



REDEFINING THE MENOPAUSE

CORDELIA NEVIN GALGUT, A PRACTISING PSYCHOTHERAPIST WHO IS HERSELF MENOPAUSAL, RAISES THE NEED FOR US TO THINK DIFFERENTLY ABOUT THIS PHASE OF A WOMAN'S LIFE

I am a 59-year-old menopausal woman. I have been menopausal for 10 years, with symptoms that have not abated, and I am at my wits' end because the quality of my life is really bad. As a result, I feel the need to challenge a few myths about this phase of life for a woman. There must be thousands of other women struggling today too, including other therapists. Indeed, word of mouth testimonies attest to the fact that the menopause is often much harder for women to cope with than is commonly thought, and lasts much longer. For many of us, the question arises: 'Is there ever going to be an end?'

Much of this suffering takes place in silence due to the fact that the menopause is still not easily talked about in society at large, in the media, by medical doctors, and perhaps not even much within our own profession. It is therefore perhaps not surprising that women feel worried about saying how it really is for them, lest they be judged for speaking out and challenging the 'norm'. Indeed, part of me fears raising some of the issues in this article in case my ability to keep working will be questioned if I reveal

the full extent of my own struggles as a result of the menopause. Overall, I wonder whether we have sufficiently recognised how much menopausal therapists are expected to conform to a version of working that can be exceedingly hard to achieve, if not impossible. Also, are we adequately considering our menopausal clients' needs?

WHAT IS THE MENOPAUSE?

Received wisdom says we have a perimenopause, a relatively short phase, followed by our periods stopping, at which point the menopause is effectively over: we are postmenopausal and can get on with life again. For example, WebMD states that the 'average length of the perimenopause is four years'.¹ The website www.patient.co.uk asserts that the menopause itself can only be defined with certainty after '12 months' spontaneous amenorrhea [absence of menstruation].¹ However, the reality of how many of us experience these phases seems to be very different. Indeed, are there definable phases at all? Perhaps the terms perimenopause and postmenopause are, in fact, somewhat nonsensical, given

how many women experience the process of stopping menstruating in a much less black and white way. Although in what follows, women talk in terms of 'perimenopause' and 'postmenopause', this is only because we have no other way of describing this phase of a woman's life apart from 'the menopause', which, according to the *Oxford English Dictionary*, is defined as, 'the period in a woman's life (between about 45 and 50) when menstruation gradually stops', which again implies that the menopause is over at that point. This is not the reality for many women. Based on the evidence that follows, perhaps a new way of describing this phase in a woman's life is therefore necessary.

ABOUT THIS ARTICLE

The content of this article is based not only on my own experience, but also on four interviews I carried out with women especially for this article. They were informal interviews, but I used the skills I acquired while doing my master's and doctoral research to analyse the data and generate the richest, most measured and

accurate data I could in the circumstances, given I am clearly subject to insider bias. However I know that the women whose words I've included in this article would not have talked to me so openly and at length if I hadn't been menopausal myself! What I say is also based on written quotes from three women to whom I talked for the purposes of this article who didn't want to be taped. Clearly this is not a large group of women. However I have also taken on board the many word of mouth testimonies from a range of other women to whom I have talked casually over the last 10 years about this subject. Even though I wasn't doing formal research, I decided to transcribe the interviewees' words and then highlight repeated themes. I also highlighted themes in the three written testimonies I received and considered them along with the interviewees' words.

THE MAIN THEMES

Although I will only be able to highlight a portion of my findings here, several themes emerged strongly. Top of the list of concerns was shock at the length of the perimenopause/menopause. This was echoed in the question asked by one interviewee, Jill: 'Why did no one tell us?' All the women spoke about this. Equally, all seven spoke of their frustration that the reality of the menopause is not talked about enough, that there is a silence around it, and that it is easily dismissed and/or joked about.

All seven women talked about the extremity of their symptoms and their shock and surprise at this. Others' unhelpful attitudes were highlighted by six – the medical profession's, men's, and those of other women who were symptomless or trying to deny their symptoms. Five women spoke of loss and change associated with the menopause and five spoke of the trials and tribulations of loss of libido. Four spoke of their dissatisfaction with the attitudes of medical doctors they had seen and the medical profession en masse. Four women reported feeling isolated. Four also spoke about the emotional impact, three of feeling embarrassed and awkward about their symptoms, and three complained of the lack of support and general understanding for women going through this phase in their lives.

