CHAPTER III

REVIEW OF LITERATURE AND VIEWPOINTS

III.1. An Overview

As detailed in Chapter I, studies on the middle age of men and women have been very few in the last two decades or so. Prestigious foreign and Indian journals have covered childhood, youth and old age, but conspicuously been inattentive to the period covered by middle-age.

With regard to women, a number of studies exist covering menarche to pregnancy, abortion, family control, infertility and, finally, old age. Studies on the women's middle-age were, however, far and few between. In fact, studies on this span of 40–55 years in women have been just a few in number.

Furthermore, although a lot of statistical data on the menopausal period of women is available in the medical field, there are very few research studies which bring out the psychological content of women undergoing menopause. Besides, all the medical studies are based on clinical samples.

In this context, Joyce Griffin finds that McKinley and McKinley were the ones who attempted an overall review in their 'Selected Studies Of The Menopause' which was considered as the only recent synopsis of studies of menopause. Griffin states that, "Their (McKinleys) bibliography annotates 84 articles, fifteen of which are
concerned solely with clinical trials in the area of menopausal therapy. Only three of remaining 69 references include data from other than Caucasian Women.\(^1\)

The present Chapter reviews the few studies that were undertaken on women in the menopausal period. It also includes findings of researches conducted with small samples but giving a new perspective to this period. Finally, it highlights some viewpoints of scholars and experts. The concluding part of the Chapter attempts to show how the present research is quite different in its approach.

III.2. Indian studies

Such studies in the area of menopause are just a few. Most of them have concentrated only on the clinical samples neglecting totally the major chunk of women who do not require medical assistance.

Focused below are the highlights of the sample used, the procedure followed and the results obtained of four studies which came to attention and of which only one dealt with a non-clinical sample.

a) Indra S.N. and V.N. Murthy "Nature of Psychiatric Disturbances In Menopausal Women."\(^2\)

The sample consisted of 54 women in the age group of 35 years to 60 years who visited the Gynaecology Outpatients Clinic of a general hospital. The sample was divided into four groups: pre-menopausal, menopausal, post-menopausal natural and post-menopausal surgical.
General health questionnaire was administered to the entire sample to detect psychiatric disturbances. The results indicated that a higher percentage of menopausal women were diagnosed as suffering from affective psychosis than the pre-menopausal ones.

b) Mehta, P. V. 'Study of Menopausal Symptoms and Oestrogen Status In 400 Peri-Menopausal Women.'

The sample consisted of 400 women attending the Peri-Menopausal clinic of a hospital for routine check-up between January 1973 and June 1978.

The methodology adopted was analysis of case files for symptoms. Dyspareunia and smears examination was carried out. The results indicated that there was no co-relation between menopausal symptoms and oestrogen status and that symptoms like hot flushes as well as dyspareunia can be experienced by pre-menopausal or regularly menstruating women.

c) Prakash, Indira Jai and Vinoda N. Murthy 'Menopausal Symptoms In Indian Women.'

The total sample of 105 women was selected almost equally from the Outpatient Department of Gynaecology of a general hospital and from the community in general.

The Climacteric Symptom Check-list by Neugarten and Krains (1965) was administered.

Results indicated that menopausal women showed more number of symptoms than the pre-menopausal and post-menopausal women.
The scale clearly differentiated the menopausal women from the others.

It was also seen that appearance of vasometer symptoms and aggravation of somato psychological symptoms are characteristic of the menopausal period.

d) Sharma Vinod Kumar and M.S.L. Saxena
'Climacteric Symptoms'.

The sample of 450 urban married women in the age group of 40 to 50 years was chosen from the non-clinical group.

They were administered the Menopausal Symptom Checklist developed by V.K. Sharma. Results indicated that a majority of the women experienced hot flushes. The peri-menopausal group suffered the most; some of the women from this group also experienced psychosomatic symptoms.

Related Indian Study

D.Jamuna and P.V. Ramamurthy, 'Age, Adjustment And Husband-Wife Communication Of Middle-Aged And Older Women'.

The sample consisted of 90 women in the age-group of 40-55 years from middle class families of rural areas. The selected age range was divided into three sub-groups viz. 40-45 years, 46-50 years and 51-55 years; 30 from each of these sub-groups constituted the total sample. The results indicated poor adjustment in the menopausal age group. The husband-wife communication was good in the 40-45 age-group, poor in the 46-50 age-group and better in the 51-55 age-group.
III.3. Foreign Studies

Studies made abroad used both clinical and non-clinical samples, with a preponderance of the latter, unlike the Indian pattern. All generally attempt to portray attitudes of the menopausal women.

A study on clinical sample is first reviewed below and then followed by the salient features of three based on a non-clinical sample.

a) Thompson, Barbara, Shirley A. Hart and D. Durno

"Menopausal Age And Symptomatology In A General Practice."?

