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## THE SYMBOLIC SIGNIFICANCE OF MENSTRUATION AND THE MENOPAUSE



This chapter is based on a medical anthropological study I conducted in 1970 in South Wales. I chose menstruation and the menopause as subjects of research for several reasons. Firstly, I noted that more than any other period of time in a woman's life, the menopause had gained popular attention as a topic of concern, apprehension and speculation. Furthermore, it has been selected by popular terminology as a period of transition *par excellence*. The corresponding processes of biological change at puberty, for example, have no such popular designation, nor do they command the same degree of attention. I, therefore, realized that there was a need to isolate and examine certain concepts relating to structural features of the female life cycle. An altogether different approach, and one not involving a consideration of the menopause within the female life-history, is one which would compare the differential emphasis put upon male and female sexual histories. Even though it may be admitted that the male reproductive system has no by-products as spectacular as those of menstruation, there is still, to the best of my knowledge, no comparable collection of beliefs and theories surrounding the male sexual life cycle. Yet perhaps a case exists for a comparative study of theories about changes in male and female sexual activities. More specifically, a comparative study of attitudes to 'losses' is called for which would relate such ideas to salient features of the male and female life cycle.

Such considerations as these led to the formulation of the main theme of this chapter. Namely, that at menstruation women are using a biological given, that is the loss of menstrual blood, in order not only to express their femininity, but also to reaffirm their acceptance of the female social role. The movement here is away from the biological to the social. This

reaffirmation is expressed through attitudes towards and beliefs about menstruation. Furthermore, this analysis of a particular set of ideas about menstruation in terms of the reaffirmation of a particular kind of social role for women leads very easily to a consideration of the menopause or 'change' as a *rite de passage*, a passage from one kind of role to another. I shall return to a discussion of this topic later, after first considering the significance of menstrual loss *per se*.

This introduction should show that my analysis makes claims different from the one made by Mary Douglas (unpublished article). She writes:

People's ideas about menstruation are part and parcel of their general ideas about how the relations between the sexes should be governed. If they take a very relaxed attitude to premarital sex and to family size they are not likely to think of menstruation as dangerous. The private instruction of European mothers might come somewhere near the scale one might draw of tribal reactions which vary from joyful congratulation, through solemn teaching to intense preoccupation with danger.

I would agree with the statement that ideas about menstruation reflect ideas about how relations between the sexes should be conducted, or the norms governing inter-sexual behaviour, but would go on to qualify this statement differently. I have not found much evidence which would tend to support a relationship between the degree of danger attributed to menstruation and attitudes towards family size or towards premarital intercourse. The connection which I shall try to establish, however, will be one between the dangers of menstruation on the one hand and, on the other, the reaffirmation of one's social roles as sexual partner, mother and housewife.

This connection between the polluting qualities of menstrual blood, the subsequent need for purging and the fulfilment of the duties regarded as traditional for married women, was suggested not only by the results of research directed specifically towards the topic of menstruation and the menopause, but also by previous research on spiritualism which I had been carrying out in Swansea. In the first place it was noted that membership of Spiritualist meetings was largely female. Secondly, that most of the women were at least middle-aged. Furthermore, a high proportion of the messages received from Spirit could be most obviously interpreted as referring to menopausal troubles, especially to the feelings of uncertainty and lack of direction which are described as frequent accompaniments of the physical symptoms of the 'change'. Moreover, it was painstakingly explained to me by Spiritualists that what they termed the menopause, or at least menopausal symptoms, could occur at any time in a woman's life from the age of twenty-three onwards; and that it is not necessarily associated with an impaired capacity for childbearing, nor with the disappearance of this capacity nor with the cessation of menstrual bleeding. Such assertions made me realize that my own conception of the menopause had hitherto been a

far too literal one, at least by the standards of Spiritualist women, if by no others. It became apparent that the concept of the 'menopause' was a cultural rather than a biological one and that the concept was being used to express a cultural or social rather than a biological truth. This judgement was confirmed by subsequent research. However, in keeping with the general orientations of the research, which viewed Spiritualism as an expression of dissatisfaction with the female sexual role and a substitute for it, the presentation of menstrual symptoms such as backache, flooding and tiredness were treated as revealing 'a deep-seated rejection of woman's basic roles' (Deutsch, 1944: 304). In fact, it was found that subsequent evidence did not support this theory. It was found that many Spiritualist women had problematical relationships with men and it was, therefore, originally thought that Spiritualism was a further retreat from men. Now, however, I would regard Spiritualism, for those women I studied at least, as an attempt to understand and accommodate oneself to an at times uncomfortable role.