SHOCK AT THE LENGTH AND EXTREMITY OF SYMPTOMS

Word of mouth testimonies attest to the fact

that the perimenopause phase lasts for a lot longer than received wisdom reports, with women saying it goes on for years. When women's periods stop, many report that this is not the end of the problems, but actually the start of a more difficult time, with women experiencing a range of symptoms that are hard, if not impossible, to live with. Furthermore, for many of us, periods do not just stop, and the myth that you are postmenopausal if you haven't had a period for a year has been shattered by many women telling of long stretches of time without a period: a gap of about 18 months to two years, then a period, then another gap. The fact that the medical profession and the world at large defines menopause differently means that not only do women suffer in silence, but they can worry about a myriad of symptoms.

As Claire said: 'Forgetfulness: I do lose my thread, really, really easily. I do worry about it terribly.'

Chris, aged 54, said: 'It's like the menopause is an alien that takes over your body.'

Another interviewee, Maggie, aged 69, said: 'I expected my periods to stop and the menopause to be over. I didn't anticipate anything else. I experienced hot flushes and I thought, this'll last a little while and go away. And I was certainly clear I wasn't going to take HRT. I tried a few dietary things in a desultory way but gave them up after a few months and just learnt to live with the hot flushes basically. That was 10 or 12 years ago and it's not impossible, but it's continuing.'

Lou, aged 44, said: 'I was shocked to find that there was a perimenopause and it can last up to 10 years. I was also shocked at how many symptoms appeared with the menopause and how severe they can be. All you read about are the hot flushes and mood swings, but it's so much more than that. No one mentions the extreme fatigue, the achy muscles, dry itchy eyes, insomnia and just the spaced out feeling.'

Jill, aged 60, added: 'The hot flushes, they're the things that come back, so how many years does it take before they stop? It's debilitating. Why doesn't anyone tell us it [the menopause] goes on for so long? Because they don't want to depress us on top of being depressed!'

Kate confirmed this: 'Contrary to expectations, it doesn't all go away when you're the official 12 months past your last period. I'm not "back to normal"; my new

"normal" doesn't have the energy she had. Clearly I'm older, but I don't think it's just that. There has to be a hormonal element to my current and ongoing fatigue, absent-mindedness and hypersensitivity. And now, the extra post-periods elements such as vaginal atrophy and a new version of fatigue and negativity! And the sweating? No, that doesn't go away either!'

Claire described how long-lasting, embarrassing and extreme hot flushes can be: 'I want to pretend it's not happening so I can look normal. They've been going on a long time – since I was 38, that's when the night sweats started.'

And Maggie made the additional point that, 'talking to other people, women of my age, there isn't one who hasn't said something like: no, it's lasted longer, it's worse than I thought.'

FRUSTRATION AT THE PERCEIVED CONSPIRACY OF SILENCE

All seven women raised the same point, encapsulated in Kate's comment: 'I wish people, including many women, weren't so wary of talking about the menopause.' She also pointed out how this reticence has been passed down through generations: 'I do remember things my mother's generation did at that point in their lives, although I don't think anyone acknowledged the cause, maybe out of awkwardness and embarrassment; for example, standing by the open back door to cool down, despite howls of protest from the rest of the family.'

Maggie talked about problems with the medical profession, 'which has failed to address this [the reality of the menopause]'. She went on to say: 'It's not a subject that invites research or high profile medical investigation, so it's just ignored and it needs not to be. You'd think there are lots of embarrassing parts of one's body that doctors are, after all, trained to examine, discuss and think about. I think that's a failure on their part, if they're embarrassed.'

The net result of this lack of openness about the reality is that, as Chris said: 'The menopause can be very isolating and you feel you are the only one going through it.'

Claire emphasised how hurtful she found it when other women don't understand: 'You can understand men being completely bamboozled by how absolutely vile the menopause can be, but I find women who don't have the same problems quite

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dismissive of it and I think it's a great shame – some of them may be on HRT and I know some lucky women pass through the entire process with no symptoms and possibly think we're exaggerating.' Claire also raised the point that, as women, we can feel under pressure to silence ourselves for fear of others' negative responses. She said: 'People joke about people having a tropical moment, being hot and everything, and I think that as a woman in a professional position, you try not to let that be seen, because you don't want to be seen as weak, particularly when you're working with men, because there are stereotyped ideas of women being hormonal etc, although it's hilariously obvious at times.'

Dismissive attitudes of people in general were also commented on several times, summed up in Betty's comment: 'People laugh and don't take it seriously and think it's a joke when I'm reeling from the effects of yet another hot flush. I'm standing there feeling dizzy, sick and staggering around, and they laugh or ignore me.'

Lou confirmed Betty's experience: 'Women going through the menopause seem to be a bit of a joke. Breaking out in hot sweats in the middle of dinner – hilarious. Bursting into tears again, poor dear. It's all an embarrassment.'

