uterine disease” and needed medical treatment. Tilt like Columbat emphasized the importance of sexual abstinence during menopause, and depending of the health of the woman, also advised against sexual intercourse post-menopause, citing arousal as a main source of strain on a woman’s body.³⁹

A woman’s moral stature throughout her life would dictate the severity of her menopausal symptoms. Any moral deviation, at any point in her life, could result in a horrendous menopause. Earlier indiscretions would result in worse symptoms during menopause and extend menopause longer than normal. Those women who followed strict Victorian social and sexual guidelines were expected to have a lighter, and easier menopause.

If a woman could survive the plethora of ailments, moral insanity, and escape sexual arousal, post-menopause life promised serenity and a renewal of the female body. With the cessation of periods, a woman had significantly fewer stresses on her body. Also, by no longer menstruating, women were thought to gain masculine qualities, which were seen as an improvement to her former femininity. Tilt asserted that after menopause “her mental facilities assume a masculine character” and her “greatest mental vigor” is reached at age 56.⁴⁰ Her old age, as it was thought of during that time, provided a woman the opportunity to expand her activities beyond caring for her own children, although Victorian notions still dictated what was appropriate for middle class women to participate in.

³⁸ Sybylla, "Situating Menopause within the Strategies of Power: A Genealogy." 203.

³⁹ *Ibid.* 204.

⁴⁰ *Ibid.* 204.

The Pathology and Power Structure of Menopause in Victorian America

The impact of menstruation and menopause on a middle-class, white woman's life in Victorian America was portrayed as a horrible event with devastating effects. Medical images of menstruation as pathological were both prevalent and vivid at the end of the nineteenth century.⁴¹ Walter Heape, a Cambridge zoologist and militant anti-suffragist, described menstruation as "leaving behind a ragged wreck of tissue, torn glands, ruptured vessels, jagged edges of stroma, and masses of blood corpuscles, which would seem hardly possible to heal satisfactorily without the aid of surgical treatment."⁴² Menopause was viewed with equal abhorrence.

Victorian doctors packaged women's "biological differences" into social differences, a process that both reflected as well as reinforced social assumptions about class and gender difference. Because "biology" was used to define women's roles in society, it was difficult for women to dispute the predominant ideologies. Biology and medicine, sources of knowledge that were seemingly objective, factual, and value neutral, developed in such a way as to justify male control over women's bodies. Doctors convinced women through fear that if they were to pick up a novel or dress too provocatively, they would suffer when they reached menopausal age. This was not merely a veiled attempt of social control, however, doctors believed what they said. Medical constructions of women's bodies provided strict guidelines for women's behavior. However, women of color, immigrants, and lower class

⁴¹ Emily Martin, "Medical Metaphors of Women's Bodies: Menstruation and Menopause," in *Women's Health, Politics, and Power: Essays on Sex/Gender, Medicine, and Public Health*, ed. Nancy Krieger Elizabeth Fee (Amityville, NY: Baywood Publishing Company, Inc., 1987). 217.

⁴² Martin, "Medical Metaphors of Women's Bodies," 217.

women continued to be exempt from the medical problems that were problematic for the delicate, feminine, middle-class, white women.

Victorian doctors were by no means the first to write about menopause, but they medicalized menopause in a novel way never done so before. Victorian doctors made menopause into a disease that needed to be treated. The medicalization of menopause implied that women automatically relied on men, because all women, regardless of the quality of their health before menopause, would undoubtedly “fall ill” with menopausal symptoms. After falling under the debilitating illness of menopause, women would need surgery or treatment from male doctors if they were to avoid serious illness, or even death.

As the middle-class man gained power in industry and economics, he also gained power over women’s bodies. Because the American economy was expanding out of the home, women were forced into the home in order to maintain society’s desired sexual division of labor. Cultural constructions of femininity and menopause as an illness supported and naturalized this sexual division of labor. Some people argued that because older women were past the evils of menstruation, that they were in fact (almost) equal with men, but doctors continued to further problematize the female body. If women were defined by their reproductive capabilities, then being post-menopausal would make a woman useless to her husband, the economy, and the state.⁴³ A woman whose ovaries no longer produced eggs, could, by logical extension, no longer contribute to society.

