

# What if We Didn't Dread Menopause?

The end of a woman's fertile years has gotten a bad rep. What if we finally gave it the respect it deserves?

**By Susan Mattern**

Ms. Mattern is a historian.

Sept. 12, 2019

When most people say “menopause,” they mean more than just the end of female reproductive functions and more, even, than just the accompanying hormonal changes. They mean the cornucopia of symptoms — hot flashes, vaginal dryness, psychological problems like “irritability” — thought to accompany those changes. Type “menopause and” into Google and it will autocomplete with “weight gain,” “depression,” “hair loss,” “anxiety.” Magazines and websites like *Woman's Day* or HuffPost publish helpful guides on spotting the first, ominous signs — “You May Experience Menopause Symptoms a Lot Sooner Than You Think,” they warn.

This bleak view of menopause is unique to modernized cultures. In cultures with minimal exposure to modernization — few of which survive today — the idea that the end of a woman's reproductive years will be accompanied by a collection of unpleasant symptoms (what physicians sometimes call “menopausal syndrome”) is hard to find. Hmong immigrants to Australia, for example, when questioned by researchers in the 1990s, were surprised to learn that white Australian women thought that menopause caused physical symptoms and problems.

The concept of menopausal syndrome is also absent, for the most part, from the medical texts of the premodern world. Authors writing in ancient Greek and Latin described no equivalent of modern menopause and had no word for it, although they knew that menstruation ended around age 50 and wrote extensively about other topics in women's medicine. Classical Chinese medicine also contains no equivalent of menopausal syndrome. The word for “menopause” in China today — *gengnianqi* — is a loanword from the Japanese *konenki*, which was itself coined in the late 19th century to signify the new, Western concept of menopause that came to Japan after contact with the West.

The standardized practice called Traditional Chinese Medicine does treat menopause, because it was developed as a part of the Maoist government's project of modernizing Chinese medicine. A section on menopause was added to T.C.M. textbooks in 1964.

While absence of evidence is not necessarily evidence of absence — as historians sometimes say — a silence across cultures and traditions that are interested in other aspects of women's medicine is suggestive.

Until recently, it might have been tempting to dismiss these findings as a simple result of the fact that people before modernization did not live very long and that, therefore, few women experienced menopause. Before the mid-20th century, evolutionary biologists had not paid much attention to the question of postreproductive life and whether it is a naturally occurring phenomenon. But in 1966, in an article foundational to the theory of aging, the evolutionary theorist William Hamilton puzzled over some of the data on which he was basing his ideas: census records from early 20th-century Taiwan, then under Japanese rule, showed that in this population with high, premodern rates of mortality, many women outlived their reproductive lives — and for a long time at that. Research among foragers — peoples living in ways similar to our prehistoric ancestors, who do not use modern medicine and are isolated from the influences of modernization — has also found that the modal life span for humans surviving to adulthood is about 70 to 75 years. (Mortality is high in childhood, so that average life expectancies are low, but a child who survives to age 15 has an even chance of living another 45 years or so, and an adult of age 45 can expect another 20 to 25 years.)

There is also the further complication that the concept of menopause we are familiar with was invented around 1700, when significant mortality decline in Europe was still far in the future.

Menopause as we know it today was born out of a particular time, place and profession: 18th-century Europe and the emergence of a new medical establishment. The first dissertation on menopause, titled “On the End of Menstruation as the Time for the Beginning of Various Diseases,” was published in Latin in 1710 in what was then the kingdom of Prussia. After that, the concept we know as menopause became a dominant subject in gynecological literature and also in popular culture. The word “menopause” itself was coined by a French physician in 1821; by then, there were colloquial expressions for it in Europe, such as “women’s hell.”

Physicians in France, England and elsewhere associated a huge number of conditions, from scurvy to epilepsy to cancer, with this exciting new syndrome. Because they believed that a buildup of humors — especially blood — caused most medical problems, 18th-century physicians focused especially on hemorrhaging and white flux, which were symptoms, as they saw it, of an unhealthy retention of fluids. They also linked menopause to the fits associated with uterine (“hysterical”) suffocation, a disorder whose tradition was ancient in origin but that reached a new level of popularity in the Renaissance and later. It was defined by episodes of choking and other symptoms; the original explanation was that a woman’s uterus had migrated upward and suffocated her. European physicians in the 1700s and early 1800s reinterpreted hysterical attacks as signs of excess blood and thought they could be symptoms of menopause.

Menopause wasn’t the only syndrome that preoccupied European physicians in this “early modern” era; others included hysterical suffocation, nymphomania, chlorosis or “green sickness,” and melancholia. Menopause clearly belongs to this group in its origin, nature and development. But it’s the only one still accepted by physicians today — the others linger only as ghosts in the shadows of certain psychiatric diagnoses.

Menopause might have had the same fate, but just as skepticism was rising in the early 20th century, hormones were discovered. People imagined estrogen and testosterone as magical elixirs of youth; estrogen in particular became a profitable drug. Over the course of the 20th century, the idea of

menopause as primarily a deficiency of estrogen took hold, and it is still common in medical textbooks.

All this is not to say that the symptoms of menopause are “all in our heads” or that there isn’t a real physical transition taking place. Far from it. The point, rather, is that culture has a powerful effect on how, and even on whether, we experience menopausal symptoms.

And the larger point is that when it comes to menopause, Western culture has conditioned us to see the symptoms surrounding it as the most important thing about this transition. They aren’t.

While the concept of menopausal syndrome arose only some 300 years ago, post-reproductive life is as old as our evolution as a species and is one of *Homo sapiens*’ unique features. Adaptive theories of menopause, like the Grandmother Hypothesis, argue that postreproductive women shared food and other kinds of help with their children and grandchildren, and as a result, their daughters reproduced faster. What would otherwise have been five decades of reproduction could be compressed into half that time. This strategy meant that every group of humans had an invaluable, naturally renewing resource — older, experienced women with energy to spare. Menopause, in other words, is one of the traits that allowed humans to become the successful species we are.

So let’s stop talking about menopause as though there’s something wrong with it. Menopause isn’t just a collection of symptoms or a pathological condition. It’s a transition to a phase of life that has been critical to human success — one that should be valued and respected, not approached with dread.

Susan Mattern is a distinguished research professor of history at the University of Georgia and the author of the forthcoming book “The Slow Moon Climbs: The Science, History, and Meaning of Menopause.”

*The Times* is committed to publishing a diversity of letters to the editor. We’d like to hear what you think about this or any of our articles. Here are some tips. And here’s our email: [letters@nytimes.com](mailto:letters@nytimes.com).

Follow *The New York Times* Opinion section on Facebook, Twitter (@NYTopinion) and Instagram.

A version of this article appears in print on , Section SR, Page 6 of the New York edition with the headline: Why Do We Dread Menopause?