

FEATURE

Menopause, the makeover

Psychologists are helping women sidestep the stereotypes associated with menopause and transform this developmental passage into a vital new phase of life.

By Tori DeAngelis

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Americans are certainly more enlightened about menopause than they were in 1966 when “Feminine Forever” author Robert A. Wilson, MD, declared the condition “a natural plague” and menopausal women “crippled castrates.”

Cultural cheerleaders like the Red Hot Mamas and “Menopause, the Musical” — as well as more open-minded health-care practitioners and millions of women who see menopause as a natural and in some cases welcome transition — have helped to change beliefs about menopause.

Yet society and some women still put a negative cast on “the change,” psychologists say. Reasons include menopausal physical discomforts, such as hot flashes and night sweats, the fact that physicians and pharmaceutical ads pitch menopause as a medical problem and society’s propensity to pair menopause with that great cultural no-no, aging.

Adding to the issue is the physical and emotional aftermath of the Women’s Health Initiative, a 15-year National Institutes of Health effort started in 1991 that aimed to address major health concerns among in postmenopausal women. (A follow-up to the study is expected this year.)

One of the studies ended early, in 2002, when women taking a combination of estrogen and progestin were shown to have a greater chance than those on placebo of developing heart disease, breast cancer, stroke and blood clots and to have abnormal mammograms. Rates of hormone-replacement use plummeted after the findings, though physicians still prescribe hormone-replacement therapy for women whose symptoms are especially severe.

Psychologists are working to understand society’s attitudes toward menopause and to help women cope better with its psychological significance and deal with symptoms in drug-free ways. Some, including Dallas-based clinician Sylvia Gearing, PhD, are taking it a step further, urging women to see the benefits of menopause and aging.

“As women are less swamped with estrogen and the monthly cycle, a clarity, self-control and decisiveness begin to assert themselves,” says Gearing, author of “Woman-Sense Rules: The Spiritual Woman’s Guide to Finding Yourself When You Didn’t Know You Were Missing” (Anderson Adams, 2003). “Those qualities need to be valued, not only for women themselves, but for their spouses and children, who can benefit from their increased wisdom.”

Negative attitudes may breed pain

Until that time comes, research shows that societies around the world still disparage menopausal women. That’s despite a number of studies — including the massive Massachusetts Women’s Health Study, a prospective longitudinal study of 2,565 middle-aged women completed in the 1990s — showing that women feel either relieved or neutral about the end of menstruation. The study also concluded that natural menopause appears to have no major impact on health or health behavior. In a 2008 study reported in *Health Care for Women International* (Vol. 29, No. 1), for instance, psychologists Maria Luisa Marvan, PhD, of the Universidad Autonoma del Estado de Mexico, Joan Chrisler, PhD, of Connecticut College, and colleagues compared the attitudes of 349 Mexican and American men and women toward women at key reproductive stages. These included a teenage girl, a pregnant woman, a woman with a baby, a menstruating woman, a premenstrual woman, a menopausal woman and a woman who had had a hysterectomy. Participants provided at least five words or ideas that they associated with each stage. Then, the team combined the words mentioned by at least half the sample into lists.

People of both cultural and gender groups described the pregnant woman and the woman with the baby in far more glowing terms than those in the other categories. Menopausal women fared among the worst, racking up 52 words related to negative emotions, illness and aging, compared with 22 negative words for the woman with a young baby. As past studies have also found, young women were especially harsh on menopausal women, and American respondents were slightly more negative toward this group than Mexican respondents, the team found.

Some menopausal women may internalize these attitudes and suffer as a result, other research suggests. In a literature review in press and available online at the European Menopause and Andropause Society's journal *Maturitas*, King's College London psychologists Beverley Ayers, PhD, and Myra Hunter, PhD, and Staffordshire University psychologist Mark Forshaw, PhD, found that in 10 of 13 studies, women who held more negative attitudes toward menopause also reported having more problems with menopausal symptoms.

In related work, Hunter and colleagues found that women who hold certain negative beliefs about hot flashes — that others will think they're stupid or incompetent when they're having a hot flash, for instance — report more troublesome symptoms.

"These negative attitudes and beliefs could in part reflect a tendency to take on society's views that menopause is something to be ashamed about rather than simply being a natural process," says Hunter.

A way to combat these stereotypes may lie in the data, says Chrisler. In a review of more than 30 studies on body image among midlife women, she and Varda Muhlbauser, PhD, of Netanya Academic College in Israel noticed an interesting effect: In studies that asked women to rate how they felt about their bodies and appearance, menopausal women tended to judge themselves negatively. But in open-ended studies that didn't focus on appearance, women reported high life satisfaction. (Their findings appear in "Women over 50: Psychological Perspectives," Springer, 2007.)

That observation squares with newer research as well. In a 2008 qualitative study in the *Women's Studies International Forum* (Vol. 31, No. 4), for instance, 21 midlife Australian women reported greater confidence and wisdom, more time for themselves, and greater self-awareness and self-worth, despite some sadness about aging. Likewise, a 2008 article in *Maturitas* (Vol. 39, No. 1) by University of Copenhagen physician Lott Hvas, MD, found that about half of the 393 women who answered an open-ended questionnaire about menopause described positive aspects of the experience, including a time of well-being following menopause and relief at no longer having to deal with menstruation. They also recognized the possibility of personal growth and greater freedom to concentrate on their own lives.

