

## Female Attitudes to Menopause

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*Summary.* The universal phenomenon of climacterium in women has received little attention from psychiatrists, except in the case of extreme emotional reactions, the "involutional psychoses". This study was intended to explore the responses of a broad range of women to the changes of climacterium. As a pilot study, it was guided only by the general expectation that a woman's response to menopause would be influenced by her response to earlier psychosexual events. Fifty-five women of diverse ethnic origins participated in semistructured psychiatric interviews. The interview focused on the subject's attitude toward her femininity, her psychosexual history, menopause, and toward the family and social problems associated with this age.

Response to menopause was coded on a three-point ordinal scale, ranging from "mixed-positive" to "mixed-negative". The association of 11 independent variables to the response to menopause was tested for the population as a whole and controlling for ethnicity. Of the 11 independent variables, only one was associated with a positive response to menopause: a lack of desire for additional children, among the Oriental-Arab group. Categories in 9 of the 11 independent variables tend to be associated with a negative attitude toward menopause; but the pattern of association does not support our general expectation that a history of successful response to earlier psychosexual experiences is predictive of a positive response to menopause. Our findings, though drawn from a small sample, indicate that this relationship is more complex than is generally suggested.

*Résumé.* Le phénomène universel de la ménopause chez la femme n'a été que peu étudié par les psychiatres, sauf dans le cas de réactions émotionnelles intenses, les «psychoses d'involution». Cette étude se proposait d'explorer les réactions d'une série de femmes aux changements dus à la ménopause. En tant qu'étude pilote, elle n'a été guidée que par l'hypothèse générale que la réaction d'une femme devant la ménopause serait influencée par sa réaction aux événements psychosexuels antérieurs. 55 femmes de diverses origines ethniques ont pris part à des entretiens psychiatriques semi-structurés. L'entretien était centré sur l'attitude du sujet à l'égard de sa féminité, de son anamnèse psychosexuelle, de la ménopause et à l'égard de la famille et des problèmes sociaux liés à l'âge. La réaction à la ménopause a été codifiée selon une échelle ordinale à trois points, allant de «mixte-positif» à «mixte-négatif». L'association de 11 variables indépendantes à la réaction devant la ménopause a été examinée pour la population dans son ensemble et comme contrôle pour les différentes races. De ces

11 variables indépendantes, une seule a pu être mise en relation avec une réaction positive à la ménopause: le désir de ne pas avoir d'enfants supplémentaires dans le groupe oriental-arabe. Des éléments dans 9 de ces 11 variables indépendantes tendent à être associés à une attitude négative envers la ménopause; mais le schéma d'association ne correspond pas à notre hypothèse générale selon laquelle des réactions adéquates aux expériences psychosexuelles antérieures permettent de prévoir une réaction positive à la ménopause. Bien que nos résultats proviennent d'un petit échantillon, ils montrent cependant que cet ensemble de relations est plus complexe qu'on ne l'admet en général.

*Zusammenfassung.* Das gesamte Phänomen des Klimakteriums bei Frauen hat von Psychiatern wenig Aufmerksamkeit geschenkt bekommen, abgesehen von den Fällen extremer emotionaler Reaktionen, den „Involutionspsychosen“. Diese Untersuchung wurde geplant, um die Reaktionen einer Reihe von Frauen auf die Veränderungen des Klimakteriums zu erkunden. In einer Voruntersuchung wurde sie nur unter der allgemeinen Erwartung angestellt, daß die Reaktion einer Frau auf die Menopause durch ihre Reaktion auf frühere sexuelle Erlebnisse beeinflußt würde. 55 Frauen von verschiedener ethnischer Herkunft nahmen an halbstrukturierten Interviews teil. Das Interview wurde auf die Einstellung der Frau gegenüber ihrer Weiblichkeit, ihrer psycho-sexuellen Geschichte, der Menopause und gegenüber der Familie und den sozialen Problemen, die mit dem Alter verbunden waren, zentriert.