An Age of Pearls: Womanhood in the Mid-Twentieth Century

In many respects, the concept and expectations of womanhood in mid-twentieth century America was similar to the Victorian era. Women, for the most part, were still confined to the

⁴³ Sybylla, "Situating Menopause within the Strategies of Power: A Genealogy." 208.

private sphere. There were exceptions, of course, but these were exactly that, and short lived. After glimpses at a more equal world, mid-century women found themselves still defined by their reproductive success and their husband's jobs. Medicine continued define women in terms of their reproductive health and the new found hormones associated with reproduction, menstruation, and menopause.⁴⁴ Just as in Victorian America, women were valued because of the children they could produce. A woman's enjoyment during sexual encounters was not a consideration. Fertility and rearing of children were supposed to make her happy. Sex was for the man, children were for the woman. These stereotypes and expectations were reproduced through popular culture. Popular television shows such as "I Love Lucy" (1951-1957) and "Leave it to Beaver" (1957-1963) showed men and women sleeping in different twin sized beds, or even in different rooms altogether.

Women's Bodies and Medical Theory in Mid-Twentieth Century America

Medical theory about women's bodies was revolutionized in the mid-twentieth century. The groundwork for the current conceptualization of menopause as a disease began with the hormone studies in the 1930s and 1940s.⁴⁵ Scientists discovered, using our modern understanding of the scientific process, that hormones were secreted during the menstruation cycle, and that these hormones could be taken in pill form.⁴⁶ Historian Geri Dickson stresses the importance of the systematic, scientific testing that led to the discovery of hormones because, unlike in Victorian times, this discovery was not directly linked to ideologies about sex roles and expectations for women by science. However it is equally possible to read this

⁴⁴ Geri L. Dickson, "Metaphors of Menopause: The Metalanguage of Menopause Research," in *Menopause: A Midlife Passage*, ed. Joan C. Callahan (Bloomington, IN: Indiana University Press, 1993). 38.

⁴⁵ *Ibid.* 52.

⁴⁶ *Ibid.*

as a development through which women were even more deeply objectified and medicalized even to a bio-chemical level. This was vital to the physiological understanding of menopause because for the first time scientists and doctors could definitively explain why women go through the biological event of menopause. They were able to pinpoint the decreased hormone levels in women experiencing perimenopause and then the near absence of progesterone, and drastically reduced levels of estrogen in post-menopausal women.

The short-term benefits of estrogen for relief from menopausal discomforts such as hot flashes and vaginal dryness have been known since 1937.⁴⁷ External sources of estrogen were discovered by scientists, namely by the production of a synthetic estrogen, and the extraction of estrogen from pregnant mares' urine.⁴⁸ Experiments with hormone replacement were performed and the immediate effects of hormones in women in all stages of menopause became evident. These developments not only brought a new physiological understanding of menopause, but a new cultural meaning as well- one that might be addressed through hormone treatments, and medical textbooks written in the 1940s advocated hormone treatment for hot flushes and other severe menopausal discomforts. Significantly, estrogen therapy was prescribed if, and only if, all other treatments did not work, as doctors feared the unknown consequences of long-term hormone use.⁴⁹

However, almost immediately after estrogen research indicated its benefits for women, counter research and warnings were published. In April 1941, just as the Food and Drug Administration (FDA) was receiving applications from pharmaceutical companies to begin distributing estrogen products for the treatment of menopause, Edgar Allen, the chair of the

⁴⁷ Doress-Worters, *The New Ourselves, Growing Older: Women Aging with Knowledge and Power*. 128.

⁴⁸ Kathryn Strother Ratcliff, *Women and Health: Power, Technology, Inequality, and Conflict in a Gendered World* (Boston, MA: Allyn and Bacon, 2002). 155.

⁴⁹ Peggy Foster, *Women and the Health Care Industry: An Unhealthy Relationship?* (Bristol, PA: Open University Press, 1995). 71.

anatomy department at Yale Medical School, published a paper in *Cancer Research* about the propensity of estrogen to cause cervical cancer in animals.⁵⁰ He wrote, “Estrogen is a very important factor, not merely an incidental one, in cervical carcinogenesis.”⁵¹ Women’s health advocate Barbara Seaman points out the dynamics at work in the world of medical and pharmaceutical research and development, and suggests that, “Hormones were such a promising pharmaceutical, nobody wanted to hear that those years of industry-funded research might have yielded a drug women should not take.”⁵² As a result, few people heeded Allen’s advice, and in 1942 Ayerst Laboratories put an estrogen made from the urine of pregnant mares on the market under the trade name “Premarin.”