Another topic which figured very largely in my thinking about menstruation and the menopause was that of hysterectomies. I was told by a general practitioner in south Wales that there exists a large body of medical literature which claims that in a substantial percentage of cases the hysterectomy was not justified on strictly medical grounds but was performed at the woman's insistence, whose reasons were psycho-social rather than medical. This suggestion gains plausibility if it is borne in mind that, in the case of hysterectomies, assessment of the need for operation relies more heavily upon the verbal presentation of symptoms which could counterweigh medical examination. Estimates of the percentage of unnecessary hysterectomies, that is cases recording no pathological condition, have varied from 30.8 per cent (Miller 1946) to 12.5 per cent (Doyle 1952). Since 1844, when the first hysterectomy was performed, enthusiasm for the operation has increased continuously. Miller says: 'Indeed, extirpation purely as a measure of preventive medicine is by no means unheard of'. Doctors are frequently confronted with such bald statements as: 'I want to have it all out', or 'I want to get rid of the lot' (personal communication from the general practitioner). Such choice of expressions would indicate the wish to put a definitive end to one's sexual life and even one's female identity, rather than the simple rejection of one particular organ. The extreme attitudes of the unnecessarily hysterectomized will, therefore, provide a theoretical model around which the residual category of women who attach no special value to menstruation can be grouped.

## **The Fieldwork Setting**

Research was carried out in a mining village in south Wales with the very generous co-operation of a local general practitioner. The village in

question established its character as a mining community in the 1870s at the same time as the mining communities of the Rhondda were set up. Its population of 1,700 is contained in uniformly-neat terraced houses. At the centre of the village, occupying the same patch of fenced-in land as does the athletic club, lies the health centre.

Fieldwork began in January 1970. Working from an already-compiled age/sex register, the names of all the women born between 1919 and 1921 were extracted. These were judged to be the three years producing the highest proportion of women presenting menopausal symptoms. A total of thirty-one fifty-year-old women were approached. Of these, only eighteen agreed to be interviewed. There was, in other words, a refusal rate of 42 per cent, showing a reluctance to discuss menstruation, which is itself in need of explanation.

Interviews were structured, in the sense that they aimed to establish the salient features of the life history of each woman, how long she had been married, how many children she had had and so on. They also aimed to establish a brief medical history of the woman, with special emphasis on present and past menstrual and menopausal complaints. The medical cards of each of the women were later examined in order to see how the patient's self-image differed from that of her own doctor.<sup>2</sup> However, the most important part of the interview, that which sought to determine the woman's attitudes to her husband and to 'men' generally, to menstruation and the cessation of menstruation, was conducted less formally. Women were asked, for example, whether they thought men treated women fairly or whether they thought men understood women. The quantity and quality of answers to such questions obviously varied enormously. Interviews lasted between thirty minutes and two hours, depending very much upon individual volubility.

After a few weeks of research it became apparent that one of the most crucial items of information related to attitudes concerning the loss of blood in menstruation and the permanent or temporary cessation of bleeding. It was found that women could be divided into one of two clear-cut categories. The first category contains women wishing to lose as much blood as possible and to menstruate for as long as possible, believing this to contribute to the good of their overall health. The second category contains women fearful of 'losing their life's blood' and wishing to cease menstruating as early as possible, believing menstruation to be damaging to their general health. This latter category expressed itself in quasi-scientific terms, saying that they did not, for example, make a fuss about menstruation, 'I just carry on as usual'. By contrast, the former category regard menstruation as a time at which a woman is particularly vulnerable and exposed to dangers, especially through the possibility of an obstruction of the menstrual flow.

