

LAND DYKES IN THE OZARKS:
LESBIAN FEMINISTS LIVING MENOPAUSE AND BEYOND

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by
ANN DETWILER BREIDENBACH

Dr. J. Sanford Rikoon, Dissertation Advisor

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The undersigned, appointed by the dean of the Graduate School, have examined the dissertation entitled

LAND DYKES IN THE OZARKS:
LESBIAN FEMINISTS LIVING MENOPAUSE AND BEYOND

Presented by Ann Detwiler Breidenbach,

A candidate for the degree of doctor of philosophy,

And hereby certify that, in their opinion, it is worthy of acceptance.

Professor J. Sanford Rikoon

Professor Mary Grigsby

Professor Elaine Lawless

Professor Mary Jo Neitz

Professor Maureen Stanton

For my Mom
Onalee Adams Detwiler
1925 – 2006
The first feminist I ever knew

and

For the next generation
Matt Toaz and Carly Waligora Toaz

and

Sam Murphy Hargett and Nora Murphy Hargett
Whose love and enthusiasm for life bring hope for the future

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Ann Detwiler Breidenbach

Dr. J. Sanford Rikoon, Dissertation Supervisor

ABSTRACT

This dissertation explores the experience and meaning of menopause and aging within a community of lesbian women residing in the Ozarks. Using multiple methods of in-depth interviews and participant observation, this qualitative study places the embodied experience of the woman at the center of analysis. Contrasted with social discourses such as the pharmaceutical discourse, and the practices of Western medicine, this study privileges the words of the women who have experienced menopause and aging. Being lesbian separatist feminists from the second wave of the women's movement, the stories these women tell are imbued with a social critique which examines patriarchy, the dominant paradigm of Western medicine and its propensity for the disease model, and ageism. Ultimately, they offer an alternative discourse which promotes embracing menopause as a natural life passage; advocating agency for women in their own healthcare; promoting an engagement in social critique of the "relations of ruling" at work in the "business" of women's healthcare; and believing in the transformative power of aging.

DISRUPTED SCIENCE AND EMERGENT VOICES: AN INTRODUCTION

In the summer of 2002, two articles appeared in The Journal of the American Medical Association which shook the medical community out of its complacent reliance on the use of hormone replacement therapy (HRT)¹ for the treatment of the physical manifestations of menopause. Moreover, what these articles revealed struck fear in the hearts of women who were actively engaged in HRT treatment, as well as offered scientific "evidence" in support of women who had chosen *not* to use HRT. The two studies, one sponsored by the Women's Health Initiative (WHI)², and the other sponsored by the National Cancer Institute³, were unique in their longitudinal design. They revealed that long-term use of HRT was associated with such adverse affects as breast cancer, coronary heart disease, stroke and ovarian cancer. The decision to stop the studies because of these findings made headline news and held importance for a significant portion of the population. Currently there are approximately forty million women, the Baby Boomer generation, considered to be of menopause age, the largest group of women to be menopausal at one time, in history (Northrup, 2003). Likewise, previous to

¹ "hormone replacement therapy," or "HRT" is a generic reference to hormonal treatments which use either estrogen and/or progesterone. The most commonly prescribed estrogen-only drug is Premarin. The most common synthetic progesterone-only drug is Provera. Prempro is the most common combination (estrogen and progesterone) drug.

² This study concerned the use of Prempro – a combination drug of synthetic estrogen and synthetic progesterone.

³ This study concerned the use of a synthetic estrogen-only hormone replacement drug.

the disclosure of these research findings, Premarin, one of the hormone replacement therapy drugs in question, was considered to be “the twentieth century’s biggest-selling brand-name prescription drug,” and HRT was a “\$2.75 billion dollar industry, to date,” (Seaman, 2003) The implications of these findings were widespread – medically, culturally, socially, and economically.

Further, these startling findings created a rupture in the popular assumptions surrounding how women could successfully negotiate the physiological signs, (or “symptoms” as the medical community would refer to them) of menopause. This rupture, in turn, opened up a space for fresh discourse surrounding this stage in the lives of women that continues today. Science, in the guise of the medical community and its discourse, is being questioned. Indeed, the very medical model's conceptualization of menopause as a deficiency disease, an "endocrine disorder" marked by a deficiency in "necessary hormones," (Gonyea, 1996), is being questioned. Heretofore, this had been the prevailing cultural discourse (Seaman, 2003; Voda, 1997). Conversation, controversy, conflict, and questioning have ensued, in the wake of these research findings.

This news brought myriad “experts” out of the woodwork and to the fore of our cultural conversation, weighing in on not only the issue of the questionable appropriateness of HRT for menopause, but even what is really at the heart of the debate – how menopause and aging are constructed in our society. And depending upon how one constructs these processes, there are corresponding “prescribed” responses. In this rupture of assumptions, other voices and discourses have found a broadening audience. These voices include those of the alternative medicine industry, and those of the feminist health activists.

For example, the alternative medicine industry is finding an increasingly large audience, and market. This contingent, like the medical community, sees menopause as warranting "treatment". However, they promote "natural" products such as RemiFemin, a black cohosh extract, and Promensil, a red clover supplement, both herbs considered by some to be effective in addressing the hot flashes linked to menopause, as opposed to synthetic products such as Prempro, the pharmaceutical hormone combination that had been used in the study undertaken by the WHI. Moreover, they do not use a language that suggests that the menopausal body is suffering from a state of pathology. Rather, the body may need a little assistance, albeit from natural substances, as it transitions into a new state of homeostasis – a new hormonal composition. Within one week of the disclosure of the WHI and National Cancer Institute's research findings, sales for alternative treatments increased, and companies producing such treatments began a concerted effort to increase the marketing of their products to mainstream medical practitioners (Seaman, 2003).

In contrast, the feminist discourse has included voices which speak of a conceptualization of menopause that frames it as a natural process which does not necessarily warrant "treatment" per se, but rather emphasizes it as a time of "new freedom, wisdom, and personal insight" (Coupland and Williams, 2002). This discourse can serve to de-pathologize menopause as a deficiency disease with symptoms in need of treatment. It can also reframe it as an opportunity for making positive changes creating life anew. In other words, while acknowledging the physiological basis of menopause, it does not frame menopause women's bodies as inherently flawed, nor does it place the emphasis on seeking out an appropriate "treatment" for the physical manifestation of

menopause. Rather, it acknowledges that a woman experiences menopause and aging within a particular social context which in turn impacts her experience of it.

One example of the feminist discourse is the Boston Women's Health Book Collective – the group responsible for the landmark book on Women's health, Our Bodies, Ourselves, first published in 1973. For the first time in over 30 years of publishing various editions of the original book, this group published its first edition devoted solely to menopause: Our Bodies, Ourselves: Menopause. The book was a direct response to the quagmire of information spewing out following the release of the 2002 research findings. Staying true to their original mission, the Collective strives to educate women, promoting a holistic view of the processes of a woman's body, and encouraging women to trust their own intellect and intuition, becoming proactive in their own healthcare. In the opening chapter of the book, they introduce the reader to their conceptualization of menopause and the underlying assumptions that undergird the perspective they present throughout their text. They argue that the medicalization of menopause renders it a primarily discreet physiological event: the cessation of one's menses, and the concomitant physiological signs such as hot flashes, insomnia, and night sweats. However, they suggest the words of the women who experience menopause, if put at the center of analysis, may suggest a different conceptualization. The Boston Women's Health Book Collective writes,

“For most American women, the context within which we experience menopause includes ageism (negative stereotypes and institutionalized discrimination against older people), sexism (prejudice and discrimination against women), and medicalization (the notion that biological processes need medical supervision or intervention). These societal attitudes can undermine our confidence and encourage unnecessary reliance on hormone treatment, other medical interventions, or “expert” advice” (2006: 6-7).

It is clear that they are putting forth a conceptualization that emphasizes that menopause is not solely a physiological event, but rather it is a point in a woman's life during which social context can have a potentially significant impact on how she experiences this period of transition, going from her bleeding years to her non-bleeding years. Furthermore, they emphasize the corruption to a woman's sense of confidence and trust in her own knowledge, wisdom, and expertise, that can occur within a social context that diminishes her power through sexism and ageism. The result, they argue, is an "unnecessary reliance" on the advice of "experts," particularly medical experts.

A New, But Old Narrative

Our Bodies, Ourselves: Menopause is a popular press response to the 2002 research findings, and values the experience of women. There still remains, though, a dearth of empirical research that features the voices of women and their embodied experiences, one that puts women at the center of analysis. Historically, silence has shrouded not only the topic of menopause, but also the words of the women who speak from experience (Walter, 2000, Engebretson and Wardell, 1997). Finally, this pause in the dominant voice, the voice which has defined menopause throughout the twentieth century, created a space for a different voice to emerge - the voice of the women who can speak with their own knowledge from lived experience. It is my intention, through this dissertation, to add this voice – the voice of a group of Ozarkwomen who speak from embodied experience.

The menopausal experience of the women I interviewed predates the research findings of 2002, but the interviews took place after. The women went through this stage of their lives without such definitive scientific findings about the unintended

consequences of HRT. However, they still engaged in the questioning of science and the medical model. They are self-described “radical feminists,” and “lesbian separatist feminists” who came into adulthood during the late 1960s and early 1970s – they are the feminists of the second wave of the Women’s Movement, part of the baby boomer generation (Brownmiller, 1999). They are activists who have worked tirelessly in the name of women’s rights and women’s equality, ultimately seeking a society free of the oppressions of a patriarchal society which they believe seeks to control women – in both body and mind. They were well-educated by the activities of the Women’s Health Movement - part of the larger Women’s Movement which birthed groups such as the Boston Women’s Health Book Collective, and worked to ensure a safe and healthy life for all women, encouraging women to educate themselves and act on their own behalf in all matters related to their health. The women of this project carried that mindset through their menstrual years, and on in to menopause. Through this project I sought to provide a forum for the menopausal narratives of these women - to hear about how they conceptualize menopause, how they responded, the actions they took, the lessons they learned, and the gifts of advice and wisdom they offer to the upcoming generations of women, having moved through this period of transformation as feminists. In sum, this project adds a “new” narrative to the current controversy. But really it is an “old” narrative. It is a narrative borne out of the work and traditions of the second wave Women’s Movement. Still it is a narrative that, though predating the current quagmire, has much to offer those of us who are facing our menopausal years now, in this current climate of confusion.

This Dissertation: Chapter by Chapter

Chapter by chapter, this dissertation attempts to take the reader through two journeys, simultaneously. First and foremost, is the menopause journey of the women I interview. Second is my own journey as researcher and perimenopausal woman. I attempt to be very conscious in making the research process transparent to the reader, which includes how my own experience of being a doctoral student in the throes of creating a dissertation, and as a woman broaching her own experience of perimenopause, impact this work. Based on those two elements alone, this could be considered a unique piece of work. These elements are woven into the fabric of the dissertation. Hopefully they complement each other and unfold to the ultimate story that this dissertation tells. The dissertation, itself, is organized into eight chapters. This chapter introduces the reader to the project. What follows is a summary of the other seven chapters.

Chapters 2 and 3 are the intellectual garden from which the study sprouted. In Chapter 2, I introduce the reader to the literature which provides the textual context for this project – both from the popular press and the academic canon, especially that of sociology. In Chapter 3, I take the reader through my “theoretical orientation and methodological choices.” In this chapter I will introduce my “tapestry of theory,” upon which I built my analysis. By reading about my methodological choices, the reader will begin to learn about my epistemological stance, and the choices I made in terms of sample, fieldwork, means of gathering information, and finally, conducting my analysis, to arrive at what I refer to as the “menopausal story” of the women who agreed to participate in my project.

I use Chapter 4 to introduce the reader to the woman who I refer to as the “quintessential second wave feminist” – Judy. This chapter creates a textual portrait of

Judy. Through her words, and brief excerpts from historical popular literature, I provide great detail of her particular experience with not only menopause, but those factors which impacted her experience of menopause, such as her identity as a lesbian and as a feminist. Through Judy's story, the readers are given their own context for reading and understanding the stories of the other women, and the stories of their community of women, that will be featured in the chapters that follow.