It is significant that the famous Austrian psychologist Sigmund Freud also worked on the hormonal aspects of menopause. According to Freudian belief, menopause was a significant psychological trauma for women. Women were victims of their changing bodies and fluctuating hormones. Also, because women’s roles were biologically determined, Freud considered women medically old and socially useless when they were no longer able to reproduce.⁵³

Although he agreed with Freud’s identification of the symptoms of menopause, that a decrease in estrogen in women undermined their femininity, according to Dr. Robert Wilson, author of *Feminine Forever* (1966), the primary sight of menopause was the body and not, as Freud suggested, the mind.⁵⁴ Wilson wrote, “Now that we have outlined the central importance of estrogen in the chemistry of the female organism, it is easy to see why the loss of estrogen due to menopause is indeed a surpassing tragedy, and why the replacement of

⁵⁰ Seaman, 14.

⁵¹ *Ibid.*

⁵² *Ibid.*

⁵³ Dickson, "Metaphors of Menopause: The Metalanguage of Menopause Research." 39.

⁵⁴ Sybylla, "Situating Menopause within the Strategies of Power: A Genealogy." 211.

estrogen is essential to continued good health and happiness.”⁵⁵ Wilson propagated the notion that menopause was a “deficiency disease” of estrogen, implying much like the Victorian doctors that women’s bodies were inherently problematic. According to Wilson, the depletion of the estrogen level in a woman’s body induced menopause and old age. This, Wilson argued, made women less attractive to men.⁵⁶ He wrote, “Her husband, her family, and her entire relationship to the outside world are affected almost as strongly as her own body.”⁵⁷ This then begs the question, who is the patient? The woman, or who she comes into contact with? Wilson declared menopause as a deficiency disease after there was already a cure, estrogen replacement treatment (ERT), which was marketed for mass production and prescription in 1950.⁵⁸

The Menopause Market: Menopause in Mid-Twentieth Century America

William McKenna was elected to chairman of Ayerst Laboratories in 1934, and served in an unofficial capacity as Ayerst’s ambassador to both the United States and Canadian governments. McKenna was responsible for dealing with matters of food and drug legislation, and tariff because he was able to address the topics in ways that were most beneficial to Ayerst.⁵⁹ Under his guidance, Ayerst was able to develop Premarin into the leading menopause treatment in America. To do so, McKenna carefully crafted Premarin advertisements. Barbara Seaman writes,

On McKenna’s watch, the Premarin ads were charming, like the man himself. Designed to foster fantasies of a fountain of youth, they

⁵⁵ Robert Wilson, *Feminine Forever* (New York, NY: M. Evans and Company, Inc., 1966). 68.

⁵⁶ Sybylla, "Situating Menopause within the Strategies of Power: A Genealogy." 211.

⁵⁷ Wilson, *Feminine Forever*. 92.

⁵⁸ Vanaja V. Ragavan, ed., *Drug Development for Women* (Chichester, England: John Wiley and Sons, 1998). 238.

⁵⁹ Seaman, 47.

featured glamorous women of a certain age having fun, being admired, sometimes waltzing with impeccably dressed handsome gentlemen who (you could tell) adored them. In the hallowed tradition of McKenna's Newfoundland Cod Liver Oil coup, the ads were distinctly upscale, which made sense, since the price for Premarin was five times higher than competing [estrogen] products, ten cents a pill in contrast to two.⁶⁰

After McKenna retired in the 1950s from Ayerst the Premarin, advertisements for Premarin were no less gendered, and indeed took a misogynistic turn for the worst. They now depicted ugly, repulsive women menacing their children or embarrassing their husbands.⁶¹ Text of one Premarin advertisement from this period read, "Almost any tranquilizer might calm her down... but at her age estrogen might be what she really needs."⁶² More advertisements of similar ilk followed, built around the slogan "Keep her on Premarin".⁶³ Again, this suggested that menopause was an ailment for more than just the woman, but rather her whole family.