Die Reaktion auf die Menopause wurde auf einer ordinalen Drei-Punkte-Skala vermerkt, die von „gemischt-positiv“ bis „gemischt-negativ“ reichte. Die Beziehung von 11 unabhängigen Variablen zu der Reaktion auf die Menopause wurde für die gesamte Population und als Kontrolle für die ethnischen Gruppen untersucht. Von den 11 unabhängigen Variablen stand nur eine mit einer positiven Reaktion auf die Menopause im Zusammenhang: ein mangelnder Wunsch nach zusätzlichen Kindern innerhalb der orientalischen Arabergruppe. Die Kategorien neigten bei 9 von den 11 unabhängigen Variablen dazu, mit einer negativen Einstellung gegenüber der Menopause assoziiert zu sein; aber die Struktur der Verbindung unterstützt nicht unsere allgemeine Erwartung, daß die Geschichte einer erfolgreichen Reaktion auf frühere psychosexuelle Erfahrungen eine positive Reaktion auf die Menopause vorhersagt. Obwohl unsere Ergebnisse an einem kleinen Sample gewonnen wurden, zeigen sie an, daß diese Beziehung komplexer ist als allgemein angenommen wurde.

### Introduction

The cessation of menstruation and the end of fertility are the major biological changes in the climacteric period in the life of the woman. Every woman undergoes this physiological process. Many women suffer disturbances of one sort or another at this time. Psychiatric concern, however, has been primarily confined to extreme emotional reactions, often labelled "involutional psychoses", which occur at this age. In recent years involutional psychosis

has come to be seen by most psychiatrists as a variant of psychoses known also at other ages, rather than as a distinct nosological entity; its specific content and "coloration" are due to the events of middle age (STENBACK). Less extreme emotional disturbances in healthy women have received little attention from psychiatrists.

The psychoanalytic school has not ignored the problem of menopause. It has been conceived as one stage in female psychosexual development (SZALITA,

DEUTSCH, BENEDEK). But even psychoanalysis gives far less attention to the menopausal period than to earlier stages of development.

Medical concern with menopausal problems other than severe mental illness has largely been the province of the gynecologist and general practitioner. Relatively few gynecologists (WILSON, GREENBLAT) see the somatic and emotional complaints voiced by women at this age as the consequence of hormonal changes alone. As far as we know, the dominant view among gynecologists is that only a part of the symptomatology derives from endocrine changes; greater stress is placed upon emotional factors (MALZ and STRAUSS; COHEN et al.; DONOVAN).

It seems to us that the entire range of emotional response to climacterium is worthy of greater psychiatric attention than has heretofore been given. We would call attention to the spectrum of reactions, from those of the "healthy" woman to the other extreme of mental pathology. As investigation of earlier periods of life, such as adolescence, has demonstrated, the study of the maladapted and the well-adapted is often complementary (cf. SODDY).

It may well be that the notion of the "healthy-psychotic" continuum (MENNINGER) is misleading; conceivably, the psychotic person differs in some fundamental way from non-psychotics. As a hypothetical construct, however, the continuum seems to us to represent the most fruitful approach, both for theoretical analysis and for practical application in mental hygiene. In the light of this conviction, the present paper, dealing with emotional problems during climacterium, includes women who can be located on all points of the continuum.

The menopausal woman is often confronted by an environment in which far more is changing than her menstrual cycle. She may have grown children who are leaving home for the army or setting up their own homes; grandchildren enter her world; personal encounters with death multiply as losses occur both in her parents' and her own generation; her husband's and her own physical status may become problematical. Over and above these age-related changes, she may be confronted by difficulties which can occur at any age, e. g., adjustment to a new community. It may sometimes be the case that the events of climacterium have little significance compared to other problems.

The focus of this paper has been limited to the specific question of the emotional response to menopause, though we acknowledge a broad sphere of change in middle age. Menopause, the termination of fertility, marks the close of a major period in the life of the woman. As a general hypothesis, we anticipated a relationship between the response to menopause and responses to earlier psychosexual experiences, i. e., sexual relations, marriage, pregnancy, and childbirth. We were also concerned with the relevance of ethnic membership to the response to menopause. It may well be that a relationship be-

tween earlier experiences and response to menopause, investigated on the basis of group differences rather than individual differences, will appear in one ethnic group but not in another. In other words, our primary concern is not with ethnic differences in response to menopause; rather, we shall use ethnicity as a filtering variable.

### Population and Methods

The data reported in this paper are based on a series of 55 individual psychiatric interviews. This group of women was obtained from various sources, with no attempt to use random sampling procedures. Hence our subjects cannot be assumed to represent any larger population. Stress was laid on including women of diverse ethnic origins, varying with respect to social class, geographical region, religiosity, and year of immigration. The group includes women from the entire medical continuum, though most are healthy. Most of the women were generally healthy (44), and were referred by general practitioners or nurses. These women were told that we were investigating the problems of women in their age group. The other 11 women were psychiatric patients or known to be suffering from chronic emotional and psychosomatic disorders.