LIBIDO AND SEX

Five women in my sample spoke about loss of libido and/or sex.

Maggie said: 'There are two other related issues [to other menopausal symptoms] that I haven't talked about to anyone and they're much more intimate, I suppose, and the first one is actual sexual penetration. You know, the changes around one's vagina are never discussed and they're pretty devastating and it's something again I think one should be encouraged to raise at well woman clinics or something of that sort. You don't know how normal it is. I'm talking about penetrative sex, which is painful and therefore doesn't happen any longer, even with lubricants, and one finds other ways round it. I'm not saying I'm no longer sexually active, but it's not the same. And the tightness, not only the dryness, so it feels your vagina is smaller than it used to be and less flexible. I ceased going for cervical smears. I said I didn't want to go any more because it's so painful!'

Claire said: 'It can make you feel really depressed, can't it? It's such a shame and I think that's all about the menopause.' She added: 'A funny thing, as well, I'm not dry down there at all (in contrast to Maggie's experience). I don't get lubricated through any sense of arousal; it's just like that, which is very bizarre, absolutely without libido.'

Jill talked of her loss of libido too: 'I went from someone who was very sexually active, like nearly every day, to literally it was like someone switched a switch and I had no desire at all – I obviously don't tell P (her husband) I have no desire at all. You make out you do, but in all honesty, if he didn't instigate it, I wouldn't bother.'

'I honestly think it [the menopause] makes you turn into a man. I feel it makes you more aggressive, more angry, less nurturing, less caring. It's like something has turned off. As much as you love your children and your husband, it's like I could just walk out of here and not care a flying fig about any of you again. Is it testosterone?'

She continued: 'If I had a choice, I'd want my libido back, definitely. You would think there'd be something, wouldn't you? I don't feel like it's a psychological issue. I feel like it's a chemical thing. I think I can tell the difference. I honestly don't think it's that I've changed my thought processes about him. Maybe, but I don't think so, cos I wouldn't fancy it with anyone else, either. So it's nothing personal against him. I don't honestly think talking about it would help

because I don't think he's going to be able to persuade me I'm enjoying it. I can make out, which is what you sort of do – sometimes he'll stop and say, are you feeling anything then, and I'll say, no nothing, no. It's a shame. It's not the way you'd want to feel.'

Jill went on to say: 'I don't think anyone ever does talk about libido with the menopause and I think that should be a recognised symptom of it and then you wouldn't feel like it was just you. I think you wouldn't feel quite so alone with it if you thought this was normal'. Concerning men, she added: 'Get the message out there to the husbands: what your wife is going through, she's not being awkward, she's not trying to avoid you, this is a chemical thing, rather than being accused of working too hard, being told you're too tired, you work too long hours and it's true and could be part of it. Personally I doubt it.'

Concerning the lack of support for menopausal women, she argued: 'Because so many women are going through the menopause at the same time, there should be menopause clinics available everywhere, really. They're so few and far between. Who knows where one is? I don't and I work in healthcare!'

WHERE AM I IN ALL THIS?

At this point in time, I would say that I am heavily affected by the menopause in ways that are similar to the women who describe their states above. I'm frankly not sure whether I am peri- or post-menopausal (according to traditional definitions), in that, although I will be 60 in June, in the last five years, I have had three periods, each about 18 months apart. I get frightened by weird symptoms that I am wary of asking about, even though I am relatively outspoken. When I have, I have often met with embarrassed responses from medical people. Even among friends, it can sometimes be hard to speak openly because it can feel too intimate, as though boundaries are being crossed that have not been crossed before, and that can be difficult to negotiate.

Of course, as a therapist, these effects don't simply disappear when I enter my consulting room; they remain, physically and emotionally, and affect how I do my job, both positively and negatively. They affect the kind of therapist I am.

So where does this leave me as a practising therapist who is menopausal? It leaves me in an uncomfortable netherworld of fear that

I will fall short of a standard I set for myself as a therapist, but also that I will fall short of an across-the-board standard we are all supposed to adhere to as practising mental health professionals – whether we are young or old, healthy or ill, menopausal or not, emotionally challenged or not, and so the list goes on. If my body lets me down at any point in a session, with an array of menopausal symptoms, this can potentially interrupt the flow of the session. Something as ‘simple’ as a hot flush can be disconcerting and potentially unacceptable. In my experience, the prelude to these can be a feeling of disconnectedness and/or panic, a dizzy spell, gut disruption and so on. Of course, my face can also go red, which can be disconcerting for both me and my client. My client may wonder if I am embarrassed by something they’ve said; or it might simply be awkward because it interrupts the flow of what my client has been saying. And with hot flushes, as many readers will know, you never know if you’ve actually flushed or not. I have heard of other menopausal therapists having similar difficulties, causing, for example, difficulties in concentrating in sessions.