As these advertisements were shaping America's social consciousness about menopause, Wilson, echoing the views of the nineteenth century medical establishment, still spoke of menopause as a "malfunction threatening the 'feminine essence'" and described menopausal women as "living decay."⁶⁴ But, Estrogen Replacement Therapy could save them from being "condemned to witness the death of their womanhood."⁶⁵ In *Feminine Forever*, a contemporary best seller, Wilson cited twenty-six symptoms of menopause,

⁶⁰ *Ibid.* 48-49.

⁶¹ *Ibid.* 49.

⁶² *Ibid.*

⁶³ *Ibid.*

⁶⁴ Ratcliff, *Women and Health: Power, Technology, Inequality, and Conflict in a Gendered World.* 156.

⁶⁵ *Ibid.*

including absent-mindedness, irritability, depression, frigidity, alcoholism, and even suicide. He claimed that ERT, the “youth pill,” could alleviate and prevent all of these problems.⁶⁶ Wilson even marketed ERT as a cure for “the menopausal problems that bothered *him* the most.”⁶⁷ Wilson wrote, “The suffering is not hers alone- it involves her entire family, her business associates, her neighborhood storekeepers, and all other with whom she comes into contact. Multiplied by millions, she is a focus of bitterness and discontent in the whole fabric of our civilization.”⁶⁸

However, Robert Wilson’s work was funded by the pharmaceutical industry. The pharmaceutical companies Ayerst Laboratories, Searle, and Upjohn, the same companies that produced ERT, supported the Wilson Research Foundation in New York City, and thus presented a conflict of interest for Wilson.⁶⁹ Nonetheless, other prominent physicians such as David Reuben and William Masters, as well as Robert Greenblatt, former president of the American Geriatrics Society, wrote articles about the effectiveness of ERT and often cited Wilson as their main or only source.⁷⁰ Greenblatt even wrote the introduction to Wilson’s *Feminine Forever*.⁷¹ Greenblatt wrote, “By throwing down his gauntlet, [Wilson] challenges the reluctant physician to follow him in providing the hormones that may allow for a smoother transition to the menopausal years ahead. Woman will be emancipated only when the shackles of hormonal deprivation are loosed.”⁷²

Because of Wilson’s widespread influence, estrogen sales tripled from 1967 to 1975. Over six million women in America alone were taking ERT, yet the long-term consequences

⁶⁶ Kathleen I. MacPherson, “The False Promises of Hormone Replacement Therapy and Current Dilemmas,” in *Menopause: A Midlife Passage*, ed. Joan C. Callahan (Bloomington, IN: Indiana University Press, 1993). 146.

⁶⁷ Ratcliff, *Women and Health: Power, Technology, Inequality, and Conflict in a Gendered World*. 156.

⁶⁸ Wilson, *Feminine Forever*. 97.

⁶⁹ MacPherson, “The False Promises of Hormone Replacement Therapy and Current Dilemmas,” 146.

⁷⁰ MacPherson, “The False Promises of Hormone Replacement Therapy and Current Dilemmas,” 146.

⁷¹ Wilson, *Feminine Forever*.

⁷² *Ibid.* 13.

of ERT remained virtually unknown. Between 1975 and 1976, however four papers published in the *New England Journal of Medicine* linked ERT to endometrial cancer.⁷³ After these reports were published, estrogen sales decreased by 40 percent. During this time, pharmaceutical companies continued to market ERT as a panacea treatment for hot flashes, vaginal dryness, and night sweating- the three most common complaints of menopausal women. The problem however became that most women had only mild to moderate discomfort and did not need ERT, as their symptoms were not severe enough to put themselves in jeopardy of more serious long-term complications. However, the allure of staying young forever, as Wilson and others claimed, tempted many into taking ERT.

Wilson remains an ambivalent figure however; although Wilson was very traditional about gender assumptions and the role of middle-class women, it is possible to see him as a progressive thinker about women's bodies. In the forward of *Feminine Forever*, Greenblatt wrote,

Heretofore, the menopause has been regarded as a physiological state, admittedly damaging to the body economy; an inevitable though unwelcome expectation. Doctor Wilson, with messianic zeal, has campaigned for its abolition. His voice is being heard and re-echoed. Like a gallant knight he has come to rescue his fair lady not at a time of bloom and flowering but in her despairing years.⁷⁴

Wilson is progressive because he took menopause out of a woman's head and made it into her biology. By doing so, he contradicted Tilt and other doctors that came before him who said that menopause was merely a mental state in a woman's life. Wilson gave validity to the problems that result from menopause, and suggested that women need not succumb to their

⁷³ MacPherson, "The False Promises of Hormone Replacement Therapy and Current Dilemmas." 146-147.