The sample was of 269 women in the age-group of 40 to 60 years who were registered in November 1970 in a general practice clinic catering to urban and rural population.

A questionnaire covering menopausal history, symptoms and demographic details was sent to each woman in the sample.

The menopausal status was divided into categories like pre-menopausal, post-menopausal natural and post-menopausal artificial.

The results indicated (i) median age of menopause attained naturally was 50.1 years, (ii) 15.4 per cent of women attained menopause artificially, (iii) Vasometer disorders, flushing and night sweat co-related with menopause and (iv) socio-demographic factors did not influence menopausal status and symptoms.
b) Neugarten, B.L. and Kralnes, R.J. "Menopausal Symptoms In Women Of Various Ages." 

The sample was non-clinical and consisted of 100 women in the age-group of 43 to 53 years who belonged to working class and middle class backgrounds. All were married and mothers of at least one child. None of the women had undergone hysterectomy.

The methodology involved identifying the menopausal status by asking each of them the category of menopause to which she belonged and the basis thereof. The categories were pre-menopausal, menopausal and post-menopausal. Each respondent was also required to state what changes in her life were attributed to menopause.

The results indicated that women who suffered more did not view menopause more negatively than those who did not suffer as much. Only four out of 100 women considered menopause to be the main source of worry. Rather, the most common concerns were fear of loss of husband, merely getting older and fear of being struck by cancer.

c) Skultans Vieola "The Symbolic Significance Of Menstruation And The Menopause". 

The sample consisted of 18 fifty-year-old women from a mining village.

Interview was conducted on menstruation and menopause. The results indicated that women with relatively undisturbed married lives were the ones who emphasised the
loss of large quantities of blood as essential to a healthy equilibrium. Menopause was perceived as a *rite de passage*, and menopausal depression was viewed as an outcome of limiting women to too narrow range of roles.

The results led to the formulation of the concept that women use the biological change of menstruation as expression of feminity and acceptance of the female sex role as well as the cultural aspect during the menopausal period.

d) Neugarten, B.L., Wood, R.J. Kraines and B. Loomis 'Women's Attitudes Towards The Menopause'.

The sample was of 267 women belonging to four age-groups viz. 21-30 years, 31-44 years, 45-55 years and 56-65 years.

The instrument administered for measuring attitudes towards menopause consisted of 35 statements.

The results indicated marked differences between the first two and the last two groups indicating that more negative and more undifferentiated attitudes towards menopause were held by the younger lot of women.

e) Studd, John W.W. and Dr. Thom Margaret 'The Menopause'.

The sample studied was of 2000 women in the age-group of 40-55 years. A questionnaire was administered to find out the symptoms experienced by these women.

The results showed that the most commonly experienced symptom (55 per cent) was flushes, followed by dizziness (46 per cent), tiredness (43 per cent), nervousness (41 per cent),
sweating (39 per cent), insomnia (32 per cent), depression (30 per cent), irritability (29 per cent), joint and muscular pain (25 per cent), palpitations (24 per cent), and pins and needles (22 per cent).

The women were most worried about symptoms like depression, sexual problems and faulty memory although only 30 per cent of them suffered from the first two. It was later on found that symptoms like tiredness, headaches and irritability were severe two years before the menstruation ceased; symptom such as hot flushes, sweats and vaginal dryness became severe after the periods stopped.

III.4. Some Miscellaneous Studies

A small number of studies are available based on observations of behaviour in different cultures during the menopausal years. However, the required details about these studies were not clearly stated.

As such, their findings are treated here mostly descriptively and followed by a statement of views by different scholars from the fields of Psychology, Sociology, Anthropology and Biology.

Reitz (1977) reports that in the studies of women reporting on their own menopausal experiences, only one physical symptom — hot flushes — is commonly experienced; about two thirds of women report having them a couple of times over the course of a few years. In other words, the actual experience of menopause lacks the negativity and terror which medical practitioners predict.
Rosenthal (1968) and Winokur (1973) found that increase in the occurrence of depression around the time of the menopause may be more related to such psychological causes as the departure of children from the home rather than to any hormonal changes.

Shere Hite (1976) pointed out in her Report that women develop attitudes related to the reproductive view of sexuality — if you are not making babies, you should not have sex.

Dr. Alfred C. Kinsey (1953) in his famous Report observed that the effect of removal of the ovaries (castration) in females on sexual behaviour was minor or none at all. Increased sexual activity in some of the females who had attained menopause, either naturally or induced artificially, occurred because, Dr. Kinsey found, they felt more free to engage in sexual activity after they were relieved of the possibility of becoming pregnant.