Chapter 5, "Blood / No Blood," seeks to take the reader through the perimenopause / menopause / post-menopause journey, as experienced by the women I interviewed. These stories reveal the great complexity of this experience – defying it to be defined as a discreet physiological event. The women, through their interviews, take the reader into the ambiguity of this journey – the physiological *and* the emotional experience.

In Chapter 6, I explore the particular social context within which these women experienced menopause – women's community. As the earlier quote from Our Bodies, Ourselves: Menopause asserts, menopause is an experience that is deeply impacted by social context, and within mainstream American society, that includes ageism and sexism. As a political act of feminism, the women of my project chose to create "women's community." This is a very prominent part of the heritage of the second wave when a number of feminists chose to be "separatists," creating communities as counter-spaces to the patriarchal mainstream society – aiming to separate themselves from the ills of patriarchy, include patriarchy's primary progenitors: men. This chapter explores how this particular social context – women's community – impacted the experience of menopause for these women.

Chapter 7, “Crones in Kayaks: Post-Menopausal Women, Transformation, and Active Aging,” is a response to the prevailing trend in the women’s stories to move from talking about their experience of menopause to wanting to talk about the broader experience of aging. As a researcher claiming to listen to the stories as told by the women, I couldn’t truly respond to their stories and not include stories about aging. Indeed menopause is part and parcel of our experience of aging, and vice versa. So often, however, menopause is discussed as a non-aging story. Chapter 7 attempts to rectify that, and as the chapter’s title suggests, just as they were not passive consumers of societal messages regarding menopause, neither are these women passively aging.

Chapter 8, the concluding chapter, attempts to bring the reader full circle. As this introductory chapter has introduced the reader to the prevailing discourse of the Western medical model, as well as other discourses that have surfaced in the wake of questioning the assumptions and the practices of this model, Chapter 8 attempts to put forth yet a new discourse. This new discourse, which I title the “Feminist Health Activist” discourse, is created from a synthesis of the words and practices of the women interviewed here. In other words, Chapter 8 seeks to broaden the conversation around menopause and aging by adding the *discourse* that is the distilled culmination of this work featuring the words of this particular community of women, lesbian feminists of the second wave.

“The Surprised Feminist” – The Spirit of Cynthia Enloe and My Project

In closing, I’d like to invoke the spirit of feminist activist and scholar, Cynthia Enloe. In 2000, the journal *Signs: The Journal of Women in Culture and Society*, published a special issue to mark the arrival of the new century, asking prominent feminist scholars to reflect on their visions, as feminist scholars, for the new millennium.

Cynthia Enloe's essay, "The Surprised Feminist," according to issue editors Judith A. Howard and Carolyn Allen, "...suggests that being open to surprise, having one's predictive assumptions thrown into confusion, may be a useful attitude for feminists to adopt in the coming century," (2000: xv). I first read this essay in the core class for the graduate level minor in Women's and Gender Studies, in 2001. At the time, I was frankly quite surprised to read a piece in which a highly respected scholar was advocating allowing one's self to actually enter into an intellectual space of wonderment, questioning, and "surprise." Being heavily cloaked in the mindset that the goal of the scholar was to "get it right," the very notion of admitting to not knowing, to being "surprised," felt incredibly dangerous – a very radical notion! At the same time, it brought me such a keen sense of relief and freedom. It was okay not to know, to wonder, to be "surprised." Indeed, it was the very stance that could lead to deeper knowledge, to a new way of knowing. In this essay, Enloe writes,

"Surprise. I have come to think that the capacity to be surprised – and to admit it – is an undervalued feminist attribute. To be surprised is to have one's current explanatory notions, and thus one's predictive assumptions, thrown into confusion. In both academic life and activist public life in most cultures, one is socialized to deny surprise. It is as if admitting surprise jeopardizes one's hard-earned credibility. And credibility, something necessarily bestowed by others, is the bedrock of status. To deny surprise, to sweep confusion under the rug, thus may be especially tempting for feminists, since in societies ranging from Serbia to the United States, from Vietnam to Italy, our purchase on status is insecure at the dawn of this new millennium. Better to assume the 'Oh, well, of course it would turn out like that' pose.

This, however, seems to me to be an increasingly risky, if understandable, inclination. Being open to surprise, being ready to publicly acknowledge surprise, may be among the most useful attitudes to adopt to prepare one's feminist self for what now lies ahead of us....

Seeing patriarchy, even misogyny, is not enough. In each instance, we need to know exactly how it works and whether, even if continuing, it has been contested” (p. 1023, 1026).

The women I interviewed identify patriarchy and its misogynistic practices as the source of what is wrong or negative in mainstream society’s approach to women’s health. As I listen to their stories, and as you, the reader, read them as they unfold in the following chapters, what comes to the fore as much as, in fact perhaps more so than the analysis that often cites the culprit as patriarchy, is the women’s responses to this analysis – how they *act* to make things different, to create a different narrative. Engaging in careful analysis themselves, they also resist; they embody both theory and praxis. And while there were times during my research when I felt as though their stories could have jumped out of any number of the texts I had previously read in my various women and gender studies courses, upon careful listening, deeper analysis, and the willingness to be *surprised*, I was... surprised. If I paused to really listen and reflect, and opened myself up to their richly nuanced stories of resistance and creation, I could not help but be surprised, both as a feminist scholar *and* as a perimenopausal woman. Likewise, through their stories, it is very apparent that the women of my project maintain a stance of openness to the element of surprise themselves. They engage in curiosity, inquisitiveness, and critical analysis that defies the cynicism of complacency, and keeps them open to surprise.

**WOMEN'S BODIES, MENOPAUSE, SCIENCE,
MEDICALIZATION, AND CONSTRUCTIONS:
A REVIEW OF THE LITERATURE**

In order to engage in research about women and menopause, at this point in time, 2008, one must be familiar with the conversations surrounding women and menopause, both past and present. The past, especially the last century and a half, sets the stage for current contestations. There are contestations of terrain, of language, of meaning, of choices. What follows is a brief journey through the history beginning at the point at which science and the medical model intersected with menopause, and then the responses that followed. These responses are looked at through an historical lens, through a survey of the current discursive terrain, and finally through a review of the sociological literature addressing myriad facets of the experience and construction of menopause and the women experiencing it.

Part I: Women's Health, Science and Medicalization

Historians, social critics, and sociologists have argued that there occurred a gradual eclipsing of women's knowledge, expertise and role in the experience and care of women's health by the positivistic, biomedical model, a model attributed to male practitioners of science and medicine. This has served to submerge women's knowledge and practice in this realm, as well as silence their voices (Merchant, 1980; Ehrenreich and English, 1973,1978, 2005). Even in the last decade of the twentieth century, female students at coed medical schools were experiencing discriminatory practices in terms of both educational opportunities and classroom treatment (Fugh-Berman, 1992).

Feminists Speak: From For Her Own Good

“We began in the eighteen hundreds with the myth of female frailty, contrived by the emerging medical profession, which held that women were innately weak or that every aspect of the female life cycle was fraught with peril: menstruation was a periodic illness requiring rest and seclusion, pregnancy a chronic and disabling disease, and menopause a kind of “death.” From this theoretical vantage point, which had been crafted by highly respected, mainstream physicians, any kind of physical or intellectual challenge – even reading or intense conversation – was a hazard to women’s health. Hence the only sane recommendation was a life of quiet domesticity. As late as the nineteen seventies, this view persisted in doctors’ outspoken views on women’s unfitness for public life.” (Ehrenreich and English, 1978, p. xiv)

In other words, beginning in the eighteen hundreds, women were being constructed by an emerging professionalized medical body as being at the mercy of their biology. As a result of natural physiological processes they were deemed vulnerable, frail, and ultimately, in the case of menopause, diseased. The antidote? Diagnosis by an *expert*, defined as a holder of a credential to practice medicine (only available to men at the time, excluding practitioners of midwifery who were women), and at times, a prescription for intervention. Intervention, at the turn of the nineteenth century, came in the form of *organotherapy*, a crude form of hormone treatment. In 1923, scientists were able to isolate oestrus, and in the 1930s they developed the means to measure blood levels of oestrogen. The technology was now in place to measure the changing levels of hormones as a woman progressed through menopause. As of 1938, hormone intervention gained greater legitimacy, and consequently wider spread use with the development of

diethylstilbestrol (DES), estrogen in a synthetic form. Finally, in 1944, Premarin, a form of estrogen replacement therapy marketed by the [then] Wyeth-Ayerst pharmaceutical company, was on the scene, soon to become the intervention of choice by medical professionals for *treating the disease* of menopause. Premarin would eventually become one of the most frequently prescribed “medications” of the latter half of the twentieth century (Houck, 2006).

2002 and Onward: Women, Educate Thyselves!

Ehrenreich and English’s text was developed from a pamphlet, a copy of which was passed along to me by one of the women I interviewed, Judy. The pamphlet was entitled, “Witches, Midwives, and Nurses: A History of Women Healers,” originally published by The Feminist Press in 1973. It is commonly referred to as a landmark text and an important artifact from the women’s health movement. In the wake of the 2002 revelation regarding the side effects of HRT, Ehrenreich and English wrote a revised edition of For Her Own Good (2005). In the foreword of the revised edition the authors reiterate their goal, or the “lesson” they wish most to continue to convey through this seminal text:

“Twenty-five years later, the central lesson of For Her Own Good remains as relevant as it was when we first sat down to write: the need for radical skepticism in the face of pronouncements put forth as “science” still exists. Our advice still holds true: no matter how many degrees the experts dangle in front of you, no matter how many studies they cite, dig deeper, value your own real-life experiences, and think for yourself.” (p. xx)

Emily Houck, an historian writing on the history of the medicalization of menopause in her text, Hot and Bothered: Women, Medicine, and Menopause in Modern

America, (2006), writes of the time period during which Ehrenreich and English were advocating their position as women health activists:

“Activists agreed that women must retain control of the bodies by refusing to see all bodily occurrences as medical events and by participating actively in the doctor-patient relationship. The self-help gynecology movement, for example, encouraged women to demystify their bodies and to use self-exams to diagnose gynecological disorders.... [Feminists] acknowledged that medical intervention was sometimes required, but they insisted that women remain the ultimate decision makers in matters that concerned their bodies. These themes became central to the feminist discussion of menopause and estrogen therapy” (p. 212).

In line with Houck’s analysis of the feminist position, Ehrenreich and English did not, and do not eschew science itself. Rather they critique the ways in which it has been used. And, above all else, they implore women to educate themselves regarding their bodies and their health, and then claim their own expert status regarding their own bodies.

Medicalization of Menopause

Mayer defines medicalization, in Western societies, as "changing a process or a condition considered normal into one requiring medical intervention" (2001, p.769).

Using a historical evolution approach, I will describe how menopause has gone through a process in which the perspective on it has shifted from defining it as a natural process to defining it as a deficiency disease (McCrea, 1983), needing medical intervention (congruent with the process described in the above section). Researchers date the beginning of this process back to Hippocrates and Aristotle who believed that blood letting was an appropriate and necessary response to cessation of the menses (Gruhn and Kazer, 1989). The twentieth century saw an acceleration of this process in the isolation of estrogen (Allen and Doisey, 1923), the ability to measure hormone levels, (used to assess

the menopausal status of a woman), and the advent of the hormone replacement therapy known as Premarin, as a treatment in 1944 (Ballard, Kuh and Wadsworth, 2001, Griffiths, 1999, Houck, 2006).

This process in which this bodily process in women has become medicalized holds implications for women in that they become objectified, defined as "reproductive failures", suffering from "ovarian failure". It can lead to medical intervention with adverse side effects. Further it allows for an explanation for women's unrest (Walter, 2000), at this point in their lives that disregards social conditions and instead rationalizes it with a medical explanation and diagnosis. It also negates any positive aspects to this time in a woman's life (Lorber and Moore, 2002). Stephen's, Budge and Carrier sum up the consequences of medicalization by stating that "acceptance of the medical model of menopause effectively positions every woman who reaches middle age as in need of medical advice and/or medication" (2002).