⁷⁴ Wilson, *Feminine Forever*. 12.

biology. The paternalist Wilson was actually attempting to emancipate women from the notion, supported by Freudian psychology, that menopause was all in a woman's mind. Wilson wrote, "Instead of being condemned to witness the death of their own womanhood during what should be their best years, they will remain fully feminine-physically and emotionally- for as long as they live."⁷⁵ Wilson offered woman a solution to menopause that would cure their hot flashes and "loss of femininity"- ERT.

Importantly, and quite radical for his time, Wilson also made the cultural assumption that sex between middle class men and women was not exclusively for procreative purposes. Sex was more than just fertility, it was something that could be enjoyed. In the chapter "A Woman's Right to Be Feminine" Wilson said,

Not until the present century has it been generally accepted that sex fulfills a vital role in human life quite apart from the production of children. Perhaps the most far-reaching change in human society in the twentieth century is this re-classification of sex. Sex no longer has as its aspects the limited alternatives of procreation or sinfulness. It has been recognized as a vastly enriching element that is the key to wholly new dimensions in the development of human personality.⁷⁶

Wilson also clarified that estrogen's affect on sexual desire must not be feared. "Some women have actually refused much-needed estrogen treatment for fear of being turned into nymphomaniacs, unable to turn down any male invitation. Such fears are entirely groundless. No woman's morals were ever threatened by estrogen."⁷⁷ In addition to having a radical view of women and sex, Wilson also made telling comments on the male-dominated medical establishment.

⁷⁵ *Ibid.* 15.

⁷⁶ *Ibid.* 29-30.

⁷⁷ *Ibid.* 64.

Predominantly male, the medical profession had apparently failed to appreciate the menopause as a serious physical and mental syndrome. As a result of this 'male provincialism' in medicine, little effort has been made to apply modern research techniques to menopausal problems. It had been the custom to regard menopause as a 'natural' occurrence- an inevitable part of woman's fate, and this traditional view still prevails in some medical quarters...This medical attitude, I believe, is dictated by a fairly common type of male indifference to anything exclusively female, except as it affects men. In a male-orientated culture which for centuries has accorded an inferior status to women and condoned their sexual exploitation, a certain lack of empathy with female problems may be expected. Yet it strikes me as particularly unfortunate that something of this anti-feminine attitude still survives in some circles of the medical profession. Added to the aura of irrationality that still surrounds the subject of female sexuality both inside and outside the medical profession, this lack of basic sympathy for women has for many years forestalled serious medical research on menopausal problem.⁷⁸

In light of these and other similar comments, it is difficult to classify Wilson, as Seaman does, in a purely chauvinistic light. His ideals of femininity were very much in tune with the patriarchal and paternal expectations of the time, however he did make significant efforts to liberate women from prior medical and cultural constructions of female sexuality.

After the cancer scare of the 1970s, a new development in hormone treatment came in 1981. Hormone Replacement Therapy (HRT) added a synthetic progesterone, progestin, to the estrogen regiment. This addition was supposed to quell the negative side effects of estrogen, but still help with menopausal discomforts. Usually a woman would take estrogen

⁷⁸ *Ibid.* 17-18.

for twenty-five days and progestin for five to fourteen days. Prescriptions for Provera, the most frequently prescribed HRT, grew steadily between 1980 and 1983.⁷⁹ Physicians saw potential problems with HRT, however, unlike ERT, HRT promised to help bone density and prevent osteoporosis and cardiovascular disease.

Since the initial development and prescription of HRT, studies have shown that HRT does in fact lower some women's chances of experiencing cardiovascular disease or hip fracture, however, long-term use increases risks for gallbladder surgery, and possibly breast cancer.⁸⁰ With both ERT and HRT breakthrough bleeding can be expected, and when the hormones are stopped, bone density can decrease. Also, when HRT or ERT are discontinued, menopausal symptoms can return for an indefinite amount of time.

