

THE PANTHER  
PENGUIN BOOKS

GERMAINE GREER

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THE CHANGE  
WOMEN, AGEING  
AND THE MENOPAUSE



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## *Introduction*

It is not quite forty years since eliminating menopause was first mooted. The idea did not come from women but from men who thought that the cessation of ovulation was a premature death, a tragedy. To be sure there were women who asked for help from male professionals during the climacteric, as the years of the change are not easy to traverse. The help that was given was, at first, the only treatment doctors had for anything, namely bleeding and purging, accompanied by an array of ineffectual medications, some of which continued to be marketed at high prices for hundreds of years as Dr So-and-so's 'female pills,' setting a pattern for the exploitation of the 'litle health of ladies' that persists to this day. Next the learned gentlemen tried to reactivate menstruation from another site, by opening issues of blood; from this they proceeded to hysterectomy and castration, often for the mental derangements that were thought to accompany the decline of the catamenia, as the menstrual losses were called. No sooner had they discovered electricity than they began thrusting electrified rods into the uterus; one of the first uses for X-rays was to bombard the ovary so as to kill it; Marie Curie had not long discovered radium before radium rods were being inserted in the vagina. Physicians had to content themselves with dosing women with parts of the reproductive systems of other species or with juices derived from their ductless glands.

There was always another school of thought that held that the climacteric was in truth less stressful than other periods in the travailed female life course. As long as childbirth was unavoidable and dangerous, this was clearly true. Partly because there was a

disproportionate number of virgins over the age of fifty, climacteric problems became associated with old maids, adding greatly to the prejudice against them and against menopause. By the mid nineteenth century, when the climacteric was first given the name 'menopause', public awareness of a menopausal syndrome was greatly complicating the problems that the middle-aged woman had no option but to face. The irrational certainty that the womb was the real cause of the ageing woman's anger or melancholy effectively obscured the inconvenient possibility that she may have had genuine grounds for protest; women on the other hand obligingly internalized their own rage and produced a bewildering array of symptoms, many of which responded to hideous invasive procedures that can have had no genuine therapeutic function at all. Obstacles to negotiation of what is in fact a stressful stage in female life began to pile up, and menopausal distress accumulated around them.

In the guise of immense chivalrous sympathy for women destroyed by the tragedy of menopause, a group of male professionals permitted themselves to give full vent to an irrational fear of old women, which I have called, from the Latin *animus*, meaning old woman, anophobia. These are the men whose names appear on hundreds of learned papers every year, elaborating the possibilities of eliminating menopause and keeping all women both appetizing and responsive to male demand from puberty to the grave, driving the dreaded old woman off the face of the earth for ever.

There are positive aspects to being a frightening old woman. Though the old woman is both feared and reviled, she need not take the intolerance of others to heart, for women over fifty already form one of the largest groups in the population structure of the western world. As long as they like themselves, they will not be an oppressed minority. In order to like themselves they must reject trivialization by others of who and what they are. A grown woman should not have to masquerade as a girl in order to remain in the land of the living. The result of capitulation to pressure to do just that has resulted in a gallery of grotesques

whose pathetic attempts to start all over again are the staple of our gossip magazines. There have always been women who ignored the eternal youth bandwagon and agreed to grow up, who negotiated the climacteric with a degree of independence and dignity and changed their lives to give their new adulthood space to function and flower. In a childish world this behaviour is seen as threatening. Nobody knows what to do with a woman who is not perpetually smiling and fawning. Calm, grave, quiet women drive anophobes to desperation. Women who refuse even to try to empower the penis are old bats and old bags, crones, mothers-in-law, castrating women and so forth. Though female culture cannot afford to give such attitudes even token respectability, we could see our way to exploit male panic if we dared. As women are the arbiters of birth, they are also the managers of death, within the womb and out of it. They have the spiritual resources to confront and deal with both, but men are terrified to leave such matters in their hands.

This is one book that seeks neither to trivialize nor to medicalize the menopause. The climacteric is a mysterious time about which sinister myths continue to cling. It is not illuminated by the proliferation of pronouncements defining it by the Masters in Menopause, those male professionals who with the willing assistance of the pharmaceutical multinationals have made a lucrative career out of an experience they will never undergo. It is a continuing aspect of the menopause industry that the few women practitioners who allow themselves to become involved seldom corroborate either the evidence for massive derangement of female faculties during the climacteric or the miraculous results of the administration of extracts of mares' urine.