As scientists and practitioners, members of the medical community are interested in menopause. As scientists, there is the drive to understand it as a physiological process. As practitioners, there is the duty to respond to their patients' needs, problems and complaints and provide an antidote (Lorber & Moore, 2002) to the physical discomforts that some women experience with menopause. As stated earlier, in the 20th century the treatment of choice has been HRT as a response to the most commonly cited physical manifestations ("symptoms"), hot flashes and night sweats. At this point in time, with the stoppage of the WHI studies, physicians are finding themselves having to rethink their conventional response to "symptoms" of menopause. Some within the medical community are calling for a rethinking of the approach to treatment, including rethinking

the approach to the relationship with the "patient" and the role of the "patient" in treatment (American Medical News, 2003).

Part II: Menopause – Its Construction and Broader Public Discourses

Menopause Defined

From The New Oxford American Dictionary (2nd Edition)

Men.o.pause *n.* the ceasing of menstruation. The period in a woman's life (typically between 45 and 50 years of age) when this occurs. Late 19th cent: from modern Latin menopauses (see MENO-, PAUSE). – **men.o.pau.sal** /, *adj.*

(2005)

Commonly understood and accepted physical & emotional manifestations of perimenopause and menopause

Hot flashes

Irregular periods (scant or flooding / shorter or longer)

Depression

Night sweats

Insomnia

Vaginal dryness

Loss of bone density

Fuzzy thinking / memory loss (short term memory)

(Northrup, 2006)

These are the commonly accepted manifestations of menopause. What is contested is their meaning and thus, the larger social construction of menopause and women going through menopause.

Social Construction of Menopause

I am employing a social constructionist (Berger and Luckmann, 1966) perspective in the listening and analysis of the narratives of the women I interview. The social constructionist perspective holds that our reality is socially constructed. By this it is meant that whatever we conceive as our reality is influenced, informed and impacted by our experience of the social - our cultural and social context and our personal experiences. In understanding the meaning of something, the social constructionist perspective does not assume the existence of an objective "Truth." Rather it assumes that the "truth" which one puts forth is a product of one's social experiences and understandings.

Feminists argue that employing a social constructionist understanding of menopause, as opposed to an exclusively biomedical one, takes into account cultural and social context and women's personal experiences (Hunter and O'Dea, 1997; Lorber and Moore, 2002; Lupton, 1994). Lupton asserts that the social constructionist perspective on menopause opens the door for a more inclusive analysis which strives to understand "lay medical knowledges and practices" in the midst of "medico-scientific knowledge" (1994; p.11). More specifically, she clarifies that this perspective does not question the existence of "bodily experiences," but assumes that the "experiences are known and interpreted via social activity and therefore should be examined using social and cultural analysis" (1994; p.11).

Social scientists have written on the social construction of menopause and its surrounding myths (Gonyea, 1996; Daly, 1995; Kaufert and McKinlay, 1985; McCrea, 1983; Posner, 1979;). Gonyea describes two competing conceptualizations or definitions

of menopause which emerge. One is the "disease model" and the other is the "normal life transition view." The disease model is that definition put forth by the medical community in which menopause is understood as an "endocrine disorder in which a woman's body, deficient in necessary hormones, falls victim to a number of disabling conditions" (Gonyea, p.416). In contrast the normal life transition view puts forth a conceptualization of menopause which characterizes it as another developmental phase with a physiological component which does not automatically call for medical intervention. Rather, they argue, the assumption of the need for medical intervention is an attempt at social control over women's bodies and behavior by pathologizing certain physical manifestations and emotional experiences and deeming them as requiring medication.

In her analysis, Daly (1995) suggests that perhaps both constructions of menopause serve a purpose for women. The "disease construction" validates the reality of physiological manifestations and in doing so grants women permission to ask for help from the medical community. Likewise, the "normal social transition" validates the experience of women who experience minimal or no physical problems, but still experience menopause as a time of life change.

Research has shown that, beyond cessation of the menses, the experience of menopause is not universal, but rather is influenced by cultural conditions and understandings, conceptualizations and expectations (Lock 1993; Flint and Samil 1990; Van Hall et al, 1994). Employing the social constructionist perspective in this study will allow a construction of menopause to emerge which is a product of the social and cultural understandings and experiences of the women who have gone through menopause, in

other words, the conceptualization of menopause from the standpoint of the women, themselves.

Discursive Constructions

Believing that we are influenced by the larger cultural conversation taking place around us, one can undertake an analysis of texts representing different streams of thought in the conversation surrounding menopause. This will provide context for understanding women's conceptualizations of menopause. As Dorothy Smith argues, texts can serve to mediate our conceptualization of the world around us and how we experience what occurs in our everyday lives (Smith, 1987).

An interesting trajectory of research, which has incorporated women's voices and the prevailing textual discourses surrounding menopause began with Hunter and O'Dea's 1997 study. After conducting in-depth interviews with 45 menopausal women, they concluded that,

“Women's experiences of these changes varies considerably...the meaning of bodily changes is likely to be intimately related to sociolinguistic influences, such as discourses of gender, aging and reproduction. A woman's subjectivity is therefore positioned between her perception of biological changes and the discursive constructions of the menopause, which are influenced by social, political and cultural practices and traditions” (1997: 199).

As a response to their observation regarding “discursive constructions,” Coupland and Williams (2002) undertook a study of three different discourses which they believed influenced women's interpretations of their experience of menopause. The three discourses were the following: the “pharmaceutical” discourse, the “alternative” therapy discourse, and the “emancipatory feminist” discourse. The “pharmaceutical” discourse is the discourse put forth by the pharmaceutical industry, driven by the biomedical model of

Western medicine; the “alternative” therapy discourse is the discourse of practitioners of therapies which are considered to be alternatives to the practices of Western medicine, (but interventions nonetheless) such as herbalism; and the “emancipatory feminist” discourse is the discourse constructed by feminists interested in moving the conversation about menopause beyond the reductionistic medicalization of a bodily process. I will introduce these three discourses, and then follow up with the addition of a fourth which I believe has surfaced in the wake of the 2002 research findings.

The Pharmaceutical Discourse

The dominance of the positivistic, biomedical model and its influence on our culture results in it being the dominant discourse used to define conditions of the body. This is very evident in the case of menopause, in which it is defined as a set of physical manifestations, as opposed to a developmental stage incorporating manifestations beyond the physical. Consequently, researchers have found that the language most available for use in discussing the experience of menopause is the language of the biomedical discourse (Ballard, Kuh and Wadsworth, 2001, Lock 1993), which is that used by the pharmaceutical industry.

In studying the “pharmaceutical discourse”, Coupland and Williams surveyed pharmaceutical brochures. They concluded that this discourse “construct[s] the menopause as medical ‘pathology’ caused by physiological decrement and generally advocate correcting or suppressing symptoms by ‘treatment’ with hormone replacement therapy (HRT)” (Coupland & Williams, 2002).

Coupland and Williams draw attention to the “ambiguous authorship” of these materials – the pharmaceutical company, itself. However, they point out, to the reader

there is a sense of anonymous medical authorship and authority putting forth an uncontested conceptualization of menopause as pathology in need of treatment - HRT.

Feminists have been especially critical of this process of medicalization, out of which the pharmaceutical discourse arises (Greer, 1991; Worcester and Whately, 1992; Komesaroff, Rothfield and Daly 1997). It is argued that this medicalization of menopause has provided "...a platform for the control of women's bodies by a patriarchal medical profession" (Ballard, Kuh and Wadsworth, 2001). Furthermore, it is asserted that control is asserted not just at the level of the physical, but at the social as well. "The part that medicine as a social institution plays in legitimizing appropriate behavior in women can be seen as a form of social control" (Lorber and Moore, 2002).

There are those who challenge the assumption that the medicalization process has been pervasive. For example, Hunter, O'Dea and Britten determined that the "considerations and concerns" described by the women they interviewed suggested otherwise (1997). The women did not hesitate to question the medical discourse, though they still utilized medical services. Williams and Calnan argue that the medicalization thesis inaccurately portrays the lay public as uncritical, passive recipients of health care (1994, 1996).

Menopause and "Treatment"

In terms of conceptualizing menopause as a time when physiological symptoms may call for intervention via medicine, there are two different conversations taking place simultaneously: the Western biomedical discourse with its medicalization of menopause and the concomitant pharmaceutical discourse, and the alternative medicine discourse

and its emphasis on "natural" treatments. Both agree that "treatment" may be necessary, however the means of intervention differ, as do the constructions of menopause.

The Alternative Medicine Discourse

The practice of what is considered to be "alternative medicine" has been relegated to the margins. Such practices include (but are not limited to), acupuncture, herbal medicine, traditional Chinese medicine, vitamin therapy, massage, and naturopathy. The abrupt halt brought to the WHI study, calling into question long held assumptions about the dominant medical community's treatment of choice, HRT, has created an opening for the promotion of "natural" treatments as a safer alternative. There is still validation for the symptomatology associated with menopause and the legitimacy for the need for "treatment". However, the alternative medical community is suggesting "treatments" which are "natural", fitting in with the natural composition of the woman's body, striving for balance within her system. Popular health books for women emphasize the non-natural (synthetic, equine urine) nature of HRT, and introduce their readers to "natural" alternatives for managing symptoms (Northrup, 2003; Love, 2003).

“The ‘alternative’ therapy discourse as represented in popular printed media texts, rejects both subjection to medical / pharmaceutical intervention, and many of the claims made for HRT, and recommends that women take personal and active ‘control’ by using ‘natural’ remedies and making lifestyle adjustments” (Coupland & Williams, 2002). An example of an alternative medicine approach to menopause is naturopathy, a practice which combines a number of alternative treatment approaches, believing in the power of the body to heal itself, under optimal conditions, which the patient plays an active role in creating. Naturopathic practitioners view certain times in a woman's life as "gateways",

or times of transition when the body and the personality will undergo significant changes. Menopause is one of those times. While the naturopathic practitioner will utilize practices such as herbal medicine to ameliorate physical symptoms of menopause, treatment and the symptoms are viewed as part of a larger period of transition for the menopausal woman. Dr. Susan Love describes this view, "Naturopathic medicine has much to offer the menopausal woman. It takes the best of many disciplines and treats the whole woman. And, like most of the other alternative philosophies, it views menopause as a time of transition, not a disease - a refreshing change from the attitude of Western medicine" (Love, 2003, p.272).

In spite of an increasing popularity in the use of practices which fall under the alternative medicine rubric, the biomedical model and its claim of expert knowledge continues to dominate. Lay knowledges continue to be considered somewhat suspect, even in the face of evidence of effectiveness (Lorber & Moore, 2002; Agee, 2000; Goldstein, 2000).

Not a Universal Experience

Research has shown that, beyond cessation of the menses, the experience of menopause is not universal, but rather is influenced by cultural conditions and understandings, conceptualizations and expectations (Lock 1993; Flint and Samil 1990; Van Hall et al, 1994). Employing the social constructionist perspective in understanding menopause allows a construction of menopause to emerge which is a product of the social and cultural understandings and experiences of the women *in* menopause, the conceptualization of menopause from the standpoint of the women, themselves. This is

an approach employed by many feminists in the interest of creating an understanding of menopause which offers a greater breadth of understanding of the experience.

The Emancipatory Feminist Discourse

The last discourse which Coupland and Williams put forth is the “Emancipatory Feminist” discourse. This discourse “reconstructs the menopause as a positively significant rite of passage – a time of re-evaluation and new-found freedom.” It “...rejects the medicalization of menopause and the [blanket] claims” made for HRT. Further, it “rejects the dominant medical view of the cultural meaning of menopause, with the end of menstruation entextualized as gain, rather than loss, and redefines female mid-life as a time of new freedom, wisdom and personal insight” (Coupland and Williams 2002).