Fashion Over Function? The Perception of Menopause and the Continued Use of HRT in Contemporary America

Today it is widely accepted that menopausal signs vary from woman to woman. The most common menopausal discomfort is hot flashes, with some 60 percent of women suffering from some form of them.⁸¹ Other common symptoms include vaginal dryness, mood changes, insomnia, depression, and anxiety. While HRT can be effective at diminishing menopausal discomforts, women with mild symptoms may find just as much relief from simple, non-medical remedies such as fresh air, change in diet, elimination of alcohol and coffee, and an increase in exercise.⁸²

⁷⁹ MacPherson, "The False Promises of Hormone Replacement Therapy and Current Dilemmas," 147.

⁸⁰ Doress-Worters, *The New Ourselves, Growing Older: Women Aging with Knowledge and Power*. 128. The American College of Physicians issued a report in 1992 saying that women taking HRT experienced an increased rate of breast cancer by 25 percent. This has been challenged, but there is an undoubted connection between HRT and breast cancer.

⁸¹ Resource, *Hormone Replacement Therapy (Hrt)*.

⁸² Foster, *Women and the Health Care Industry: An Unhealthy Relationship?* 74-75.

However, it was not until recently that a significant number of doctors and menopausal women began to seriously question the use of HRT. The Women's Health Initiative (WHI) was launched in 1991 as a collaborative effort of the Department of Health and Human Services, the National Institutes of Health, and the National Heart, Lung, and Blood Institute. The WHI was established to address the most common causes of death, disability and impaired quality of life in postmenopausal women; and to address cardiovascular disease, cancer, and osteoporosis. The WHI was a 15 year, multi-million dollar endeavor, and one of the largest U.S. prevention studies of its kind. The three major components of the WHI were a randomized controlled clinical trial of HRT, dietary modification, and calcium/vitamin D supplements; an observational study to identify predictors of disease; and a study of community approaches to developing healthful behaviors.⁸³ In 2002 the WHI shut down its clinical testing of HRT because it found that the risks of HRT greatly outweighed the benefits. After following 16,608 healthy women with intact uteri on estrogen and progestin HRT, the WHI found that,

During 1 year, among 10,000 postmenopausal women with a uterus who are taking estrogen plus progestin, 8 more will have invasive breast cancer, 7 more will have a heart attack, 8 more will have a stroke, and 18 more will have blood clots, including 8 with blood clots in the lungs, than will a similar group of 10,000 women not taking these hormones. This is a relatively small annual increase in risk for an individual woman. Individual women who have participated in the trial and women in the population who have been on estrogen and progestin should not be unduly alarmed. However, even small individual risks

⁸³ National Institutes of Health, *Women's Health Initiative* [Website] (2005 [cited October 1 2005]); available from <http://www.nhlbi.nih.gov/whi/background.htm>.

over time, and on a population-wide basis, add up to tens of thousands of these serious adverse health events.⁸⁴

There have been other studies about menopause and various treatment options. Clinical testing for estrogen, HRT, and other menopause issues is crucial for evaluating the short and long term benefits and risks to women's health. The studies discussed in this paper are the largest and most publicized trials. In the past few decades there have been many other studies demonstrating one component of a specific menopause treatment or other narrowly focused studies, however those listed here cover larger menopausal and older women's issues.

The Postmenopausal Estrogen/Progestin Intervention (PEPI) is, unlike the NHS, a randomized trial. Nearly nine hundred women volunteered for the study that investigates the use of Premarin, Premarin plus Provera every day, Premarin every day plus Provera fourteen days a month, or Premarin plus micronized progesterone.⁸⁵ In 1995, after three years of women taking pills, going for regular mammograms, endometrial biopsies, cholesterol tests, and bone density measurements, the study found that estrogen taken by itself caused endometrial hyperplasia, a risk factor for endometrial cancer. In contrast, all types of HRT prevented this increased risk; estrogen and HRT prevent equally against bone loss; estrogen and HRT both increased breast density, making reading mammograms more difficult; estrogen alone had a positive effect on cholesterol levels.⁸⁶

Similar to PEPI, the Heart and Estrogen/Progestin Replacement Study (HERS) is a randomized trial that followed participants for four years.⁸⁷ 2,763 women who already had

⁸⁴ *Ibid.*

⁸⁵ Michaud, 217.