The way I handle these potential problems is to be open about them. These days, for better or worse, I tell clients clearly, before I agree to see them and they decide to choose me, that I am a menopausal woman and will have hot flushes etc, so that clients are pre-warned. If something happens in a session and, for example, I need to leave the room and cope with my gut disruption, we cope with that together. It has not, to date, appeared to pose a problem for my clients, though clearly clients are often polite and may not say. Overall, I’d say it’s more of a problem for me, but a positive outcome is that clients seem to like these shows of my humanity because they say they validate their own frailty, both emotional and physical. Having said that, I do remember a couple of occasions when clients have been thrown by my obvious physical discomfort, even though they had known I might have a hot flush in a session. The way I handled this with one client, for example, was to check out what was going on for them. As I recall, my discomfort had triggered difficult memories for them that we were then able to work on – so not a negative outcome in the end, but tricky nonetheless.

However, because society struggles to see the menopause as normal and natural, and it is not written down anywhere that it’s OK for a menopausal therapist to work differently, it is hard for me if I feel I am

falling short of a recognised norm when working with a client, even though, in reality, many of us cannot live up to this expected way of working, for a variety of reasons other than the menopause. I think a more open, honest stance is needed within our profession about this issue, lest those of us affected feel we have to stop working. This is a sad state of affairs. I know menopausal and post-menopausal women who have done so, thinking there was no alternative. Yet these were talented practitioners, even and maybe especially when they were menopausal!

The implications for my menopausal clients and how I work with them are clear. Normalising their state is essential, I believe. Being open myself is important too. Many is the time menopausal clients and I have complained together about the effects of hot flushes in sessions. The shared experience and my willingness to normalise their experience appears to be both validating and supportive of them and counters social pressure to negate and dismiss their experience.

It also seems important for me to be prepared to initiate talk of the more intimate aspects of the menopause. Acknowledging that they are not alone in feeling exposed talking about more difficult, intimate issues, for example, their changed bodies, particularly in the genital areas, sex, relationships, their fears etc – seems very important. Feedback confirms the positives of this for my clients. One word of caution: no matter what the shared ground between client and counsellor, don’t assume your experience is the same as your client’s, even if it sounds so. That potential blurring is a possible pitfall I have certainly fallen victim to once or twice with women around my own age particularly. I find though that if I flag up with my client that I could make this mistake, it helps the relationship and can diffuse a potentially awkward dynamic.

Overall, our task as menopausal therapists is to allow ourselves to validate our own process, to normalise it, to not negate our contribution, and to recognise that there can be positives for our clients if we can be open and transparent with them – which is easier said than done! In my experience, there is little worse than a therapist who pretends that she is fine when she is not. Both as a client and a therapist, this tends to cause confusion, potential upset and possibly emotional disruption, which can clearly negatively affect any client’s progress in therapy.

However, I’m still left with the fear that, when I’m feeling under par, I’m falling short of a required standard of practice. I believe that I work ethically and I am still useful to clients, and feedback confirms this. But the question remains: at what expense to myself? I think that it would help if it were acknowledged formally by the counselling professional bodies that the menopause is a long, natural process in most women’s lives and that, inevitably, this will affect how therapists who are challenged in this way work. Also, that our contribution is valued precisely because we have this life experience, obviously with the proviso that we have good supervisory support. However, I know differentiating between menopausal therapists and other practising therapists would be difficult and would throw up many other questions, so I’m still not sure where that leaves me in the here and now from an ethical standpoint, nor other colleagues in the same predicament. Any ideas anyone? Feedback would be much appreciated! ■

Cordelia Nevin Galgut is a BPS chartered psychologist, HCPC registered counselling psychologist and BACP senior accredited counsellor/psychotherapist, working in private practice. She is the author of two books: *The Psychological Impact of Breast Cancer: a psychologist’s insights as a patient* (Radcliffe Publishing, 2011) and *Emotional Support through Breast Cancer: the alternative handbook* (Radcliffe Publishing, 2013). For more details, visit www.emotionalsupportthroughbreastcancer.co.uk

READER RESPONSE

The author welcomes feedback about this article. To contact Cordelia, please email engalgut@gmail.com. To contact the journal, email hcpj.editorial@bacp.co.uk

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REFERENCE

1 www.webmd.com/menopause/guide/guide-perimenopause#1