Representative of the Emancipatory Feminist discourse is Suzanne Braun Levine’s Inventing the Rest of Our Lives: Women in Second Adulthood. Levine is a former editor of Ms magazine, having been part of the magazine’s founding core. Through this book she tells her personal story – a very embodied story of a woman of menopausal age. We journey with her through the trials of job loss and loss of identity, through her conversations with many other similarly aged (and situated?) women, as she embraces what she refers to as the “Fuck You Fifties”. Levine coins the term “Second Adulthood”, which she describes as “the unprecedented and productive time that our generation is encountering as we pass that dreaded landmark of a fiftieth birthday” (p.5). The mean age for menopause being 51 years of age, Levine’s book speaks of the experience of the menopausal woman. She emphatically reminds her reader, “You’re not who you were, only older!” Rather the woman entering into second adulthood is a

qualitatively different person with positive attributes which stand alone. In other words she is not described in reference to her younger self at all, but stands on her own merit. Perhaps the most salient characteristic of Levine's story is that it is a story of new-found freedom. She describes her own new sense of freedom in the creation of a new lifecourse, freedom from the obligations to and expectations of others; and quite vividly, freedom for what she refers to as the "biological imperative" of the reproductive years. She states,

"[A] consequence of menopause is that our internal biological clock is reset to a more energy-efficient mode. The monthly cycle of buildup and letdown is replaced by an extended hum of activity. Getting off the hormonal roller coaster and onto the straightaway of one's own metabolism is a smoother ride. No longer at the mercy of a biological imperative, a woman is free to find her own rhythm. Being able to say 'I'm taking my time now' is a declaration of independence....Most liberating of all may be the release from the potential to get pregnant and everything that has meant in our lives: trying not to get pregnant; trying to get pregnant... feeling 'feminine' or not; feeling fulfilled or not; feeling valued or not" (p.46-47).

Levine, while firmly occupying the space of the emancipatory feminist, as defined by Coupland and Willams, also honestly complicates this position, through the telling of her own embodied experience. She eventually takes her reader into the intimate setting of her own consultation with her gynecologist, and the reader becomes privy to this woman's deliberations over whether to follow doctor's orders and resume HRT. We learn of Levine's unique history, (having actually participated in clinical trials for HRT), and we hear of her doctor's reasons for recommending what turns out to be her third round of HRT. And Levine chooses to follow doctor's orders.

Levine states,

"For me, for now, HRT looks like the right way to go, in her (Levine's gynecologist) opinion, for three reasons: "Your mood, your memory, and your vagina." It gave me confidence to know that she was basing her

advice on adequate information about how my individual body works. It was up to me to take or leave her professional judgment, based on what I knew about her expertise. I decided that her recommendation was as good a body/mind/spirit package as I was likely to get.”

Levine seems to occupy a both/and position. Levine is fully intent on both living her life at this point in time fully, unencumbering herself of earlier obligations and cultural messages, AND accessing all resources available to her which would support a more physically comfortable existence, HRT. She rejects the blanket cultural message of menopause being a time of loss, but does not reject the technologies available to address the physiological changes which accompany this time.

Emerging Discourses: the Feminist-Health Activist

I would add one more vein of discourse to Coupland & Williams’ three categories of discourse. This discourse has been present since the 1970s, but hasn’t always been a voice in the mainstream. This however appears to be changing. With the recent rupture in the scientific assumptions surrounding menopause, this discourse is emerging as a prominent voice. This is the voice of what I refer to as the “Feminist-Health Activist” - a term taken from the writings of Margaret Morganroth Gullette (2003). These are the voices of the women who were at the genesis of the Women’s Health Movement of the 1970s. This is the voice of Ehrenreich and English - a voice of critique, education and political action, but not necessarily rejection of science or medical treatment of menopause. An organization which has long held this role is the National Women’s Health Network (NWHN) which was founded in 1975. It is an independent membership-based organization whose overarching agenda is to represent the voices and interests of women in the healthcare system. They have long had an interest in issues related to the use of hormones in women’s healthcare, beginning with the advent of the Pill, and

moving into concern regarding the practice of prescribing HRT for menopause. Currently one of their long-term goals is “Creating a cultural and medical shift in how menopause is currently perceived and addressed.”

Referenced on the website for the NWHN is Dr. Susan Love, author of “Dr. Susan Love’s Menopause & Hormone Book”, first published in 1997, followed by a revised edition published in 2003. Dr. Love is a physician who has been at the forefront of conversations about hormone therapy in the last two decades. Her outspokenness and critique of the long-term use of hormones, and the “industry” which has been created around them, has made her a somewhat controversial figure among the medical community. However, she is touted as a courageous advocate for women’s health (Seaman, 2003).

Dr. Love wants women to understand that our cultural understanding of menopause is a social construction, while physiologically it does mark a time of biological change. Sounding very much like a social scientist, she states, “...how you look at menopause is all in the framing. As long as we refer to menopause as ‘ovarian failure,’ ‘reproductive failure,’ or ‘estrogen-deficiency disease,’ we will have negative feelings and expectations about it. But if we view it as a hormonal shift mirroring puberty, it begins to look much different” (p.22). Further she states, “It’s an ugly and dangerous notion, equating a natural stage in a woman’s life with illness” (p.24).

Part III: Sociology of Menopause

Previous studies in the social sciences that have addressed menopause have largely focused on issues related to the biomedical conceptualization and treatment of menopause. Researchers have studied the medicalization of menopause, (Meyer, 2001;

Bell 1987; McCrea 1986; Zola 1972); the creation and promotion of hormone replacement therapy (HRT), (Worcester and Whitely, 1992); the discourse surrounding HRT, (Stephen's, Budge and Carrier, 2002; Lupton 1996) and the decision-making process regarding HRT, (Murtagh and Hepworth, 2003; Griffiths, 1999; Hunter, O'Dea and Britten, 1997). Some have studied textual discourses surrounding menopause, including both the biomedical literature as well as other literature, (Coupland and Williams, 2002; Lyons and Griffin, 2003). During the activities of the women's health movement, in the mid-1970s and early 1980s, feminist social scientists studied the myths about menopause as well as the social construction of menopause (Kaufert, 1982; Kaufert and McKinlay, 1985; Posner, 1979; McCrea, 1983). Such studies continue (Daly, 1995; Lock and Kaufert, 2001). Historically, fewer have explored the meaning and experience of menopause for women themselves, (Martin, 1987). However, this has changed in the last two decades (Ballard, Kuh and Wadsworth, 2001; Walter, 2000; Winterich and Umberson, 1999; Daly, 1997; Dillaway, 2005; Jones, 1997, 1994; Engebretson and Wardell, 1997). There also exists a body of literature exploring menopause in societies outside of the United States, (Stephen's, Budge and Carrier, 2002; Zeserson, 2001; Chornesky, 1998; Hunter, O'Dea and Britten, 1997; Lock, 1993).

Menopause, Medicalization, and HRT

Since the biomedical framing has been the dominant discourse surrounding menopause and HRT has long been the conventional intervention, there is a whole body of research addressing the medicalization of menopause. Researchers have studied the framing of menopause as a discreet physical event in a woman's life, in need of medical

intervention, most often via HRT (Bell, 1987; Lorber and Moore, 2002; McCrea, 1986; Meyer, 2001; Zola, 1972).

The Discourse Surrounding HRT

In recent years, as HRT and the medicalization of menopause have come under the purview of social critics, social scientists, and particularly feminist social scientists, attention has been given to the discourses surrounding HRT. Such study, it is thought, illuminates the assumptions surrounding HRT, its use, as well as the construction of menopause itself. Researchers have analyzed constructions and assumptions made by the medical community (Houck, 2006; Komesaroff, Rothfield and Daly, 1997; Martin, 1987) by other stakeholders such as the pharmaceutical industry (Coney, 1994; Seaman, 2003; Worcester and Whatley, 1992, 1999), and those put forth through popular literature regarding menopause (Coupland and Williams, 2002; Lyons and Griffin, 2003), and finally, by women themselves (Stephens, Budge and Carryer, 2002).

The Decision-Making Process Regarding HRT

Further, researchers have examined these various discourses in an effort to understand the decision-making process women go through when faced with decisions regarding their own care and wellness during this time. For example, using secondary data from a focus group of 48 menopausal women, Stephens, Budge and Carryer concluded that women simultaneously hold contradictory beliefs regarding menopause and HRT, and thus call on “different repertoires to achieve discursive acts,” thus bringing to bear various sources of information and beliefs about menopause when making decisions, especially regarding HRT. The authors then make the argument for inclusion of these various “repertoires” in the patient doctor relationship, thus promoting a sense of

agency for the women, and respect by the doctors for the knowledge and beliefs women bring to their participation in their own healthcare.

The decision-making process regarding HRT has been of interest in that it reveals women's values and beliefs regarding their bodies and menopause, as well as the influence they experience from those who they hear / perceive to be writing the scripts surrounding menopause and HRT. For those advocating agency on the part of women in the realm of their healthcare, the study of decision-making is of special import. Murtagh and Hepworth (2003) analyzed both medical and feminist texts, and then the language used by general practitioners in semi-structured interviews to draw conclusions regarding how the practitioners' language and constructions of menopause may impact the options which their female patients may perceive as having in regards to their care surrounding menopause. Murtagh and Hepworth concluded that, in contrast to criticisms by feminist researchers, the language used by the doctors they interviewed suggested acknowledgment and respect for their female patients, and an intention to invite women to be fully participatory in the decisions they make regarding their healthcare.

In contrast, Hunter, O'Dea and Britten (1997) conducted in-depth interviews with 45 menopausal women, asking them about their experiences in regard to their decisions about using HRT. The transcripts were analyzed and the researchers identified three main themes: "(1) the presence or absence of troublesome vasomotor symptoms. (2) doctors' views and advice, and (3) views toward menopause and medication." Further, it was found that women preferred "not to take medication, particularly for menopause, which was seen as a natural process *unless* severe symptoms were present."

Critiquing the Creation and Promotion of HRT

Worcester and Whatly have long been a presence in the academic literature researching the creation and promotion of hormone replacement therapy, and as feminist scholars focused on issues related to women's health, they have often critiqued its creation and promotion, attempting to illuminate the many facets of its impact on assumptions and practices in women's healthcare (1992; 1999) This position has been bolstered by work such as that by Barbara Seaman, a long time advocate for women's health and a highly respected professor of journalism. In an attempt to educate the public regarding the biomedical model and the pharmaceutical industry's role in promoting the use of HRT, she wrote The Greatest Experiment Ever Performed on Women: Exploding the Estrogen Myth in the aftermath of the prematurely halted longitudinal studies of HRT in 2002. This text, which was highly publicized everywhere from network TV morning shows to feminist publications, offered the lay public an historical context for understanding what happened in 2002 when the landmark longitudinal studies came to a screeching halt. She then gave women the tool of information for making a more informed decision in regards to the use of hormone replacement therapy in their healthcare.

Textual Discourses

As mentioned earlier in this chapter, textual discourses have played a role in helping to promote various conceptualizations of menopause (Coupland and Williams, 2002). Each of these conceptualizations carry with it a set of assumptions that include responses. For example, as outlined earlier, the biomedical discourse imposes the disease model which then in turn calls for an antidote, most often in the form of HRT. The

alternative medicine discourse, while also advocating intervention has its own set of assumptions and thus, recommended / accepted antidotes such as a nutritional regimen, massage, chiropractics, and acupuncture. Lyons and Griffin undertook an examination of self-help literature which has recently appeared in bookstores everywhere. Their sample included books representing the three categories of discourse previously mentioned in this chapter: the biomedical discourse, the alternative medicine discourse, and the feminist discourse. The reader must remember that these texts are written for women, with the intention of educating women about menopause and their bodies. Using a poststructuralist discourse analytic approach which treats texts as “social processes and practices,” and views them as “constitutive of reality, and reflecting as well as producing social, economic and political forces,” and “acknowledges the sociopolitical and historical context of the discourse, and that of the researcher(s),” the authors conclude that the picture is indeed “complex,” and while they found contradictory messages, the predominant conceptualization is the biomedical model with symptomatology to be addressed through the assistance of an “expert,” defined as a practitioner of Western medicine.