Though there is no public rite of passage for the woman approaching the end of her reproductive years, there is evidence that women devise their own private ways of marking the irrevocability of the change. Part of the mythology is that there are women who experience nothing significant at this time, which if it were true would be lamentable, for the goal of life is not to feel

nothing. The climacteric is a time of stock-taking, of spiritual as well as physical change, and it would be a pity to be unconscious of it. Certainly many women do not seek medical help for climacteric distress, but this has more to do with their attitude to doctors and their coping style than with the extent to which they experience symptoms. It is probable, however, that menopausal symptoms are becoming objectively more serious as a result of pre-menopausal medical intervention, especially sterilization and hysterectomy, and of the pressure to keep young, fit and beautiful if you want to be loved, and of addiction and of environmental poisons. There is a proportion of women who suffer unbearable symptoms during the climacteric but the unluckiest ones are the ones who undergo destructive procedures, sometimes a series of destructive procedures, to eliminate disorders that time and patience would have dealt with unaided.

In most medical literature addressed to women there is a tendency to exaggerate the extent to which women have brought their difficulties upon themselves. Arguments based upon the assumption that women are in control of their own lives and get the menopause they deserve simply absolve the practitioner of any obligation or responsibility. Many women only realize during the climacteric the extent to which their lives have been a matter of capitulation and how little of what has happened to them has actually been in their interest. Women discovering for the first time that they are actually poor, dependent, insecure and lonely don't need to be burdened with a weight of guilt as well. They do need, on the other hand, to take the control of their own lives that is now available by default. To be unwanted is also to be free.

The fifth climacteric is the time when a woman plans the rest of her life: if she has not the financial resources, the education or the energy, it is not too late to acquire them. If she approaches this challenge in apologetic mode, haunted by guilt or by fears of psychological inadequacy, she cannot make the decisions upon which her future happiness depends. She must reject any argument that holds that she has brought her present distress upon herself.

On the other hand, if she persists in imagining that control of her life is exercised from outside herself, she will not achieve well-being. She will go down into darkness as a complaining, querulous, naughty, old girl.

Whatever her temporary discomforts, the menopausal woman has eventually to confront the problem of ageing. Again medical science can give her very little help. Ageing is the most idiosyncratic of all human processes and predictions cannot be made about any individual's ageing career. Still, the wise woman can decide to age no faster than she absolutely must. This may involve her in drastic alterations of life-style and complete reordering of priorities. Some of the crutches she has been using will have to be kicked away. Bad habits will have to be given up. The role of menopause in her ageing is not easy to evaluate; some women produce significant amounts of oestrogen after cessation of ovulation, others do not. Replacement oestrogen may protect against the effects of ageing on the cardiovascular system and the skeleton, or it may not.

The enormous proliferation of menopause literature belies the utter lack of understanding of what is really going on. No one knows why ovulation ceases or even when it ceases, or what symptoms are caused by it and not by ageing, or even whether younger menopauses are more easily lived through than older ones. Nothing about menopause can be predicted, no risk factors can be isolated, no preventive measures suggested. Every year adds new symptoms to climacteric syndrome and every year takes some off. We have lost involutional melancholy and gained autogenic dysregulation. At all levels and in all therapies placebo response is high, sometimes dominant. All experimental results are compromised by the multiplicity of symptoms and by the self-limiting nature of the phenomenon.

Officially the medical establishment has one treatment for the climacteric, and that is hormone replacement therapy; in fact this is a multiplicity of regimes using a multiplicity of products in various combinations and strengths. No single individual can find

his way around the whole gamut, and patients certainly will not be given the option. Selection of patients suitable for treatment is governed by the subjective impressions of the practitioner, and selection of the treatment regimen is a matter of serendipity. Investigations of counter-indications ignore important and common ailments such as varicose veins and give far too much attention to the negligible risk of cancer. Opposing oestrogen with progesterogens probably undoes its most important protective effect. The administration of oestrogen by the oral route makes no sense at all. Apart from these considerations, HRT is a valuable contribution to the pharmaceutical armamentarium, particularly for the multinationals who have patented the oestrogen preparations.

Traditionally women have not made a great fuss about menopause. When older women were in charge of the childbirth they witnessed frequent agony and death among the childbearing women, and had reason to congratulate themselves on having survived. They medicated themselves when necessary with simple preparations of plant material according to the season. There is no agreement in this vast pharmacopoeia because it is entirely reliant upon microclimates and cannot be duplicated in different circumstances. When male professionals took over medical practice they too developed nostrums of their own, but the principle of useless standardization was early set. The least destructive ladies' doctors prescribed a cooling diet or adding a little wine to their regimens to keep their spirits up, and recommended a change of air, a long stay in one of the many spas where the middle-aged woman could not only take the waters but rest, walk, fast or diet, and recover from the multiplicity of childbed accidents she was likely to have undergone. Recourse to spas, which was part of traditional medical practice since the iron age, fades into hydrotherapy and alternative medicine, which offers an array of treatments for climacteric distress, most of which have the advantage of being relatively non-invasive and harmless.