⁸⁶ Michaud, 217, and Kevuala, *The Postmenopausal Estrogen/Progestin Interventions (Pepi) Trial* [Website] ([cited March 10 2006]); available from <http://www.kevalahealth.com/heardishrtan.html>.

⁸⁷ Michaud, 217.

heart disease, either a previous heart attack or angina, were recruited to participate. The purpose of the study was to determine if hormones helped prevent heart disease from worsening in a fairly short timeframe. Women took Premarin plus Provera or a placebo and went for regular examinations. In the first year of the study, women who were taking the Premarin and Provera were more likely to have another heart attack than those that did not, but by the end of the study this figure had evened out between the two groups.⁸⁸ This study was very important because it was the first randomized trial to determine the relationship between hormones and heart disease.

The Nurses Health Study (NHS) began in 1976 when 121,700 married nurses, aged thirty to fifty-five, agreed to fill out health questionnaires every two years.⁸⁹ This type of observational, self-reporting study is much less expensive than having researchers talk to each individual participant, and importantly allow the historian as well as the medical establishment to hear women's voices and opinions- something that has been largely absent from the history of menopause. However, because each woman self-reports every two years, the results cannot be as scientifically sound due to the potential for error and bias. Nonetheless, the NHS has been going on for over twenty years. Participants report on a wide variety of women's health issues, and with 70,533 postmenopausal women in the survey (at the time of Michaud's book), there is a vast amount of information about diet, exercise, hormone use, dietary supplements, and various serious health conditions.⁹⁰ The NHS has been very helpful with correlating estrogen use and breast cancer occurrence.

⁸⁸ Michaud, 218, and National Institutes of Health, *The Hers Study Results and Ongoing Studies of Women and Heart Disease* [Website] (1998 [cited 2006 March 10]); available from <http://www.nhlbi.nih.gov/new/press/18-1998.htm>.

⁸⁹ Ellen Michaud, ed., *The Truth About Hormone Replacement Therapy: How to Break Free from the Medical Myths of Menopause* (Roseville, CA: Prima Publishing, 2002). 215.

⁹⁰ Michaud, 216.

Feminist theorist Donna Haraway problematizes objectivity in terms of masculinity. She suggested in “Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective,” that “expert medicine” can never be juxtaposed to opinion because medicine inherently excludes women. The conception of scientific objectivity denies minority voices, and is presented as universally true when it clearly is not.⁹¹ Rather, and following Scott, far from being value-neutral, the meaning of menopause is shaped by culturally and historically specific assumptions about gender - conceptions of masculinity and femininity - pertaining to such issues as fertility, sexual function, health and desire.

These studies have been very difficult to place into a narrative. This is indicative of why Haraway is questioning the objectivity of science. The studies do not fit well into medicine and the universal, concrete notion of science because we are still grappling the way in which women should be written into history. The question then becomes, how do we reconcile “anecdotal” studies, like the Nurses Health Study, with modern science? Science, patriarchy, and medicine have silenced women, and when they are able to talk, it becomes very difficult to combine and rationalize both points of view.

Male scientists have always found fundamental problems with the female form. Women’s menstruation put a greater strain on their “vital force”; women go mad when they are no longer able to reproduce. The premise that women are, *by nature*, abnormal and inherently diseased dominated past research and perceptions of menstruation and menopause, and continues to shape menopause’s role in contemporary society.⁹²

⁹¹ Donna Haraway, "Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective," in *Simians, Cyborgs, and Women: The Reinvention of Nature* (New York, NY: Routledge, 1991).

⁹² Ratcliff, *Women and Health: Power, Technology, Inequality, and Conflict in a Gendered World*. 165.; Nancy Krieger and Elizabeth Fee, "Man-Made Medicine and Women's Health: The Biopolitics of Sex/Gender and Race/Ethnicity," in *Man-Made Medicine: Women's Health, Public Policy, and Reform*, ed. Kary L. Moss (Durham, NC: Duke University Press, 1996). 17.