It is, of course, known that menstrual blood is not the only kind of fluid around which such ideas have collected. Spitting, for example, is a custom illustrating a similar belief which stresses cleanliness and the importance of ridding oneself of saliva. However, it is of significance that the fluid be menstrual blood, which is clearly distinguished from inter-menstrual discharges and bleeding from piles. It was found that the mere discharge of a fluid, irrespective of its source, did not produce a feeling of being cleansed and restored to a former state of efficiency and vigour. Having separated out these two distinct categories of women, an attempt was made to discover what other features were unique to each category. The only correlation which could be found was one between the need for purging through menstruation and a relatively undisturbed conjugal relationship. Conversely, the absence of this need and the viewing of periods as a nuisance seemed to be associated with an irregular or disturbed conjugal relationship.

Tolstoy has said that all happy families resemble one another but each unhappy family is unhappy in its own way (1980). It was decided, however, that the criteria for assessing 'happiness' in marriage were so many as to yield a final category which was unmanageable. Instead an attempt was made to isolate obvious cases of conjugal deficiency under the heading 'irregularity of sexual and reproductive lives'. Under this term are included such conditions as permanent or temporary separations from the husband including widowhood, as are such conditions as childlessness, spinsterhood, as well as extremes of marital conflict. This kind of definition enables us to distinguish a norm for satisfactory marriages which entails the absence of certain negative features. In fact, this division between women having a regular and those having an irregular conjugal relationship is very fruitful, for it emphasizes the importance which women not having an irregular sexual or reproductive life attach to the uterus and menstruation. It also highlights the considerable number of gynaecological complaints to which such preoccupations give rise.

These findings, therefore, lead to a conclusion apparently opposed to much of that currently expressed in the medical literature on the subject. Recent literature has pursued a strand of thought which refers pelvic and menstrual complaints to personality difficulties. Estimates of the percentage of emotionally-based pelvic complaints range from 31 per cent (Miller 1946) to as high as 65 per cent (Johnson 1939). Incidentally, these figures are almost identical to the estimates for neurosis in general practice (J.B. Loudon, personal communication). Johnson (1939: 374) has claimed that: 'Bodily processes are the common ways in which unconscious attitudes find expression'. Sixty-five per cent of all pelvic complaints are, he claims, of functional origin, revealing upon examination a healthy uterus and being instead the expression of social or sexual maladaptation.

This examination of the kind of role to which menstrual and gynaecological complaints are assigned in medical literature requires a restatement of the main theme of this article, namely, that gynaecological symptoms, rather than being the expression of social or sexual maladaptation are, on the contrary, the expression of social conformity and sexual adaptation. However, we must, of course, allow for the fact that some, if not many, gynaecological symptoms are related to physical conditions such as, for example, fibroids.

The significance attached to menstruation finds expression in a system of related beliefs concerning menstrual bleeding, including the notion of menstrual blood itself, considered as a separate category. The most easily recognizable theme in these beliefs is that focusing on 'bad blood' and the process of menstruation whereby the system is purged of 'badness' and 'excess'. This 'badness' and 'excess' is subjectively experienced as acting as a kind of cog in the wheel, slowing down one's activity, making women feel huge, bloated and poisoned. Surrounding these ideas of female 'badness' and the consequent need for purging are a number of prohibitions to ensure that the body does, in fact, succeed in ridding itself of the 'badness'. Women stated that they would not have a bath for fear the period might 'go away', although they hastened to add that they would, of course, wash. Many would not wash their hair for fear they might go 'funny'. One woman was more explicit, saying that she had once tried to wash her hair whilst menstruating, but had afterwards 'fancied I was not losing as much'. The emphasis here is on losing as much menstrual blood as possible because this is thought to be 'natural' and is a means whereby 'the system rights itself'. The symbolic content of these beliefs appears to be so high as to warrant their description as 'magical'.