Further Themes in Research: Meaning-Making, Social Context, Cultural Messages, and Privileging Women’s Voices

Throughout the last three decades, feminist social scientists have studied the myths about menopause as well as the social construction of menopause. Increased attention brought to women’s health during the women's health movement in the mid-1970s and early 1980s supported such research (Kaufert, 1982; Kaufert and McKinlay, 1985; Posner, 1979; McCrea, 1983). In her groundbreaking book, Woman in the Body, published in 1987, Emily Martin took on the task of studying women’s reproductive

experiences within the particular cultural / social context of the United States, interviewing women themselves, providing them with a platform for giving voice to their experiences. Through her analysis, Martin hones in the meaning women were giving to menopause (as well as other facets of the reproductive process) in the midst of a culture that had been privileging medical science and its constructions of these processes. Following through this door, thrust open by Martin's work, are studies that continue to explore the meaning women give to menopause by researchers such as Daly, (1995), Lock and Kaufert, (2001), and Dillaway (2005).

Jill Jones, in her research in the 1990s, exemplified giving voice to women's experiences, and the new knowledge that can emerge from such an endeavor. Using a feminist qualitative methodology, Jones contributed to the conversation the suggestion that women are actively creating new narratives about menopause, while both conforming to and resisting the narrative of the medical model. Regarding her 1994 study, she stated, "The purpose of the study was not only to increase understanding and knowledge of women's body and menopausal experience but to provide women the opportunity to "name" or "give voice" to their own experience and, in the process, experience a sense of their own subjectivity. Its primary objective was to illuminate the ways in which a woman's body might serve as a locus of personal and social change" (p. 45). Ultimately, through her research, Jones found that women, when given the opportunity to experience their own subjectivity via the interview process, engaged in creating their own narratives that included both aspects / tropes of the medical model, while at the same time "they perceived it primarily as a marker or symbol of more

general life-stage developmental issues and responded with both lifestyle changes and a search for new meaning” (p. 58).

Along with the exploration of the meaning women give to menopause, researchers have also made the case for the importance of considering social context and the impact of cultural messages in meaning-making in the midst of the dominant discourse of the medical model. Ballard, Kuh and Wadsworth, (2001) attempt to expose the influence of medicalization on how women conceptualize and talk about menopause, arguing that menopause is much larger than the biological / physiological processes that the medical community tends to, and uses to define this period in a woman’s life. Using Glaser & Strauss’ framework of status passages (1971), the authors illustrate that menopause is really a longer time of transition in a woman’s life, as opposed to a discreet physiological event. Therefore, they argue for attention to be paid to the larger social context within which menopause occurs, conceptualizing it as a life passage – “It is also evident that although the menopause has been medicalised at the conceptual level, it does not occur in isolation but is situated within ‘the change of life’ where a number of competing status passages are experienced.By recognizing the many dimensions of the change of life, women’s experiences of middle years will be better understood and more appropriate help and support provided.” (p.420). Having made a case for a framework which places menopause in a larger developmental passage, the researchers also make a case for careful attention to be given to language used to describe this passage, suggesting the use of the lay term, “the change of life,” giving a nod to the larger context of middle life, as opposed to menopause as a singularly defining passage experienced in isolation, and in doing so respecting the conceptualizations and terminology put forth by women

themselves. They state, "...we suggest careful attention needs to be paid to the terms women themselves and analysts use to describe the biological and social transitions of the middle years" (p. 399) In defending their use of a qualitative methodology which privileges the knowledge and voices of women, the researchers state, "We shall use women's accounts to illustrate that whilst women describe the menopause as a medical event, they also place importance on the social context in which it is experienced. This social context requires 'official' placement in the concept of the menopause and through the study of women's views and experiences the so far dominant medical ideology needs to be placed in perspective" (p. 399).

Walter also gives voice to women's experiences through her 2000 article, "The Psychosocial Meaning of Menopause: Women's Experiences," in the *Journal of Women & Aging*. Through in-depth, semi-structured interviews with 21 women, Walter sought to learn about the psychosocial aspects of menopause for these women. Walter makes a special call for attention to be given to lesbian and single heterosexual women, as research heretofore has been largely focused on heterosexual women, and especially women in ongoing relationships with men. Walter is interested in studying the importance of relationships and the impact of menopause on relationships, in the midst of what she describes as a "shroud of secrecy," (p. 128), she believes still surrounds the experience of menopause, in spite of an increased attention being given to menopause in the public consciousness.

Walter's research is also very important in that she brings to the fore the critical importance of bearing in mind the social and historical context of the women she interviews. Springboarding off of research done by McQuaide (1996), Walter illuminates

a very important distinction about not only the women she interviews, but many women of the baby boomer generation, that may greatly impact not only their experience of menopause, but the telling of their stories. Walter writes, “As McQuaide (1996) suggests, our society presents mid-life women with images that can be devaluing and shaming. Today’s mid-life women have “lived their adulthood with a feminist re-definition of women’s roles in society,” but they have also lived their formative years with traditional socialization and images (McQuaide, 1996). Mid-life women still experience conflict regarding positive imagery of aging. In our study many women linked menopause with aging” (p.129). Walter also found that the women she interviewed had been influenced by not only the feminist movement, but by the traditional socialization experience of their childhood and early youth. This results, she suggests, in a conflicting sense of themselves as both menopausal women and aging women. Menopause becomes equated with aging, in a negative way. Like other researchers, Walter invokes the presence and influence of the biomedical model and its medicalized rendering of menopause as being at fault for the negative valence women have internalized regarding both aging and menopause.

Walter argues / asserts that a more balanced conceptualization of menopause – one that is more holistic in nature, moving beyond the purely physical disease model to include the “psychosocial aspects” of a woman’s life – would serve to create an overall more comprehensive (and perhaps positive) conceptualization of menopause, aging, and mid-life for women in our culture / society. The way to achieve this is to privilege the stories of menopausal women themselves, over the menopause *story* put forth by the medical community. She states, “Research is needed to use women’s experiences of

menopause to yield a more balanced picture of this life-cycle event and to elucidate the ways it impacts the lives of a growing portion of the population” (p.117).

Winterich and Umberson, (1999) conducted in-depth interviews with 16 women in an effort to discern how social context impacts and affects both their experience of menopause, and the meaning they give to that experience. They were most intrigued as to “...why some women view menopause as ‘no big deal’” (p. 60). What they discover is the very critical importance of the larger context of middle age for the experience of menopause as experienced by the women they interviewed. That “middle age” includes many significant life events that happen concurrently with menopause, thus a woman’s attention and focus is diffused, preventing a singular focus on menopause as an isolated event, but rather conceptualizing it as part and parcel of a whole host of changes and experiences, at times rendering menopause insignificant, or at the very least neutral.

Therefore, like Walter (2000), and Ballard, Kuh and Wadsworth, (2001)

Winterich and Umberson call for research into the meaning women give menopause to be analyzed within the overarching social contexts within which it is experienced.

“Our study highlights the importance of the social meaning of menopause: Menopause cannot be viewed as a monolithic experience defined in the same way by all women or by the same woman in all contexts....Not only is menopause historically and socially constructed, but individual women’s constructions of their menopausal experiences depend on an array of interrelated social contexts....In future research, researchers should examine the complexity of social context rather than study menopause as an isolated event” (p. 71).

The Next Century

Moving into the 21st century, researchers have continued to add new dimensions to both their samples and their questions. Julie A. Winterich, in her article, “Sex, Menopause, and Culture: Sexual Orientation and the Meaning of Menopause for

Women's Sex Lives," published in the journal Gender & Society, in 2003, sets out to "understand women's perspectives about sex after menopause" (p. 631) through a comparative analysis. Winterich conducted in-depth interviews with a sample made up of 19 heterosexual women and 11 lesbians. While hers is not the first research to be done regarding lesbians and menopause, answering in part the earlier work of Cole and Rothblum (1991), whom she critiques for suggesting the validity of what she describes as overgeneralizations, Winterich claims a heterosexist bias in research on menopause, specifically as it relates to the experience of sex. She stated, "As a feminist sociologist...I argue that cultural expectations about menopause, gender, and heterosexuality influence how women experience biological changes for sex" (p. 628). Winterich calls for further research on lesbians.

In her book, Zest for Life: Lesbians' Experiences of Menopause, published in 2005, Jennifer Kelly studies the menopausal experiences of lesbians as they go through mid-life against the backdrop of a heterosexist mainstream society. Through this qualitative project that began as her PhD dissertation, Kelly challenges a number of stereotypes and assumptions about menopause, lesbians, and "the medicalized view of women at midlife." Kelly is very transparent in what she is hoping to achieve with the findings of her study, "My hope is that by centring lesbians' positive experiences of menopause...heterosexual women may see that societal patriarchal construction (in terms of the body, notions of femininity and the negative views so often internalized about the end of our fertile years) is in fact avoidable" (p. ix). Kelly, a healthcare provider and women's health advocate in Australia, found herself doing her research in a vacuum. Hers is the first such project to focus solely on the lesbian experience of menopause in

Australia. While this is not the case here in the United States, it is indeed an understudied population. And as Kelly claims, there is much to be learned by “centring” the experiences of a marginalized group such as lesbians in mid-life.

At this point in time, the women of the baby boomer generation have either already gone through menopause or are in the throes of it. According to Christine Northrup, M.D., a specialist in, and advocate for women’s health, this translates into more than “forty million kinswomen,” all experiencing menopause at the same time. And she continues by saying “the changes taking place in middle-aged women are going to act like the power plant on a high-speed train, whisking the evolution of our entire society along on fast forward, to places that have yet to be mapped” (p. 6). This generation of women has a reputation for questioning the status quo, for creating new ways of being and doing. The second wave of the women’s movement, in the 1960s and the 1970s was only the beginning. Then the health issues were largely about reproductive rights. Now this cohort of women is passing through menopause and the spotlight on women’s health has broadened to include menopause and post-menopause.

Heather Dillaway, in her article, “Menopause is the ‘Good Old: Women’s Thoughts about Reproductive Aging,” published in the journal Gender & Society in 2005, puts forth the concept of the “good old,” pulling from in-depth qualitative interviews with 45 perimenopausal or post-menopausal women of the baby boomer generation. She discusses the “contemporary structural and ideological changes affecting women’s reproductive and aging experiences in recent years,” that she claims makes this generation of women’s experiences of menopause different from previous generations. She contextualizes them in the social and historical moment of the feminism that swelled

from the ground, with the likes of Gloria Steinem at the helm, and the birth of the seminal text on women's health, Our Bodies, Ourselves to guide them. Quoting from Brumberg (1997), Dillaway reminds her readers that this is the generation that advocated "tolerance for menstrual talk," and thus it would only stand to reason that they would take this attitude of openness into menopause. Furthermore, it is this generation that experienced the advent and legalization of the birth control pill as well as the legalization of abortion; for whom reproductive technology provided a true choice regarding childbearing. Thus Dillaway asserts, for this generation of women, menopause does not immediately translate into "loss," as in the loss of the capacity or choice whether or not to have children, as so much earlier menopause research focusing on the experiences of earlier generations has discussed. Indeed she states, "...the baby boom generation is socially constructed as one that provokes change, and my interviewees do highlight the importance of contemporary structural and ideological shifts. In my findings I purposely address the possibility that contemporary menopause is different so others can explore this idea further." Dillaway is suggesting that menopause, and aging, for this cohort of women is an experience different from that of earlier generations, calling for new research. She critiques aging scholars for narrowing their sites on those 65 years and older, and calls for feminist researchers to begin studying menopause as part of the larger aging process.

A feminist social scientist herself, Dillaway champions the work of other social scientists in their research on menopause. She states, "An important contribution of this feminist literature is the idea that women experience menopause within particular social contexts, emphasizing that it is a social as well as biological process. Because feminist

scholars contextualize menopause with women's lives and talk to actual women about their experiences, they also document greater variation in the meanings and experiences of menopause than researchers before them" (p. 399). And she calls for such research to continue. "I call for feminist scholars to explore the uniqueness of contemporary menopause and baby boom women more fully" (p. 413).