"The women in these studies generally say, 'I wouldn't want to go back and be 20 again,'" says Chrisler. "But if you force them to think about their bodies then, yes, they'd like to be 20 again."

Coping and thriving

Psychologists are using such findings and their clinical experiences to help women weather the menopausal transition and enjoy this new phase of life.

Philadelphia-based practitioner Arlene Goldman, PhD, uses research on body dissatisfaction to help women reframe the physical changes, such as weight gain, that can accompany menopause. If a woman expresses unhappiness with her appearance, for instance, she asks them how they felt about themselves as younger women.

"Even if they were the weight then that they wish they were now, they usually had some kind of dissatisfaction," says Goldman. "Getting in touch with that helps them realize that their concerns are not really about [menopause]."

She also helps women see menopause as an appropriate stage of adult development, which means accepting who they are and tapping into the positive aspects of their lives.

Educating male partners is a big part of her practice, as well. "They're going through physical changes, too, so many have empathy toward what their partners are going through," Goldman says.

Helping couples communicate about physical discomfort and sexual needs, as well as distributing household tasks so no one is overburdened, can make this a time of mutual support rather than estrangement, she says.

She also encourages women to exercise and to eat healthily.

"When women start having hot flashes, I don't think doctors necessarily tell them they should be drinking less, exercising more and avoiding spicy foods," she says. "Taking better care of yourself can be really helpful and help you have a more positive view of life during this time."

Meanwhile, Hunter has been studying interventions designed to help women who report having an especially hard time with hot flashes and night sweats. While most women experience few problems, she has found that up to 20 percent of menopausal women have symptoms that interfere with their quality of life. These women report, for example, feeling out of control, suffering social embarrassment in the wake of a hot flash or experiencing sleep problems brought on by night sweats.

In preliminary research, Hunter and colleagues found that four sessions of cognitive behavioral therapy helped to reduce hot flashes and night sweats in these women and also improved their moods, and that these results were equivalent to a group of women who received hormone-replacement therapy, though those who got hormones felt better faster.

She's also conducted a pilot test of a group-based CBT intervention with breast cancer patients, who for medical reasons shouldn't take estrogen therapy. The six-week program included education about menopause, stress-reduction techniques and strategies to manage symptoms and emotional reactions to them. After treatment and at a three-month followup, the women reported significantly fewer hot flashes and night sweats, fewer negative beliefs about symptoms and gains in their ability to cope with the social aspects of symptoms. They also reported less depression and anxiety, better sleep and more energy, concludes a 2009 article in *Psycho-oncology* (Vol. 18, No. 5).

"These kinds of psychological interventions can really help women demystify and cope with the changes of menopause," says Hunter.

A new view

But increasing society's acceptance of menopause isn't enough, contends Dallas-based Gearing. She believes society should honor this phase of life as a milestone during which women become free of hormonal shifts and wiser than ever.

"Clarity, decisiveness, emotional intelligence, the ability to discern the truthfulness of others — all of that tends to ramp up in your fifties," says Gearing, who sees many female executives of this age in her practice.

There isn't, however, much research on this topic, though the available literature tends to partially support Gearing's view. In a major longitudinal study on cognitive development started in 1956 by University of Washington psychologist K. Warner Schaie, PhD, for instance, the researchers found that midlife women (and for that matter, men) generally don't decline cognitively, as stereotypes tend to hold, and that a small subset may make gains, says Sherry Willis, PhD, research professor at the University of Washington and current principal investigator of the study, the Seattle Longitudinal Study. Another line of research by Stanford University psychologist Laura L. Cartensen, PhD, finds that as they age, both men and women selectively tune into positive information and in general, use strategies that give them better control over their emotions.

Gearing believes younger women, even teens, can glean the positive aspects of menopause by learning strategies that older women have learned over time — self-control, self-maintenance, emotional resilience, body acceptance and the ability to better discern others' motives, to name a few.

To these ends, she has been counseling mothers and daughters together and also writing a book on this topic. "I'll be teaching girls a menu of things they need to be thinking about in a different way," she says. "Basically it's all the things I'd want to teach my own daughter."

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Find this article at:

<http://www.apa.org/monitor/2010/03/menopause.aspx>

Menopause, also known as the climacteric, is the time in most women's lives when menstrual periods stop permanently, and they are no longer able to bear children. Menopause typically occurs between 49 and 52 years of age. Medical professionals often define menopause as having occurred when a woman has not had any menstrual bleeding for a year. It may also be defined by a decrease in hormone production by the ovaries. In those who have had surgery to remove their uterus but still have ovaries Menopause, by definition, is the absence of menstrual periods for 12 consecutive months. The age of onset varies for each woman. Menopause symptoms include hot flashes, night sweats, abnormal vaginal bleeding, vaginal itching, dryness, and pain, urinary symptoms, weight gain, acne, skin texture changes, and mood changes.