*Ethnic origin:* 30 of the women were of European origin, 17 of Oriental (Afro-Asian) origin, and 8 were Israeli (formerly Palestinian) Arabs.

*Demographic status:* The women ranged in age from 40 to 55. Fifty-three were married, one widowed and one divorced. All but one had children. The European women had, on the average, two or three children; the Oriental women, more than six; and the Arab women more than eight.

*Menopausal status:* MALZ and STRAUSS have reported age 49 as the mean age of cessation of menses in Israel. HAUSER et al.'s study confirms this, reporting a mean age of 49.5. In the United States, the median age of natural menopause is 49.7 years (National Center for Health Statistics). For purposes of the present study, subjects were divided into three groups, using simple, practical criteria, on the basis of information supplied by the women:

- a) pre-menopausal women were defined as those still menstruating;
- b) menopausal women were defined as those who, though they had menstruated in the half year prior to the interview, reported at least one of the following:
  1. irregular menses (provided that menstruation had previously been regular); and/or
  2. "hot flashes", at night as well as during the day, accompanied by other neurovegetative symptoms such as excessive sweating or a rapid pulse rate; and/or
  3. the subjective feeling of the woman that she had "entered menopause".

c) Post-menopausal women were defined as those who had completely ceased menstruating at least six months prior to the interview. Five women who had surgical menopause due to hysterectomy were also included in this group. These cases were learned about accidentally in the course of the interview; they had all been referred by general practitioners.

*The interview:* All women were seen for a period of about one and a half hours by the senior author. The technique used was that of a semi-structured psychiatric interview, at whose core was a focus on the subject's attitude toward her femininity and her psychosexual history in general, and, more particularly, toward the menopausal age and its associated somatic, family and social problems<sup>1</sup>.

The interview protocols were subsequently coded systematically by two of us (B.M. and N.D.), working independently. Reliability was satisfactorily high. We have limited the present report to an analysis of the relationships between the dependent variable—attitude to menopause—and 11 other variables. Given the small number of cases, and the non-representative nature of the sample as a whole, no statistical tests of significance were carried out.

*The dependent variable:* We chose to operationalize the response to menopause in terms of the balance between "gain-

<sup>1</sup> It should be noted that this series of interviews was designed as a pilot study for a more extensive project now under way. Other than the very general hypothesis referred to above, the study staff saw the interviews as exploratory, without commitment to specific hypotheses or expectations.

loss". Our interview protocols revealed 10 major themes, 3 of which are expressions of a positive attitude or a gain, and 7 of a negative reaction. In the former cases, menopause is seen as a release or liberation; in the latter, the woman would like menstruation to continue, fears its cessation, regards it as a deprivation.

The ten themes noted were:

<i>Gains</i>	<i>Menopause means</i>	<i>Losses</i>
being free of menstruation		the loss of fertility
being free of pregnancy		the loss of health
a non-specific sense of liberation		the loss of femininity
		the onset of old age
		the danger of emotional disturbance
		the danger of somatic disturbance
		a general feeling that it has "come too soon"

Over and above concrete reference to such themes in the interviews, many women offered overall evaluations of menopause in such terms as gratification, sorrow or neutrality. Relevant information was also obtained by inquiring into the degree of "menopause awareness"; how often do they think about it, discuss it with their friends, etc.

In coding the data, it quickly became clear that most women could not be located in a dichotomous classification of positive or negative. The "gain-loss" approach proved to be fruitful, in that the attitudes of most women were admixtures of expressions of both negative and positive feelings. On the other hand, on balance, it did seem possible to classify most cases as being predominantly negative or predominantly positive. Three categories were, then, used to define the dependent variable, attitude toward menopause: mixed positive (18 women); dual (6 women); and mixed negative (27 women)<sup>2</sup>. Those women classified as "dual" were cases in which neither gain nor loss predominated.

### *Results*

Since the data obtained are based on a small and non-representative population, we shall limit ourselves to presentation of the cross-tabulations of the actual findings for all women and by ethnic group (Tables 1 and 2), summarize these findings briefly, and present a tentative consideration of their implications.

Limited meaning can be attached to the distribution of the women in the three "attitude to menopause" categories, which showed a majority as having "negative" attitudes. It is, however, noteworthy that ethnic differences in this respect are strong; whereas only a fifth (21%) of the Europeans expressed "positive" attitudes to menopause, over half (52%) of the Orientals (including Arabs) were so categorized.