Experience and Meaning

The research described above has asked for women to describe their experience of menopause and then to explore the meaning of menopause, for them as individuals. Researchers have taken on the task of placing the women's own unique stories in social and historical contexts, bearing in mind the prevailing discourses of the time as well as the social norms within which these women made meaning. In the words of Jill Jones, the two are inextricably linked, as are menopause and aging. "Unlike the 'experience' of menopause which reflects a time-limited, biological event, the 'meaning' of menopause has to do with what it represents or symbolizes in the women's lives. For a majority of the women in my study, menopause was primarily a symbol of the multiple mid-life issues they were facing. This was because they were often unsure whether the changes they were experiencing in their bodies were the result of menopause specifically, or due to the aging process in general. The fact that menopause is commonly referred to as *The Change of Life* reflects the close association of these two events" (1994, p. 51).

Menopause, or in the words of Germaine Greer, "The Change," can be about aging, just as aging, for women, can be about menopause. But both can also be about so much more. And that "about" is the meaning which women make, through their own personal experiences, using their own language, and as products of the social, cultural,

and historical moment in which their experience took place. All of these taken together can move us from the assumption of menopause as a monolithic event for all women into a rich, nuanced understanding of the complex transformation that it is.

My Study: Feminist Lesbian Activist Voices from the Margin, Placed at the Center

For my dissertation, I have undertaken a qualitative study of post-menopausal women, answering the call of earlier researchers to investigate the menopausal experiences of women of the baby boomer generation. Through in-depth interviews, my research privileges the voices of these women, both in interview methodology and representation within the written dissertation. My analysis keeps the women's stories embedded in their particular moment in history, coming of age during the Women's Movement of the 1970s which bore the Women's Health Movement, informed by the activism of women such as Ehrenreich and English, and Seaman. Indeed, having a significant place in the Women's Movement themselves, they lived their lives, in a sense, alongside the activism of these women. They did not leave their activism, nor their critical perspectives behind as they moved through their bleeding years on into menopause. As Brumberg suggested, these are the women who unabashedly introduced "tolerance for menstrual talk." As is evident through my interviews the women I spoke with carried that banner of tolerance and the tradition of breaking through taboos right on into menopause. Like Kelly, I interviewed lesbians. As she asserts, this brings a story that normally remains in the margins, dead center. And, I agree with Kelly. These women, normally occupying the margins have much to tell, and dare I suggest, teach, those of us who normally occupy the center. Through my project I endeavor to create a space for

these women to author their own stories, building on the discourses available to them, while fearlessly creating new ones. These are the emergent voices.

THEORETICAL ASSUMPTIONS AND METHODOLOGICAL CHOICES

Introduction

I could say that my dissertation was birthed in a van full of women. In June of 2004, I met Nancy, riding in the second seat of a long van, filled with women. Young women. And us. I was 42 and she was 56. Everyone else in the van was under 30. We were making the long trek from Columbia, Missouri to Milwaukee, Wisconsin, to attend the annual meetings of the National Women's Studies Association. There was a lot of energy in that van, spanning the generations. One of the youngest of the group was our driver, and with the help of her co-pilot, she kept us in music and witty repartee.

In the midst of the conversations of the twenty-somethings, Nancy and I discovered each other, and our areas of commonality. We were both from Michigan. We both knew the life of the nontraditional student at a university with a majority of its population under the age of 30. We had both been public school teachers. And we were definite outliers in this midst of youth. We didn't stop talking for the whole 8 hours. Eventually we got around to what we each were "doing," as in what activities do you do that constitute your *work*? Nancy is an artist who works primarily in fibers. She had a binder with her, containing photograph and slides of her work. She was taking it with her in case there were people at the conference who wanted to see samples of her work. At that point her main work were what she referred to as visual haikus. I was taken with her use of objects from nature, and her emphasis on earth tone colors and handmade paper. I

remember her talking about the integration of nature and the divine in her work. She used things found in nature – shells, pods, sticks, stones, among other things, and played with allusions to, and images of the divine feminine – goddesses. There was a sensibility about the work in its simplicity and its complexity, and the fact that a large part of it consisted of objects which originated from the earth. It was clear that Nancy meant to show these objects great respect by allowing them to maintain their integrity as the objects they were, while offering new meaning in the context of a work of art.

Nancy then asked me about my work. In the way of doctoral students who are ABD, I haltingly attempted to describe my barely burgeoning dissertation project. I mumbled something about alternative medicine, women, menopause, medicalization of women's bodies, women's knowledge and women's choices. Nancy listened with an engaged ear, and asked several questions, specifically about the nature of the women I wanted to interview and the types of stories I was looking for. Then, with an air of finality, proclaimed, "*You should come down and meet the women in my neighborhood!*" A dissertation was born, and throughout the next two years, I made periodic visits to Nancy's *neighborhood*, and met the women there, spent time with them in various settings, engaged in various activities, and finally listened to the menopause story of many of them.

Meeting the Women in Nancy's Neighborhood: My Project

My project is a feminist sociological project. I engage in a qualitative methodology informed by the practices, and assumptions of standpoint theory (Collins, Hartsock, Naples, Smith), the view of social constructionism (Berger and Luckman, Daly, Lupton), and the lens of socialist feminism (Jagger, Naples, Tong). It is my goal to

engage in the production of knowledge by privileging the voices of women, specifically centering the often marginalized voices of lesbian women, ultimately putting forth a fresh narrative of menopause – a narrative emerging from a larger cultural context which privileges the biomedical mindset and discourse, created within a social context which actively validates the legitimacy and value of lay and indigenous knowledge borne of embodied experience and developed, honed, and sharpened in an environment of social engagement and social critique among women, always aware of the relations of ruling, and exercising their right to agency.

The Tenets of Feminist Research

First and foremost, this project is a feminist project. I have strived to honor / follow the tenets of feminist scholarship, established by the brave feminists who paved the way by questioning the dominant ideology of a positivistic science, on a quest for the “Truth.” These intellectual pioneers unearthed ways of knowing other than those put forth by the scholars and academicians who came before, and sought to first listen to those ways of knowing, and then to legitimate their existence and their importance as producers of knowledge and social critique. The strain of feminist inquiry which I follow has its roots in the very women’s movement in which the women I’ve studied found their voices.

Indeed, feminist researchers found that “women’s perspectives combined two separate consciousnesses: one emerging out of their practical activities in the everyday world and one inherited from the dominant traditions of thought.” The task then, to feminist researchers was to “Reconstruct knowledge.” How is this done? “Reconstructing knowledge to take account of women, therefore, involves seeking out the submerged

consciousness of the practical knowledge of everyday life and linking it to the dominant reality.” (Anderson, Armitage, Jack, and Wittner, in Neilson (ed.), 1990: 97). As preeminent feminist sociologist Dorothy Smith states, a feminist sociology must “begin where we are,” (Anderson et al, 1990: 97).

“Our means of knowing and speaking of ourselves and our world are written for us by men who occupy a special place in it....In learning to speak our experience and situation, we insist upon the right to begin where we are, to stand as subjects of our sentences, and to hear one another as the authoritative speakers of our experience.” (Smith, 1975)

A Tapestry of Theory

Theory is not antithetical, or disconnected, or alien, or inconsequential to the lives lived by the women I’ve been spending time with, the women whose lives I’ve been “researching.” (Nor is it any of those things for me, as a woman and as a sociologist and as a feminist, any longer.)

When I came across the following quote by Kathie Sarachild, one of the Mothers of the Women’s Movement, and of Consciousness Raising, in particular, it provided a bit of a necessary jolt. It yanked me out of my passive, complacent position in my own desk chair, in my university town, where knowledge is purportedly produced “on campus.” I am reminded once again how incredibly smart and savvy this cohort of women were back then, living lives that were being bravely examined, in a world hostile to their project.

“Our feelings... revolve around our perceptions of our self-interest.

We assume that our feelings are telling us something from which we can learn... that our feelings mean something worth analyzing... that our feelings are saying something political, something reflecting fear that something bad will happen to us or hope, desire, knowledge that something good will happen to us.....In our groups, let’s share our feelings and pool them. Let’s let ourselves go and see where our feelings lead us. Our feelings will lead us to ideas and then to actions.

Our feelings will lead us to our theory, our theory to our action, our feelings about that action to new theory and then to new action.” (Kathie Sarachild, from “A Program for Feminist Consciousness-Raising,” in Crow (ed.).

Kathie Sarachild did not write “*the* theory,” but rather, “*our* theory.” She understood that they were living theory, and they needed to be conscious in their awareness, development, and application of that theory. It was inherent to their project of living examined lives which allowed them to create a lived vision of a life for women in which they were no longer constrained by the forces of either capitalism or patriarchy. And this was the project, indeed continues to be the project, of the women of the Ozarks.

My project examines their lives and their project through the lens of their experiences of menopause. How have they lived their lives as menopausal women? I entered conversation with this particular group at the invitation of one of the women. Upon hearing that I was interested in talking with women who approached menopause in a way that was alternative to the conventional wisdom of Western medicine and its hormone replacement therapy regimen, she said, with great enthusiasm and conviction, “Then you must come talk to the women in my neighborhood!” I naively entered “the field” expecting to hear stories of herbs, and maybe tinctures prepared by an actual Ozarkian herbalist. Perhaps I’d hear of yoga classes, or meditation. While hearing of all of those things, I also heard tales of confrontation, emancipation, and a lived history of social critique. These women have not been passive participants in American society, in our capitalist patriarchy. Rather, they have attempted to live consciously examined lives in the context of a community of women, striving for congruence, both internally and externally, as well as a lifestyle which ultimately does not exploit.

So, to understand their experience, in the context of American society and the predominance of Western medicine and its capitalistic, patriarchal ideology, I have needed to arrive at a theoretical orientation which facilitates an analysis which takes in all of the aforementioned. Consequently I have arrived at what I now affectionately refer to as my “tapestry of theory”. For my dissertation I am using a theoretical orientation which includes standpoint epistemology and social constructionism, both being guided by the lens of socialist feminism.

Deconstructing the Weave: Two Main Threads, or Assumptions

Assumption #1: Women have been oppressed by the practices of Western medicine.

Assumption #2: Menopause, while a very real physical event, is socially constructed. To obtain a deeper / alternative to the prevailing discourse, understanding of, meaning of menopause, women must be the ones to drive that discourse. The understanding of the experience of menopause should begin with the analysis by women; women should be at the center.

Working backwards through my assumptions, I actually begin with the one which was most firmly in place the earliest in the development of this project, Assumption #2.

Assumption #2: Menopause, while a very real physical event, is socially constructed. To obtain a deeper / alternative to the prevailing discourse, understanding of, meaning of menopause, women must be the ones to drive that

discourse. The understanding of the experience of menopause should begin with the analysis by women; women should be at the center.

First and foremost, and what has always made intuitive sense to me, is the use of Standpoint epistemology, allowing for a telling of the story from the standpoint of the women themselves. And perhaps it is fitting that the first threads which were woven into my tapestry were indeed those of Standpoint. The women's stories are at the heart. They are the threads from which all others move out. And while this would place women's stories at the center, it would also allow for a juxtapositioning of their stories, their experiences, their knowledge and renderings of menopause, with the "expert knowledge" of the medical community. The women will speak from embodied knowledge, informed by culture and society. However, having gotten to know these women, and their particular standpoint, (particularly as feminists of the second wave, specifically as "radical feminists"), I now know that for them, having their experience of menopause "informed by culture and society," does not mean a naive adoption of thought informed by the prevailing thinking and discourse of the day. To the contrary. These women have been engaging in a life's project which has at its heart a critical examination of culture and society. While their experiences cannot help but be somewhat informed or influenced by current culture and society, their own worldview is the product of an engagement in serious social critique. Their experiences of menopause have been no exception.