In replies to questions about the significance of menstruation, certain key words emerged. These are 'to lose', 'to see' and 'natural'. The analysis of these words which follows is, I am aware, a bit of a linguistic struggle but I attempt it nevertheless. First, the term 'to lose'. When women refer to the process of menstruating, they most frequently do so by the intransitive use of the verb 'to lose'. Thus, for example, 'I think it is good to lose'. Alternatively, women say 'I think it is good to see them'. Finally, one of the ways in which all such statements are sanctioned is by reference to their being 'natural'. I do not think it is stretching meanings beyond their natural sphere of reference to say that these words, by their very lack of precision and by their ambiguity, are particularly well-suited to convey certain features of the female social situation. The verb 'to lose', for example, can be used transitively, as in 'to lose blood', and, intransitively, in the sense of losing a game. I would maintain that it is this double sense which contributes to the recurrent appearance of the word. Thus in referring directly to the importance of losing large quantities of menstrual blood, they are referring indirectly to the importance of coming to terms with their

role as 'losers' in a much wider sense. This sense of loss is expressed most acutely when talking about 'men' generally as a distinct category from women. 'Men' are thought to lack understanding about and consideration for women, especially as regards the constraints which childbearing and housekeeping impose upon a woman. As a category they are thought to be selfish and lacking in responsibility and sensitivity towards their female partners. A similar type of analysis can be given for the word 'see'. For one cannot only be said to 'see' one's periods, but one can also be said to 'see', in the sense of understanding a situation. Finally, the necessity of 'losing' or 'seeing' one's periods is justified on the grounds that 'it's natural' or, alternatively, 'it's got to be'. The felt element of constraint inherent in an external, non-subjective reality would lead me to substitute the word 'social' for 'natural', thus completing the chain of inter-dependent meanings.

My interpretation of these recurrent words, in terms of which menstruation is talked about, gains added plausibility from the explanatory clauses which qualify the initial statement about the necessity of losing menstrual blood. For example, women say they feel huge, bloated, slow and sluggish if they do not have a period or if they do not lose much. One woman said she felt, 'really great' after a heavy period, whilst most insist on the value and importance of having a 'good clearance'. In more practical terms the side effects of not having a 'good clearance' express themselves in inactivity, especially in the inability to get on with the housework. One woman in particular, who had already arrived at the menopause, said that she used to find it much easier to do the cleaning whilst she was still menstruating regularly than she did now in her post-menopausal state.

What has just been said requires an amendment of the previous quotation which claimed that bodily processes were the expression of unconscious emotional attitudes. They may indeed be the expression of such attitudes but, in the case of menstruation, these attitudes will be determined, not by individual conflicts, but by a shared common role which women themselves see as generating a particular type of conflict in women.

Perhaps what has been said about attitudes to the loss of menstrual blood and cessation of such a loss can best be illustrated by giving the case histories of two women. Their names are, of course, fictitious.

*Mrs Olwen Jones has lived in the village all her life and was born two doors from the house where she now lives. Her father, now dead, was employed as an undermanager in a pit and her husband, Fred, is a coal merchant. Mrs Jones has just turned fifty, having been married for twenty-five years. She has two children, a son aged twenty-one and a daughter of eighteen. Mrs Jones leaves the impression of being quick-witted and an energetic woman. She takes an obvious delight in saying the unexpected or, to her mind, shocking and then slowly savouring the effect this produces on me, her audience. She considers herself a happily married woman who is devoted to her husband, Fred. Her worries have been of the common variety, centring on money and anxieties over the children's*

education. Nevertheless, her speech is permeated with an aura of dissatisfaction which is never quite fully identified. She says she is always depressed, more especially since the children have grown up and her husband has taken to going out in the evenings and leaving her at home by herself. She feels 'sorry for herself'. Her experience of life, and hence her view of the world, is such that she sees it bisected by an insurmountable communication barrier. Men can 'never in this world of God' understand women. Men she thinks are like animals, although she would exclude Fred from this characterization. Amplifying on this verdict she said: 'I'm not very fond of my sex life'. She considered it ridiculous at her age. Asked why, she said it was just ridiculous. However, this did not prevent her from acceding to her husband's demands in bed, ridiculous and frustrating though she finds these episodes. Contrasting with this background of ill-defined dissatisfaction about her feminine role, Mrs Jones has very emphatic and definite views about the importance and value of menstruation in her life. She says she would feel very old and 'frustrated' without her periods. Frustrated because she would not be able to get rid of blood, because she would feel unclean. Frustrated also because she would not feel like doing anything about the house and the washing and cleaning would be left undone, almost as though the energy for housework was generated as a by-product of the process of losing menstrual blood. For the same reasons, Mrs Jones would dread any gynaecological operations in case they disturbed the menstrual flow.