Eleven variables and their associations with the attitude to menopause were considered. Summing up these relationships, we note first that, with one exception, no variable is of predictive power with respect to a positive attitude toward menopause. On the other hand, a number of variables are associated with a *negative* attitude. These are as follows:

1. being menopausal or post-menopausal (Europeans only);
2. being extremely positive about menstruation (Orientals only) or feeling that it is a natural phenomenon (Europeans only);

3. having received information about menarche prior to its onset (Europeans only; few Orientals received such information);
4. having had a happy adolescence (particularly among Europeans, but also among Orientals);
5. having had fertility problems (both ethnic groups); and having had no pregnancy or childbirth problems (Europeans only);
6. dissatisfaction with sexual relations (Europeans only; few Orientals report dissatisfaction);
7. the desire for more children (both ethnic groups);
8. not having serious current problems (Orientals only);
9. being emotionally disturbed (Europeans only).

The only category which is in any way predictive of a *positive* attitude toward menopause is not wanting to have more children or not knowing whether one wants to or not; this is found only among the Oriental women.

Two variables were found to be unrelated to attitude toward menopause: general behavior of husband and past trauma.

### *Discussion*

The comment we would make with respect to the specific variables associated with attitudes to menopause serves to place menopause in what seems to us a more adequate perspective. Various trends in psychological thought have placed a heavy stress on the importance of psychosexual development in adjustment at various stages of life. Granting the significant role it undoubtedly plays in molding personality in general and the ability of people to cope with given situations, it seems to us that this approach is often used one-sidedly and simplistically. Current problems in one's environment may often be of sufficient magnitude so as to outweigh past psychosexual experience in influencing the emotions and behavior of people. In the case of menopause, at least, the data for the Oriental women indicate that there is an association between not being confronted with problems in other areas of life and feeling negatively about menopause. It is as if the woman who has nothing else to worry about—no unemployed husband, no son in a dangerous army post, etc.—can afford to feel badly about climacterium. This is not to say that women who face other serious current concerns all feel positive about menopause; some do and some do not. Nor do all of our subjects troubled by other problems react positively to menopause. But the two groups do differ substantially. This finding fits the data reported by NEUGARTEN, who notes that many women, even though they do not see menopause as particularly desirable nonetheless discount its importance in terms of their overall assessment of their current life situation.

In more general terms, we have seen that, by and large, the data do not provide support for the

<sup>2</sup> The data on four women were inadequate to allow classification on the dependent variable. The analysis is therefore based on a total of 51 women.

Table 1. *The attitudes to menopause of 51 Israeli women in relation to earlier psychosexual experiences*

	Mixed positive	Dual	Mixed negative	Total
<i>1. Menopausal status</i>				
Pre-menopausal	8	2	7	17
Menopausal	7	3	13	23
Post-menopausal	3 <sup>a</sup>	1 <sup>a</sup>	7 <sup>a</sup>	11
<i>2. Attitude to menstruation</i>				
Extreme positive	1	1	7	9
"Natural"	4	0	11	15
Ambivalent <sup>b</sup>	1	1	2	4
Negative	5	3	4	12
Not known	7	1	3	11
<i>3. Information about menarche</i>				
Prior information	2	2	8	12
No prior information	11	3	8	22
Not known	5	1	11	17
<i>4. Recollection of adolescence</i>				
Pleasant or "normal"	3	1	12	16
Unhappy	7	3	7	17
Not known	8	2	8	18
<i>5. Pregnancy and childbirth</i>				
No reported difficulties	8	3	11	22
Difficult or undesired	10	2	11	23
Problems of fertility	0	1	5	6
<i>6. General behavior of husband</i>				
Good	5 <sup>c</sup>	1	10	16
Intermediate	3	1	3	7
Bad	7 <sup>d</sup>	4	12	23
Not known	3	0	2	5
<i>7. Sexual relations</i>				
Satisfied	6	1	4	11
Intermediate, "no problems"	9	1	9	19
Complaints, problems	3	4	14	21
<i>8. Desire for more children</i>				
Yes, perhaps	0	0	13	13
No, have enough	11	4	10	25
Does not know, unknown	7	2 <sup>e</sup>	4	13
<i>9. Serious trauma in past</i>				
Yes	9	3	14	26
No, unknown	9	3	13	25
<i>10. Serious current problems</i>				
Yes	12	2	14	28
No, unknown	6	4	13	23
<i>11. Emotionally disturbed</i>				
Yes	5	3	9	17
No	13	3	18	34

<sup>a</sup> One woman in each group has had a hysterectomy.