For the women of the Ozarks, I assume that their experience of menopause has been influenced by a number of factors. To begin with, there has been a correlation found between a woman's experience of menstruation and her experience of menopause, (cite). These women were of the generation who began to talk about the experience of bleeding

in a whole new way, indeed they talked about it, period. They are of a certain historical moment when women began to have a new relationship with their bodies, and the processes of their bodies. The Women's Health Movement, within the Women's Movement, saw such watershed events as Roe v. Wade in 1973, the legalization of the birth control pill for unmarried women in 1972, and the publication of Our Bodies Ourselves in 1973, advocating an informed critical stance in the tending of one's body. These women were also exposed to earlier battles surrounding the prescription of estrogen for women. They are of a generation which did not hesitate to question science, and the medical "expert". They claimed their own legitimacy as knowers of their bodies. All of this informs the experience of menopause for the women of Ava. And they bring this social, cultural, and historical legacy into this experience. They create a construction of menopause which is influenced by all of the aforementioned factors, a "truth" of their own. Social constructionism will allow me, as a social scientist to "hear" that "truth", and indeed holds me responsible for honoring it.

.....

And finally,

Assumption #1: Women have been oppressed by the practices of Western medicine.

While this is the latest assumption for me to be able to articulate in any comprehensive manner, it has always been present in this project. In fact it drove the beginning intuition of it. This project was borne out of a desire to learn more about "alternative medicine." I carried within me a belief that there was more to health care, and being healthy, than pharmaceuticals and a notion of my body as a conglomeration of separate processes, exclusively physical in nature, and driven only by the physical, the

observable, the testable. Furthermore, coming out of the tradition of Counseling Psychology with my Masters Degree, and having practiced for several years as a mental health therapist, I firmly believed that certain “events” in a person’s life had ramifications which extended far beyond the physical. To me, menopause was not a singular event in which a woman ceased to bleed. It was a life passage onto which she projected her own unique meaning. I was also aware that this aspect was not the aspect which was given credence in the prevailing discourse surrounding menopause. And as I researched further, and learned about the historical renderings of this life cycle event, I was appalled at the conceptualizations of the woman in menopause which were touted by both the medical community and the mainstream press. First, the medical community arrived at formulating menopause as a “disease” in the 1930s, and then created the antidote for this disease in the form of Premarin, in 1944. The various physiological processes which *can* accompany this time had long been held up for ridicule in American society, often as evidence for the woman’s loss of her value, vitality, sexuality, appeal, womanliness, humanness (Greer, 1991). The “discovery” of menopause as a “disease” by medical authorities served to legitimate this attitude. Then, of course, the one way to save herself, (and others who were unlucky enough to be around her), from this inevitable and unseemly transformation, was to take hormone replacement therapy, produced by the pharmaceutical companies, and prescribed to women of menopausal age, at great economic benefit for the companies and doctors alike. This was also at great cost to many women, not just economically, but physically. Hormone replacement therapy has been determined to bring with it life-threatening side effects.

With this story at the core, I find it necessary to examine the facets which contribute to this assumption. Within this assumption, that women have been oppressed by the practices of Western medicine, I examine the following facets of the experience of menopause, which I believe belong to Western medicine and capitalist patriarchy:

- Science
- Social control of women's bodies and women's knowledge
- Economic forces, specifically the pharmaceutical industrial complex, as it exists in the capitalistic system of the U.S.
- Patriarchy

A socialist feminist lens allows me to do this, calling for a critical analysis of the capitalist patriarchy as it exists in the U.S. This new addition to my theoretical orientation provides a mechanism for analyzing and critiquing those forces which inform a woman's experiences, those forces which are active in our society, the economic and ideological forces, or the "relations of ruling" as Dorothy Smith would term them. In her seminal text, The Everyday World as Problematic: A Feminist Sociology, (Smith introduces this term "relations of ruling," as a more nuanced rendering of the concept of power, emphasizing that power resides in externally cultivated and defined positions. Smith defines the "relations of ruling," as

"...a concept that grasps power, organization, direction, and regulation as more pervasively structured than can be expressed in traditional concepts provided by the discourses of power. [She has] come to see a specific interrelation between the dynamic advance of the distinctive forms of organizing and ruling contemporary capitalist society and the patriarchal forms of our contemporary experience. When [she write[s]] of 'ruling' in this context [she is] identifying a complex of organized practices, including government, law, business and financial management, professional organization, and educational institutions as well as the discourses in texts that interpenetrate the multiple sites of power. A mode

of ruling has become dominant that involves a continual transcription of the local and particular actualities of our lives into abstracted and generalized forms. It is an extralocal mode of ruling. Its characteristic modes of consciousness are objectified and impersonal; its relations are governed by organizational logics and exigencies. We are not ruled by powers that are essentially implicated in particularized ties of kinship, family, and household and anchored in relationships to particular patches of ground. We are ruled by forms of organization vested in and mediated by texts and documents, and constituted externally to particular individuals and their personal and familial relationships. The practice of ruling involves the ongoing representations of the local actualities of our worlds in the standardized and general forms of knowledge that enter them into relations of ruling” (1987:3).

Smith argues for a sociology that privileges the everyday / everynight experience of people, women in particular, as opposed to a continuation of the sociology that privileges the position of those in power, or endorses an externally defined and imposed understanding of people’s everyday and everynight worlds, borne from those in a position of power but not residing in those worlds. She calls for sociologists to explore the standpoint realized by people, rooted in such everyday / everynight experiences, to examine how the relations of ruling impact their everyday / everynight experiences, and to learn of the acts of resistance engaged in, in response to the relations of ruling, in an effort to maintain a quality of life. Inextricably embedded within the relations of ruling, as I have come to conceptualize them within this particular project, are patriarchy and capitalism – foci of the socialist feminist lens. Patriarchy, insidiously perpetuating a society which privileges males as opposed to ensuring equality for all, and the economic system of capitalism which has at its core a goal of maximizing profits using a model based on the exploitation of labor, conflict with the social milieu to which the women I interviewed aspired. Their standpoint embodies a critique of both patriarchy and capitalism.

In the interviews I conducted, the women spoke frequently of patriarchy and its ramifications. Theirs has been a project of confronting and dismantling patriarchy, in an effort to create a context for their lives which embodies an egalitarian alternative, at the very least. And for some of the women, it has been the creation of a separatist reality. Further, the women themselves are engaged in a “class project,” choosing to step out of the privilege they wielded as fully vested practitioners of capitalism. Many of them chose to leave professions which provided a stable middle class living in order to practice their vision of feminism which promoted equality for women, and a lifestyle which was not inherently exploitative. With their cottage industries, bartering, gardening, carpooling, recycling, among other practices, they have created a lifestyle which allows them to exist outside of the capitalist patriarchy to a significant degree. At the very least, participation, when necessary, is done in a very examined way.

Feminist theory scholar, Rosemarie Putnam Tong, presents philosopher Alison Jaggar as one example of a socialist feminist. In her book, Feminist Thought: A More Comprehensive Introduction, (1998), Tong explicates Jaggar’s usage of Marx’s term, “alienation.” While Marx used the term to describe the dynamic which develops between the worker and the process and product of his work, under capitalism, Jaggar uses it to explore and explicate how alienation may manifest in a woman’s life, in the context of her sexuality, motherhood, and intellectuality, under capitalist patriarchy. Jaggar’s insights in each of these three areas, while addressing a specific life experience for women, could also be applied to a woman’s experience of menopause in American society, remembering the backdrop which I provided above. In the following I will

highlight each of these insights as outlined in Tong, and then add my own assertions regarding the application of these insights to the experience of menopause. As

1. Sexuality

“In the same way a wageworker is alienated, or separated, from the product(s) upon which he works, a woman is alienated from the product upon which she works – her body.”

“...to the same degree a wageworker is gradually alienated from himself – his body beginning to feel like a thing, a mere machine from which labor power is extracted – a woman is gradually alienated from herself.” (Tong 125)

Through the promotion of a certain body type as being desirable, many women develop problems, indeed potentially serious mental and physical health problems, connected to the pursuit of this lauded body image. This would include manipulation of both her body and her perception and beliefs about her body, and the exposure to and burden of beauty standards set by others and for the pleasure of others, (not herself). There is also the appropriation of the body of the woman by another. The starkest example of this is rape. Again there can be a psychic appropriation that occurs as well when a woman feels that she is begin betrayed by her body, that what is happening with her body is defined by the other, (capitalist patriarchy).

As I apply it to menopause:

A menopausal woman is told that her body is in a stage of loss, of degeneration, a diseased state, in which she is losing her feminine wiles. Her body is betraying her; she is being betrayed by her body. If she is to maintain the goods of youth, and not have her life disrupted by the odious machinations of menopause, then she really should do something about it, (most often hrt, but there are other antidotes as well, other products which are

being pedaled for menopausal women, as well as the very message that aging is to be avoided at all costs).

2. Motherhood

“Motherhood, like sexuality, is also an alienating experience for women. A woman, contended Jaggar, is alienated from the product of her reproductive labor when not she but someone else decides, for example, how many children to bear...”

“Alienated from the process of their reproductive labor...” by the intrusion of medical experts and science, (the obstetrician vs. the midwife, reproductive technologies)” (Tong 125).

The story of the disappearance of the midwife in the act of birth is by now a classic example of “expert” knowledge and “science” eclipsing the role of women in women’s healthcare. Ehrenreich and English (2005) tell this story in compelling detail as the reader learns of the advent of the forceps and the subsequent credentialing of those deemed knowledgeable enough to use them, and thus be credentialed and authorized to attend births. The birthing mother became alienated from the very process of her child’s birth when technology was introduced which suggested that she could not bear children without it. Later, as the birthing process became more medicalized and legislated, and sterilization and population control were also introduced and legislated, women felt further alienated from having say or control over their body’s process of birth. Decisions were moved from the privacy of a woman’s life to the examining room of the doctor and the floor of the legislature. And as mentioned in Tong, the woman was then expected to follow the “edict” of the experts, in isolation, in her “suburban home.” (Tong 126)

As I apply it to menopause:

As menopause was determined to be accompanied by a decline in the presence of estrogen in a woman’s body, and thus named a “disease” of “ovarian failure”, the doctor

and HRT were introduced as the mediators of this experience. The doctor could diagnose it, and HRT could ameliorate the physical manifestations of it. The notion of it being a natural process diminished in popularity. Concomitantly, aging was seen as essentially problematic, and a failing of the woman.

And since the doctor held the expertise to diagnose, and prescribe the antidote, which was owned by the pharmaceutical company, it called for an economic arrangement in which a woman had to access the knowledge and goods of the expert, a capitalistic exchange in a milieu of patriarchy which called for the subjugation of a woman engaged in a natural life process.

3. Intellectuality

“...not only are many women alienated from their own sexuality and from the product and process of motherhood; they are also alienated from their intellectual capacities.”

“....To the extent that men set the terms of thought and discourse, suggested Jaggar, women are never at ease.” (Tong 127)

As I apply it to menopause:

The “terms of thought and discourse” revolving around menopause have been driven by the biomedical model which comes out of the culture of Western medicine which is positivistic in nature, operating with the male body as its standard for “normal”. Throughout the twentieth century, and into the twenty-first, menopause has been presented as problematic and in need of remedy. The aging woman who is experiencing menopause is also presented as problematic, herself, and in need of intervention.

“Women must, stressed Jaggar, understand that within the structures of late-twentieth-century capitalist patriarchy women’s oppression takes the form of women’s alienation from everything and everyone, especially themselves. Only when women

understand the true source of their unhappiness will women be in a position to do battle with it” (Tong 127).

In line with the socialist feminist perspective, the women I’ve been interviewing name these forces, capitalism and patriarchy, as forces in society which have impacted their experience of menopause.

How I Learned What I Learned:

Women's Voices, Women's Standpoint, and Women's Knowledge

“When we take up the standpoint of women, we take up a standpoint outside this frame (as an organization of social consciousness). To begin from such a standpoint does not imply a common viewpoint among women. What we have in common is the organization of social relations that has accomplished our exclusion. Taking up this position for the subjects of a sociology, what is the critique? A critique is more than a negative statement. It is an attempt to define an alternative” (Smith 1987, p. 78).

The number of women approaching menopause in the United States, alone, is astounding. Physician, and celebrated author of landmark books on women’s health, Christiane Northrup, M.D., writes eloquently about the potential power of this large segment of the population.