A very different and contrasting life history and attitudes to female physiological processes are presented by Mrs Leah Thomas.

Mrs Thomas was born in the village in the same year and as Mrs. Jones brought up there. In contrast to Mrs Jones, who had only one sister, she comes from a large family of seven children. Her father's occupation was that of blacksmith, whilst her husband has had a succession of occupations, more recently being employed as an ambulance driver and then a bus driver. Mrs Thomas has had a total of five children, four of whom are still living. The youngest girl is still at home, the others all being married. In comparison with Mrs Jones's married life, Mrs Thomas's conjugal relationship has been highly unstable. Although she is still legally married and has been for over thirty years, her conjugal relationship has been punctuated by the intermittent and regular disappearance of her husband. She has now been separated from her husband for four years. At present he is living with another woman on the outskirts of a northern city. This woman he met some twenty years ago whilst he was working as an ambulance driver. Their liaison started then and has been pursued ever since. Mrs Thomas, however, claims she was totally ignorant of the fact that Frank had 'another woman'. She claims that she considered herself a happily married woman during the years of her marriage, despite the fact that her husband was very little at home. She describes him, somewhat euphemistically, as being 'not a very domestic sort of man'. From her reminiscences and descriptions of her husband it emerges that she regards herself as still very much in love with him. His sexual prowess and his powerful and melodious voice are still very much sources of admiration and wonder to her. After he had left her to 'live tally' with his friend, Mrs Thomas had made it clear to him that she was willing to forgive him and have him back. Frank, however, had said that he did not deserve such gentle treatment. He had, he said, 'made his bed and must lie in it'.



However, not only is there a difference in the patterns of married life between Mrs Jones and Mrs Thomas, there is also a striking difference in attitudes about menstruation. Mrs Thomas possesses no theories whatsoever about the value of menstruation or the need to lose menstrual blood. She says she cannot wait to stop menstruating because she is losing such a lot. She said, 'I'm sure I'm no better in health by seeing them'. Menstruation to Mrs Thomas is an unmitigated source of annoyance and discomfort. Prior to and during menstruation, Mrs Thomas feels extremely weak, suffers from sick headaches, dizziness and vaginal irritation. A hysterectomy would not worry her in the least, in fact, she thinks it would provide a welcome relief.

Contrasting with this lack of emphasis on menstruation, merely wishing for its absence, Mrs Thomas expresses marked concern about and attaches great significance to other bodily ailments. Her complaints are numerous and of such a nature that they lend themselves to lengthy, detailed descriptions. According to her own account, and her doctor, she suffers from high blood pressure, headaches, dizzy spells, palpitations, backache, indigestion, nervous rashes, sleeplessness and, lastly, depression. In comparison the list of Olwen Jones's ailments is very meagre. Her ailments centre on headaches which she attributes to high blood pressure and depression.

These two case histories, although obviously each unique, illustrate one of the main themes of this article. Namely, that it is the women with relatively undisturbed, though by no means necessarily problem-free, married lives who emphasize the loss of large quantities of menstrual blood, who are more sensitive to bodily changes or menstruation and who regard such processes as essential to producing and maintaining a healthy equilibrium. Relationships with other features of a woman's social situation, for example, family size, religion and education, were found to be incidental. In other words, no constant relationship could be established within a larger number of women.