No matter how good or effective the treatment of physical symptoms at the climacteric may be, there are some aspects of

being a fifty-year-old woman that cannot be cured and must be endured. Sooner or later the middle-aged woman becomes aware of a change in the attitude of other people towards her. She can no longer trade on her appearance, something which she has done unconsciously all her life. There is no defined role for her in modern society; before she can devise one for herself she experiences a period of free fall, which brings with it panic. Her physical symptoms may be such that she is always tired and cannot summon up the energy to haul herself through to the next phase. There are two aspects of her emotional condition at this time; one I have called misery, which has no useful function and should be avoided, and the other grief, which is wholesome, though painful, and must be recognized. The misery of the middle-aged woman is a grey and hopeless thing, born of having nothing to live for, of disappointment and resentment at having been gyped by consumer society, and surviving merely to be the butt of its unthinking scorn. Grief at the death of the worm is, in Iris Murdoch's phrase, an 'angust and terrible pain' unlike anything a woman can have experienced before, but she comes through it stronger and calmer, aware that death having brushed her with its wing has retreated to its accustomed place, and all will be well.

Most books about women and ageing devote a significant proportion of their pages to the discussion of sexual activity, regardless of whether the middle-aged reader has the prospect of sexual activity or not. Rather than reassuring the sexually inactive woman that she will become neither mad nor ill as a result of her failure to exercise her genitals regularly or at all, such books address themselves to the wife who is losing interest, encouraging her to use medications and any other resources she can find to fan her waning flame. Rather less is said about what she might do to stimulate her 'partner's' flagging interest, or what she might do to repel his advances if they were unwelcome. If the sexuality of older women were allowed to define itself, it is possible that we would discover that older women are not overwhelmed with desire for even older men. There may be something more to be

said for the bar on the Piccola Marina where love came to Mrs Wentworth-Brewster than has hitherto been admitted. The secret lusts of old ladies are not the important point here, however; what is important is to debunk the reverence that hushes the voices of all other writers on the topic, who present sexual congress with one's spouse as a duty from the altar to the grave, rather like cleaning one's teeth and keeping one's bowels open. It is a variant on the author's well-known if misunderstood position that 'no sex is better than bad sex'.

There are of course women in history who have inspired love in middle age and kept it till death intervened, without the aid of cosmetic surgery or oestrogen replacement. The stories of Diane de Poitiers and Madame de Maintenon, both of whom in middle age won and kept the love of a king of France who might have had as concubine any of the most beautiful women in the country any time he wanted, are encouraging, if only because they imply that there is more to a woman than two taut breasts and ankles that she can cross behind her head. Neither of them would have looked good in shorts. The hardy perennials of our own time are less encouraging, because their charms depend upon expensive imitations of the girlish charm of much younger women. They are allowed to be nothing but body; they must take up hours every day preparing the imitation body that is all their stock-in-trade. When transsexuals have stopped stuffing their chests with silastic implants because they have realized that they feel cold, look odd, and have an unpleasant habit of wandering about or working themselves through the skin, beautiful women are unashamed to tell their fans that their nubile bosoms are fake. They would be ashamed, on the other hand, to admit that they were on HRT.

This book suggests other role models for the ageing woman, role models who are not simply glittering threads, some bonas, some silastic and hanks of hand-knotted bought hair. If the world has dubbed you crone, you might as well be one. There is no point in growing old unless you can be a witch, and accumulate spiritual power in place of the political and economic power that

has been denied you as a woman. Witches are descended from the sibyls and female saints; their lineage is noble and no woman need be ashamed to call herself a witch. This does not mean that she has to dress up and babble meaningless formulae in cellars and crypts. The wild white witches live outdoors and hobnob with the lower orders.

The object of facing up squarely to the fact of the climacteric is to acquire serenity and power. If women on the youthful side of the climacteric could glimpse what this state of peaceful potency might be, the difficulties of making the transition would be less. It is the nature of the case that life beyond the menopause is as invisible to the woman who has yet to struggle through the change as the top of any mountain is invisible from the valley below. Calm and poise do not simply happen to the post-menopausal woman; she has to fight for them. When the fight is over her altered state might look to a younger woman rather like exhaustion, when in reality it is anything but. The dependent woman is obliged to believe that only her turmoil of passion, fear, rage, expectancy and disappointment is living and that when she is no longer tormented by desire, insecurity, jealousy and the rest of the paraphernalia of romance she will be as dead as a spent match. The difference between her clamorous feelings and the feelings of the silent, apparently withdrawn older woman is the difference between the perception of the sea of someone tossing upon the surface, and of one who has plunged so deep that she has felt death in her throat. The older woman's love is not love of herself, nor of herself mirrored in a lover's eyes, nor is it corrupted by need. It is a feeling of tenderness so still and deep and warm that it gilds every grassblade and blesses every fly. It includes the ones who have a claim on it, and a great deal else besides. I wouldn't have missed it for the world.