<sup>b</sup> Includes those with different attitudes at different times.

<sup>c</sup> Includes one widow.

<sup>d</sup> Includes one divorcee.

<sup>e</sup> Includes one woman without children.

overall hypothesis with which we approached our subject. We anticipated that the women who had coped successfully with previous psychosexual experiences would be able to do so with respect to menopause. We found, however, that the data on the 8 of the 11 variables relevant to this hypothesis do not show this to be the case. In three cases (menstruation, information about menarche, adolescence) those who report what may be regarded as positive

experiences are negative about menopause<sup>3</sup>. On one other variable (general behavior of husband) the categories into which the women were entered do not differ from each other. To this may be added the

<sup>3</sup> We are aware that reporting positively, particularly in retrospect, does not necessarily indicate that the experience was indeed positive. Further, a negative attitude toward menopause does not necessarily mean inadequate coping. On the other hand, we do not see why the reverse should be true.

fact that those with unproblematic pregnancy and childbirth experiences are not particularly positive about menopause.

On the other hand, among the Europeans those dissatisfied with their sex life and those classified as

sexual problems have been inadequately resolved, it seems simpler to explain the finding by the fact that menopause means they cannot have more children. On the other hand, it is quite possible that fertility problems in some cases are indeed an expression of

Table 2. *The attitudes to menopause of 51 Israeli women, by ethnic origin, in relation to earlier psychosexual experiences*

	Europeans			Oriental-Arabs		
	Mixed positive	Dual	Mixed negative	Mixed positive	Dual	Mixed negative
<i>1. Menopausal status</i>						
Pre-menopausal	4	1	4	4	1	3
Menopausal	1	3	7	6	0	6
Post-menopausal	1	1	6	2	0	1
<i>2. Attitude to menstruation</i>						
Extreme positive	0	0	1	1	1	6
"Natural"	0	0	9	4	0	2
Ambivalent	0	1	2	1	0	0
Negative	4	3	3	1	0	1
Not known	2	1	2	5	0	1
<i>3. Information about menarche</i>						
Prior information	1	1	6	1	1	2
No prior information	3	3	4	8	0	4
Not known	2	1	7	3	0	4
<i>4. Recollection of adolescence</i>						
Pleasant or "normal"	1	0	8	2	1	4
Unhappy	5	3	7	2	0	0
Not known	0	2	2	8	0	6
<i>5. Pregnancy and childbirth</i>						
No reported difficulties	0	2	6	8	1	5
Difficult or undesired	6	2	9	4	0	2
Problems of fertility	0	1	2	0	0	3
<i>6. General behavior of husband</i>						
Good	1	0	6	4	1	4
Intermediate	3	1	0	0	0	3
Bad	2	4	10	5	0	2
Not known	0	0	1	3	0	1
<i>7. Sexual relations</i>						
Satisfied	2	0	1	4	1	3
Intermediate, "no problems"	2	1	4	7	0	5
Complaints, problems	2	4	12	1	0	2
<i>8. Desire for more children</i>						
Yes, perhaps	0	0	6	0	0	7
No, have enough	4	3	8	7	1	2
Does not know, unknown	2	2	3	5	0	1
<i>9. Serious trauma in past</i>						
Yes	3	3	10	6	0	4
No, unknown	3	2	7	6	1	6
<i>10. Serious current problems</i>						
Yes	4	1	9	8	1	5
No, unknown	2	4	8	4	0	5
<i>11. Emotionally disturbed</i>						
Yes	1	3	6	4	0	3
No	5	2	11	8	1	7

emotionally disturbed are supportive of the hypothesis, in that they are largely negative about menopause. Pointing in the same direction is the fact that those who report fertility problems and report wanting more children are negative about menopause. This seems explicable in a more parsimonious manner; rather than argue that their previous psycho-

psychosexual maladaptation, and thus our finding would be in line with our initial overall hypothesis.

In sum, we cannot say on the basis of this preliminary study, what are the decisive factors in determining responses of women to climacterium. It does, however, seem justified to conclude that rigid limitation to psychosexual history data will teach us

little about such responses. Further, the nature of the association between earlier psychosexual experiences and attitudes toward menopause suggested in some of the dataless theorizing is clearly challenged by our data, limited as they are. Finally, it seems clear that associations among variables which are found in one culture group are not necessarily universal.

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