Before concluding this preliminary discussion of menstruation, it may be useful to contrast my approach with that of the psychoanalysts. Freud, not surprisingly in view of his male-centred approach, has very little to say on the subject. In his essay on female sexuality (1931), the subject is significant by its complete absence. In *Civilization and its Discontents* (1930), Freud refers to menstruation in a footnote. In the context of a discussion about the foundations of the monogamous family which results from the transformation of the need for genital satisfaction from the status of 'an intermittent and sudden guest' to that of a 'permanent lodger', Freud draws attention to the changed importance of menstruation. He says: 'the taboo on menstruation is derived from an "organic repression", as a defence against a phase of development that has been surmounted' (ibid.: 36). By the term 'organic repression' Freud is referring to 'the diminution of the

olfactory stimuli' as a significant element in sexual attraction. In other words, Freud is saying that woman is at her most attractive during menstruation and that for some unknown reason the natural process of this attraction has been stemmed, with the result that rigid barriers have been erected against the possibility of experiencing consciously this original attraction. Hence, there is a prevalence of taboos surrounding menstruating women. Freud's final comment on the significance of menstruation is perhaps most telling. At the menopause, the absence of menstruation is re-experienced by woman as the psychological loss she once felt in early childhood, when she compared her body to a boy's for the first time and concluded that she had been castrated.

Other psychoanalytic writers, among them Horney (1967) in her chapter on premenstrual tension, links menstrual disorders with ambivalent or contradictory attitudes towards motherhood. (For example, where the fear of childbirth or the fear of coitus is coupled with a simultaneous, strong desire for children.)

However, the interpretation which is sociologically of the greatest value is that offered by Deutsch (1965). Deutsch singles out menstruation as being the most interesting gynaecological occurrence, 'and this *par excellence* "biological event" is to a high degree influenced by psychological factors' (ibid.: 311). One of the chief aspects of menstruation Deutsch concerns herself with is dysmenorrhea, this being the term used to refer to cases of excessively painful menstruation. Of this she states: 'Women suffering from dysmenorrhea assume a priori the attitude toward menstruation that all occurrences in the female genital region are an orgy of painful suffering. The physical discomfort of menstruation mobilizes and substantiates this feeling. Often a feeling of death accompanies the pain' (ibid.: 311). A concomitant of dysmenorrhea is the belief in the 'poison theory of menstruation'. According to Deutsch this is generally held to consist in the belief that: 'The sexual processes produce poison which is eliminated from the woman's body through menstruation' (ibid.: 312). The psychoanalytic interpretation of these ideas and symptoms is one which links the poison theory with antecedent guilt feelings surrounding sexuality and a resultant personal need for purification of the body and thus the expiation of sins. In other words, the claimed pain of menstruation serves as a punishment and an outlet for guilty feelings. She concludes: 'Here can be seen the apparent paradox: that women who suffer from dysmenorrhea are hypersensitive to pain, but at the same time, have strongly masochistic tendencies' (ibid.: 312). Briefly, Deutsch considers all such struggles for purification as an expression of guilt feelings and as attempts to escape the feminine destiny, that is, as an incomplete adaptation to the female identity.

Whilst allowing that, of the psychoanalytic interpretations of menstruation so far considered, Deutsch's comes nearest to grasping its symbolic

weight, I should nevertheless like to suggest a rearrangement of the elements in her explanation. It may be true that there exists a category of women who regard all occurrences in the female genital region as a 'painful orgy', but my sample did not in any way corroborate the connection of this attitude with guilt feelings. Neither did the occurrence of painful menstrual symptoms entail the experience of more directly and obviously sexual experience as painful. Indeed it seems more likely that emphasis on pain at menstruation is among other things a way of safe-guarding the smooth functioning of sexual activity at other times. One is reminded of Harris's (1959) article on possession hysteria among the Taita. It is as though the symbolic destruction of one's inferior status (the insistence on 'a good clearance') left one better prepared to accept the vicissitudes and constraints of being a married woman.

## Menopausal Beliefs

Having considered the part menstruation plays in the symbolic or emotional world of women, it becomes necessary to ask what happens to this when menstruation ceases.

Bearing in mind the importance which menstruation had as a means of conveying a feminine social role, this second part of this chapter will go on to consider whether the climacteric, in terms of the standardized modes of experiencing it and in terms of the conglomeration of beliefs associated with it, can be better understood when viewed as a *rite de passage*. However, this approach will be exercised with caution. The climacteric may not conform completely to the pattern of a *rite de passage* in the sense of, for example, puberty rituals among what were earlier described as 'primitive peoples', but it may nevertheless share sufficient of the features of transition rituals to make an examination of their basic elements worthwhile.