Bart (1971) found, while investigating the empty-nest-syndrome, that over protective middle-aged housewives or those who had a very close relationship with their children tended to suffer depression when the children became independent rather than those women who did not have such an over-involved connection with their offspring. Further, housewives, rather than working women, were more susceptible to depression.
Through a series of studies covering more than 2000 men and women, Bernice Neugarten (1969) demonstrated signs by which advent of middle age is perceived by the two sexes. She found that women, for instance, take their cues from happenings within the family such as the children marrying or leaving home.

Charlotte Buhler, heading a team of Austrian psychologists, found that of the five periods into which a man's life can be divided, the fourth period (30 to 50 years) sets in with a psychological crisis. At this stage, subjects showed discontent and restlessness, took trips for rest, and sometimes changed their abode.12

Sue Fisher, while studying the relationship between hysterectomy and identity, found evidence to suggest that there is a relationship between the ways medical doctors and their female patients exchange treatment information, the ways patients interpret their knowledge of women's lore linking reproduction and identity, and identity consequences.13

Pineo's follow-up study of couples revealed a marked decline of marital adjustment in the middle years as compared to what the previous study on the partners had shown at the time of their engagement and early years of marriage.14

Pauline Bart (1971), studying the hormonal explanation for menopausal depression, came to the conclusion that social status changes coincide with menopause and are the major factors that cause depression in the middle-aged women.
Margaret Mead (1971) found that, amongst American women who were studied, those who were mothers suffer from fears like loss of attentiveness, an emotional instability rather than the end of fertility; unmarried and married women wanting children found menopause as the final closing of the gates of hope.

Talking about menopause, Carol Tavris and Carole Offir (1970) add that some researches stress that lowered estrogen levels influence hypothalamus and, through it, the rest of the central nervous system, thereby causing anxiety and depression in menopausal women.

III.5. Expert Views

a) Psychological : According to Rubin, physiological changes are not as important as social and emotional factors (1965). He also stated that many women fear menopause because 'menstruation is a badge of feminity' and a 'symbol of youth.'

According to Helen Deutsch (1945), a psychoanalyst, almost every woman in the climacterium goes through a shorter or longer period of depression.

Lez, an acknowledged expert in human behaviour, described the progression from birth to death as "hiking up the hill to reach adulthood, then an uneventful walk across a plateau — barren of scientifically interesting scenery. Finally the path dipped downwards towards the end of life's journey."
b) Sociological, Anthropological and Biological:
Pauline Bart (1971) and other sociologists reiterate that menopause occurs at a stage in life which could be hard and depressing. It is so especially for women whose sole identity has been as a mother and wife. It is at this time again, children leave home. Her self-esteem and her ageing will affect her reaction to discomfort during the 'change of life.'

According to Margaret Mead (1971), menopause brings sharp irreversible change specially when productivity is regarded as impure and ceremonially disqualifying.

According to Hoyenga and Hoyenga (1979), the vulnerability of women increases after menopause when adrogen levels increase.\(^{17}\)

Some women react to hysterectomy with relief if it has eliminated some serious problem and pain. Others react with a view that they are not themselves or have been robbed of something.\(^{18}\)

III.6. Review Highlights
The foregoing review reveals the following salient features:

(1) In Indian studies work on the menopausal period has been done mostly on clinical samples.

(2) Indian studies generally cover only married women, omitting single women and those who have undergone hysterectomy.
(iii) In studies abroad just one or two features of the menopausal period such as attitudes, adjustment, symptoms or views on identity have been studied.

(iv) Though the findings and views are based on observations and research outcomes, they fail to bring out related personality traits and conditions that give rise to difficulties during the menopausal period.

III.7. How this study is different

The present study, though exploratory in its endeavour, attempts to bring out systematically the common negative experiences of women in the menopausal period. It deals with a physically healthy, non-clinical sample of 250 women in the age-group of 40 to 55 years. It includes both married and unmarried women and also those who have attained menopause by surgery (hysterectomy). This feature is especially novel in respect of Indian studies which deal with non-clinical samples.

Another equally important and ingenious feature is the construction of MRS; it is a tool to measure experiences during the menopausal period. Unlike other studies, the present one has not used already developed scales to measure menopausal experiences; instead, an entirely new scale has been constructed on the basis of preliminary interviews and use of three tests which were non-menopausal and of which two were Indian.

Thirdly, the present research is also unique in its approach to dealing with the data. After the investigation
of experiences, it has ventured into in-depth interviews of women who were found to have suffered more than average during the menopausal period. They were administered some T.A.T. cards and the Multiphasic Questionnaire in order to bring out various common personality traits which exist when suffering is above average during the menopausal period.

Finally, unlike other studies on menopause, the present one brings to light certain personality traits and conditions which can be tackled successfully with help and understanding.
REFERENCES