There is also the question of funding for menopause treatments and research. Robert Wilson's work was funded by the pharmaceutical industry since the Ayerst Laboratories, Searle, and Upjohn supported the Wilson Research Foundation in New York City.⁹³ In the mid-1970s Ayerst used a public relations company to plant articles on menopause in American women's magazines and newspapers. These articles focused on the triumphs, tragedies, and challenges of menopause. Discreet references were made to ERT with comments such as "products that your doctor may prescribe."⁹⁴ By 1998, Wyeth-Ayerst reported sales of \$1 billion a year for HRT. Much of their profits are spent in advertising, generating slick advertisements, producing videos, and hiring attractive spokeswomen to spread the word about the benefits of HRT.⁹⁵

"It's Not a Hot Flash, It's a Power Surge!" The Future of Menopause in America

As long as women are reproductive beings, menopause will never be completely eliminated. It is possible that some treatment may be developed to significantly ease menopausal signs, without the drastic health repercussions of HRT and ERT, but until then, men and women must learn to cope with menopause. There has been a recent movement to embrace menopause, not to fear its symptoms, but to look forward to the renewed energy and outlook some women experience in post-menopause. The saying "It's not a hot flash, it's a power surge" speaks to this attempt, as well as the power women have been able to harness in their menopausal bodies.

For as long as physicians have prescribed hormone treatments, they have known about the potential risks and side effects of these treatments, and yet they have

⁹³ MacPherson, "The False Promises of Hormone Replacement Therapy and Current Dilemmas." 146.

⁹⁴ Foster, *Women and the Health Care Industry: An Unhealthy Relationship?* 83.

⁹⁵ Ratcliff, *Women and Health: Power, Technology, Inequality, and Conflict in a Gendered World.* 158.

continued to encourage women to these hormones, even if their menopausal complaints were not severe? In addition, one must ask why women have also been willing and eager consumers of HRT? Gloria Steinem's essay "If Men Could Menstruate- A Political Fantasy" mockingly asserts that if men menstruated, the monthly cycle would not be controlled or feared, but rather glorified. She writes,

What would happen, for instance if suddenly, magically, men could menstruate and women could not? The answer is clear- menstruation would become an enviable, boast-worthy, masculine event: Men would brag about how long and how much. Boys would mark the onset of menses, that longed proof of manhood, with religious ritual and stag parties. Congress would fund a National Institute of Dysmenorrhea to help stamp out monthly discomforts...⁹⁶

On one hand, the article is poking fun at the concept of menstruation, but on the other, it is an insightful political and cultural comment. Patriarchal social structures controlled women's bodies during Victorian and mid-century America. Steinem is, in many ways echoing Wilson's *Feminine Forever*, if menopause were a male issue, it would be addressed and tested as a legitimate medical condition.

Because menopause, both the physiological/natural and the cultural event, is so closely tied to society's perception of femininity, we must make a concerted effort to lessen the stigmas associated with growing older in today's society. Women should not be seen as mere reproductive vessels, but as the constructive members of society that they are. The medical establishment may have preconceived notions of what is biologically happening in a woman's body during menopause, but by using certain "facts" certain "truths" are being constructed. Whenever the medical establishment makes an assertion of what "fact" and nature are, it is

⁹⁶ Gloria Steinem, "If Men Could Menstruate- a Political Fantasy," *Ms.*, October 1978.

demonstrating its power over women, and the medical establishment should work towards dismantling their fixed notions of menopause that are deeply rooted in Victorian notions of a woman's role, and work on remedies for the discomforts of menopause that do not have long-term negative side effects. Menopause should be seen as an empowering new stage in a woman's life, not as a curse that disables her femininity.

In *The Birth of the Clinic* (1973), Michel Foucault has written, “*Commentary* questions discourse as to what it says and intended to say; it tries to uncover that deeper meaning of speech that enables it to achieve an identity with itself, supposedly nearer to its essential truth; in other words, in stating what has been said, one has to re-state what has never been said.”⁹⁷ This must be applied to our understanding of menopause as an ailment requiring medical treatment. For centuries women have been under the discriminating gaze of the male dominated medical establishment, as society operates under patriarchal systems and assumptions. Yet only recently has women's questioning of the patriarchal approaches to women's health been heard. Once we uncover the subtext of men's attempts to eradicate menopause, then it will be possible to develop treatments for menopausal signs that do not have such drastic long-term health and social consequences as HRT.

⁹⁷ Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. A. M. Sheridan Smith (New York, NY: Pantheon Books, 1973). Xvi. Italics in original.

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