First, however, a description of the surface features of the 'change' which immediately bring to mind a *rite de passage*. For a start there is the expectation of unknown dangers to be endured, with the emphasis on the uncertainty as to what these dangers actually consist of. Furthermore, these dangers are given a value in themselves. Many women expressed the belief that it was good to experience 'hot flushes' as frequently as possible, otherwise there was a chance of dangerous complications developing. Hence, the saying current at the time of my research: 'A flush is worth a guinea a box'. I was told that to anyone who was literate before the Second World War, the association with an advertisement for Beechams laxative pills would be immediate. Flushes were thought to 'carry you through the change more quickly and safely'. Again the reference here is to a 'passage' through which one is carried. Some women who were 'on the change' even voiced a regret that they did not flush enough. Asked whether they suffered

from hot flushes, they admitted their failure by saying: 'No I'm not very good'. Hot flushes were thought to be the result of menstrual blood rushing to the head so that an absence of flushes implies a deficiency of menstrual blood. Prohibitions surrounding the climacteric incorporate a mixture of medical and magical information. Women were advised not to touch red meat for fear it should 'go off'. They should not attempt to make bread because the dough would not rise. They should not touch salt. Finally, women envisaged 'the change' as a period of time when certain ill-defined anatomical or structural changes are taking place within their bodies. This was the reason most often cited to me in answer to the question as to why 'the change' was called the 'change'. One seventy-year-old lady told me that at the menopause women turned into men inside. She herself had, she said, been aware of this process taking place, and had experienced it as a 'turning and tightening' of the thigh muscles.

The description of menopause attitudes and beliefs will, I hope, justify the analysis of the structure and function of transition rituals which follows. However, it was realized that women who have attached little importance to menstruation, having already had disturbed sexual lives, are unlikely to feel that they are moving from one role to another. They have already mentally forsaken their sexual role. Thus of the eighteen fifty-year-old women interviewed, it was the eight women whose sexual lives were described as irregular who adopted a quasi-scientific attitude both to menstruation and to the menopause. These women experienced fewer menopausal symptoms, as well as feeling that the cessation of menstrual bleeding would not be disturbing to their mental or physical equilibrium.

Van Gennep (1909) in his study of rites of passage elaborates one basic theme: namely, that all rites exhibit the same underlying pattern and that this pattern serves a primary function wherever it is found. The bare bones of his argument can be summarized as follows: change exercises a disturbing influence both upon the individual and upon the society; the solution provided by society to deal with these disruptive effects is to ritualize the processes of change, thus minimizing the danger inherent in all transitions. 'An individual is placed in various sections of society synchronically and in succession; in order to pass from one category to another and to join individuals in other sections, he must submit from the day of his birth to that of his death, to ceremonies whose forms often vary but whose function is similar' (van Gennep 1909: 189).

The pattern which van Gennep claims to perceive underlying all ritual activity is divided into three major phases: rites of separation from the original environment, rites of transition, and rites of incorporation into the new environment. This does not, however, mean that each phase is equally accentuated in all rites, as van Gennep himself stresses. (In fact, it is one of the factors which lends stress to the menopausal situation that rites of incorporation or ritualized ideas expressing incorporation into a new group

are remarkably lacking from a time when attitudes and beliefs are otherwise highly ritualized.)

Gluckman criticizes van Gennep for lacking 'a clearly formulated theory of society' (1962: 14) and himself wishes to make rites of passage a class of the more general category of rituals effecting role specialization. However, it is difficult to see how, for example, rites of pregnancy and childbirth could in the first instance be said to differentiate roles, which are not already secularly defined. The analysis might apply to the case of a man changing his activities, but it hardly seems necessary to use mystical means to identify a pregnant woman, or for that matter a pre-menopausal or a post-menopausal woman.

Gluckman's criticism is centred around the notion of a 'role'. Had van Gennep realized the importance of this concept for his analysis, he would have been in a far better position to work out the implications of his theory. However, this does not mean that the analysis of ritual has to take an entirely new direction and concern itself with ritual as role differentiation. The notion of a role can be introduced in such a way that van Gennep's thesis is merely expanded and not rendered otiose.

Parsons defines role in the following way so that it becomes the Archimedean point for the whole theory of society: 'it is a distinctive feature of the structure of social action, however, that in most relationships the actor does not participate as a total entity but only by virtue of a given differentiated "sector" of his total personality. Such a sector which is the unit of a system of social relationships has come predominantly to be called a "role"'. A page later he says: 'Role is the concept which links the sub-system of the actor as a "psychological" behaving entity to the distinctively social structure' (ibid.: 35). The notion of a role, therefore, being distinct from the individual, is defined by reference to a norm which is built into the very concept and by means of which it is identified. The rites of passage can thus be seen as not merely marking the transition from one status to another in the passage through society, but as expressing the demands of the new role and the expectations of society on the incumbent of the new role.

Van Gennep's analysis of ritual, therefore, as movement from one status in society to another, or as movement from one group of individuals to another, can be left intact. However, we can supply a fuller answer as to why such rites decrease the danger of change. Change is dangerous precisely because one can recognize that the individual, *qua* individual, and not merely as a member of society, is not exhaustively defined by the sum total of their roles in society, even though in practice it may be difficult to refer to them other than via one of their roles. The point being that the aspect of individual identity which has been neglected by or has eluded role definition increases ambiguity.

If we use van Gennep's analysis of rites of passage together with my amendment we find that it is a peculiarly well-suited theoretical tool with which to approach the climacteric. The very term 'change' is an unambiguous reference to the nature of the climacteric.

The transition in this particular instance is from woman in her reproductive role to woman in her non-reproductive role. In view of the central position which female fertility occupies in the public image of the adult female, the disappearance of this reproductive capacity is bound, at the very least, to present the women with problems. A little girl is taught to expect that she will fall in love, get married and have children, preferably in that order. However, the story tails off rather inconclusively and unsatisfactorily by saying that she will live happily ever after. Again no provision is made for alternatives to this pattern. This theme, of the intrinsic connection between fertility and 'female adulthood' in our society is extensively dealt with by Kirk (1964) in his study of childless marriages and adoption.

It is also very fruitfully explored by Becker (1963). Becker's article deals with menopausal depression. The question he asks is: 'Why does a woman who to all appearances, has led a satisfying life, suddenly break down at the menopause and decide that her life is not worth living?' (1963: 355). The answer he gives is as follows:

Women become depressed at the menopause because ... they do not have enough reasons for satisfying action, and when they lose the one apparent reason upon which they predicated their lives – their femininity – their whole active world caves in. Let us be brutally direct: Menopausal depression is the consequence of confining woman to a too narrow range of life choices or opportunities. It is a social and cultural phenomenon, for which the "designers" of social roles are to blame (*ibid.*: 358).

In that quotation, Becker is referring to psychiatrists and psychoanalysts when he uses the term "'designers" of social roles'. 'We create menopausal depression by not seeing to it that women in their forties are armed with more than one justification for their lives' (*ibid.*: 359). Becker illustrates his analysis of menopausal depression by a re-examination of Freud's case study of a 51-year-old female patient. This woman came to see Freud because she had found that her life was suddenly 'flooded' by an insane jealousy of a young career girl with whom she imagined her husband to be having an affair. Freud's interpretation of the situation was that, through the use of this jealousy language, the woman was trying to conceal her own libidinal urges felt towards her handsome young son-in-law. Becker's view of the situation is very different. From his point of view the significant elements in the situation are, firstly, that 'this woman senses the decline of her only value to men – her physical charm', and, secondly, the difference as between the patient's status as compared with the young girl whom she

imagined involved in the affair with her husband. The jealous wife had played the social game according to all the conventional rules, but something had gone wrong. She now found herself alone, without usable skills, no longer with children, without her accustomed beauty. However, the situation is rendered doubly poignant by the fact that the woman is 'without words in which to frame her protest'. The protest against 'helplessness and potential meaninglessness takes the form of jealousy accusations'. This jealousy language is an indirect reference to the woman's exclusion from the man's world. Indirect, of necessity, because the exclusion is so complete as to deprive the woman of the language in which a direct protest could be voiced.

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### **Notes**

1. Permission to look at medical cards was obtained both from the doctor and in writing from each woman concerned.