“As a woman in mid-life today, I am part of a growing population that is an unprecedented forty million strong. This group is no longer invisible and silent, but a force to be reckoned with: educated, vocal, sophisticated in our knowledge of medical science, and determined to take control of our own health. Think about it: forty million women all undergoing the same sort of circuitry update at the same time. By virtue of our sheer numbers, as well as our social and economic influence, we are powerful – and potentially dangerous to any institution built upon the status quo” (2003).

As stated earlier, the dominant voice in defining and constructing menopause is the medical community. When seeking out the voices of women and their experience and

conceptualization of menopause, many researchers have noted the looming presence of silence. It has been noted that this silence has been an historical characteristic of the experience of menopause within Western culture (Engebretson and Wardell, 1997). Some researchers assert that, consequently, women lack the vocabulary to articulate the experience in terms outside of the medical model (Hunter and O'Dea, 1997). Researchers who conceptualize menopause as a multi-layered experience argue that the dominant discourse is not adequate in capturing the experience of menopause from a woman's point of view. "Despite the pervasiveness of the medical model in scientific and media accounts, biomedical language and practice does not adequately reflect women's complex subjectivity about the menopause which is varied, multidimensional and contextually determined" (Hunter & O'Dea, 1997, p.218).

With the disruption of the HRT research in 2002 and renewed questioning of the appropriate means for management of menopause, there is now a space for new voices and the need to break the silence. Indeed, even the medical community is noting the shift toward greater interaction between physicians and women, acknowledging the value of the input of women.

"Physicians have observed that when it comes to finding [the balance between whether or not to use HRT, and if so for how long], women now expect to talk more - both with their physicians and among their peers. 'It is more [open] than it used to be,' [states] Dr. Julia Johnson, MD, professor and vice chair of gynecology at the University of Vermont College of Medicine, Burlington" (American Medical News, 2003).

Within the framework of the social constructionist perspective, the culturally and socially informed experience of a woman's menopause is most vividly captured from the standpoint of the women themselves. Exploring menopause in an effort to illuminate the everyday experience which not only honors the body, but also acknowledges the social

and the emotional experience of the menopausal woman is an example of claiming a "self-defined standpoint" of which Patricia Hill Collins writes. "[A] fundamental feature of [the] struggle for a self-defined standpoint involves tapping sources of everyday, unarticulated consciousness that have traditionally been denigrated in white, male-controlled institutions" (Hill Collins, 1990, p.26). Medicine is considered by some to fall into that category of "white, male-controlled institutions". Placing women, women's words, and the perspective or standpoint they have developed based on their own experiences at the center of analysis would result in a very different construction of the experience and meaning of menopause.

In the tradition of Dorothy Smith (1987), my study explores the meaning of menopause with the everyday experiences of women as the starting point of analysis. Through in-depth interviews with menopausal women, I seek to give "voice" to women's experience (DeVault, 1999). It is through the telling of their experience that the women bring to life, indeed explicate the standpoint achieved from their lived experience of menopause. Through this methodology it is also the intention of this study to capture the knowledge about menopause that these women have gained from the lived experience of menopause. In seeking out women's knowledge, I give voice and privilege the knowledge of the women themselves which is juxtaposed with the "expert knowledge" of the medical community, that lives in their texts, medical practices, and medical antidotes. The women speak from embodied knowledge, informed by their experience of culture and society.

Another critical aspect to the experience and resultant standpoint of the women I interviewed can be well understood by applying the framework feminist scholar Patricia

Hill Collins developed in her creation of what she terms a Black Feminist Epistemology. Feminist sociologist Joey Sprague writes of Collins, “Patricia Hill Collins (1986, 1989, 2000) argues that anyone who reflects on his or her practical experience is an intellectual, a creator of knowledge” (2005: 45). Moreover, Collins focuses on the community aspect of the Black woman’s experience to articulate a standpoint, or an epistemology borne of both individual lived experience and the collectiveness of a standpoint which comes from community. Three aspects of the Black Feminist epistemology which Sprague highlights that seem to be especially relevant to the women I interviewed are the twin experiences of marginalization and segregation, and the use of alternative discourses. According to Sprague, Collins posits that “...marginalization is an epistemic advantage because it distances Black women from hegemonic thought and practices, facilitating the development of a critical attitude.” Reflecting on the aspect of segregation, Sprague states that Collins argues that “...segregation brought Black women together...giving them safe spaces in which to construct their own analysis of their experiences.” And finally, according to Sprague, Collins suggests that “...Black women have also historically had access to alternative discourses to use to interpret their situations...” (2005:45), providing the means to facilitate and create a collective standpoint, which in its collective nature became an act of resistance and a tool of emancipation.

I suggest that the women I interviewed would claim marginalization by the very virtue of their gender, being women in a patriarchal society, made even more profound as a result of their identity as lesbian as opposed to heterosexual. Furthermore, as self-proclaimed “separatists” establishing women’s community on women’s land, they have chosen a life of voluntary segregation. Acknowledging that the voluntary aspect of their

segregation, as opposed to the externally imposed segregation experienced by the Black woman, imbues their experience of segregation with a sense of agency, I argue that the outcome, or perhaps the unintended consequence of said segregation for Black women – “...distance... from hegemonic thought and practices, facilitating the development of a critical attitude...” remains. Indeed this seems to have been the intention of the women I interviewed – to free themselves of the constraints of “hegemonic thoughts and practices,” and create a space and an opportunity for “the development of a critical attitude.” Finally, I address the aspect of “alternative discourses.” Within Collins’ framework she is referencing such discourses as Bible stories and blues music as alternative means for Black women to historically tell their story, speak of their experience, creating a sort of master narrative that allows for a collective standpoint. In the case of the women I interviewed, I suggest that the “alternative discourses” that they accessed were those borne of historical documents capturing the experiences of women who tended to the health needs of other women, prior to the legislation of health care and the credentialing of “educated” health care providers, vis a vis men who attended medical school and had medical expertise borne largely of book knowledge, based on the norm of the male anatomy. Moreover, the women tell stories of the creation of alternative discourses within their own community through the practice of consciousness raising groups, and health activism such as the writing of the landmark text, Our Bodies, Ourselves (1971).

Thus, women's knowledge conveys a very different sense and meaning to the *knowing* of menopause (Hill Collins, 1990; Berger & Luckmann, 1966). It is a knowing arising out of lived experience, and the collective experience of identifying with a

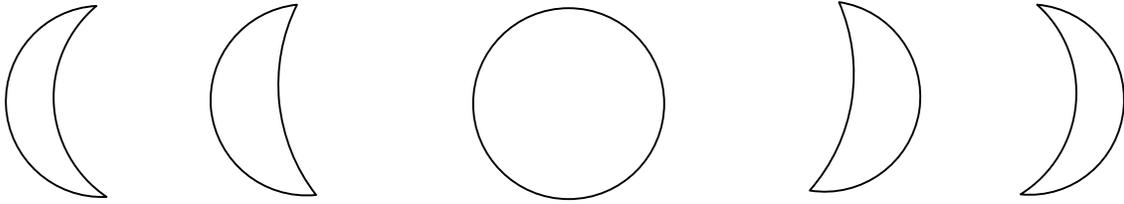
community of women. My study, therefore, responds to Walter's call for research that uses "women's experience of menopause to yield a more balanced picture of this life-cycle event and to elucidate the ways it impacts the lives of a growing portion of the population." (Walter, 2000, p.117). It also creates a space for women to elucidate the menopausal experience as an achieved status rooted in lived experience, occurring within a societal context also inhabited by and potentially influenced by the relations of ruling. The women I interviewed illuminate the existence and dynamic of both their lived experience and concomitant standpoint, and the omnipresence of the relations of ruling. Theirs is a rich story.

The Women Speak

“...when women speak truly, they speak subversively.”

Ursula K. LeGuin in *Lawless* (2001)

From my flyer, inviting interview participants:



Women's Stories

Of Perimenopause and Menopause

An Invitation to Participate*

My first formal contact with the women, or put in other words, my first visit to the *neighborhood* was on July 4th, 2005, at their annual pool party, hosted by a younger member of the community, a woman near my age, in her early to mid 40s. At the party Jenna strategically introduced me to women whom she knew to be post-menopausal and would be open to being interviewed. My presence at the party lead to much informal conversation about menopause, and also resulted in a number of women expressing interest, if not fully committing. I developed a flyer which described the project, its rationale, and the process for the interview, as well as contact information.

The flyer read:

“I would like to extend an invitation to you to participate in a project exploring women’s experiences of perimenopause and menopause. I would like to hear your stories about this time in your life, in its many facets – the physical and the emotional. I’d like to hear about the knowledge and wisdom you’ve gathered along the way, and the choices, changes and practices which have become part of your life, as a result. I’m interested in hearing how it has impacted your sense of yourself as a woman. And I’m especially interested in hearing about your experience of perimenopause and menopause as a member of a strong community of women.

As a graduate student of Rural Sociology and Women’s and Gender Studies, the stories will be the focus of my dissertation, titled, “Disrupted Science and Emergent Voices: Knowing Menopause”. I approach my project with a strong commitment, both personally and intellectually.

I am 42 years old, and at the beginning of this journey; I’m perimenopausal. I am facing this stage in my life without my mother’s story to guide me. Now 80 years old, my mother believes her own menopause story was altered by the recommended practices of a physician. She was advised to stay on birth control pills for an extended period of time. Looking back she wonders if this prevented her from experiencing the natural onset of menopause and its various manifestations. For my own journey, I want to reach beyond the information I can find in books. I want to gather together the wisdom, knowledge and guidance that can only come from the women who “know”, from experience.

As a student, my intent is for my work to ultimately contribute to an understanding of women’s health which is more holistic, honoring the expertise of women themselves. As a result of the 2002 halting of the studies on hormone replacement therapy, science and conventional medicine have been brought into question, and a space has opened up for new voices to emerge and be heard. I’d like to take this opportunity to use my research to put forth the voices of the women who are experiencing perimenopause and menopause, and are making choices to explore alternative approaches, such as herbalism, to menopause.

I hope you will consider participating in my project. Interviews will take somewhere between 1½ and 2 hours. I will honor the anonymity of the women who I interview; pseudonyms will be used. If you'd be interested in participating, I will be in the area for the next few weeks. I'd be happy to set up an appointment to meet with you. Or if you would like to know more about my project I can be reached via email at anndb2000@yahoo.com; I hope to have the opportunity to talk with you.

Thank you,

Ann Breidenbach

A little about me:

I am currently a graduate student at the University of Missouri – Columbia. I think of this as my third career. I began as a public school teacher. Then after earning my MA in Counseling Psychology, I worked for several years as a therapist, primarily in a community health clinic for people on Medicaid or without health insurance. My various work opportunities have given me the privilege of joining with others along their unique paths in life. Throughout all of these experiences, the necessity of regarding and respecting the whole person within her environment, to truly understand the life at work, has been undeniably clear. I hope I can continue to honor the unique paths of others, and that the work which comes out of my current efforts will help in making that path a more enriching experience, especially for women.

I live in Columbia with my little dog, Phoebe, where we enjoy a life full of dear friends and neighbors.

I left the pool party with two appointments set for the near future. Over the next 3 years I made a number of visits to the community, usually staying with Nancy, staying in a local hotel at least twice, and sometimes making day trips depending upon the time, location and expected duration of the interview or activity.

Initially Nancy had offered the first floor of her two story farmhouse as a temporary residence, a “writer’s retreat,” she called it. She resided in a two-story farmhouse built at the turn of the 18th century. She settled on this piece of land in the mid-1980s, with her then partner, after they decided to leave Michigan and find land upon which to establish women’s community. This afforded me the opportunity to live as the women live, even if only for stretches of time varying from one night to a few weeks. Still, I was privy to the experience of rural life in the Ozarks, as these women had fashioned it. I became fluent in the use of an incinerating toilet, was well—fed with organic vegetables grown in Nancy’s garden, and also learned what it meant to live several miles away from any town center, without cell phone service, needing to plan my grocery list well in advance so I would either arrive with my groceries in tow, or stop at the Wal-Mart I passed, located on the last glimpse of four-lane highway before I headed into the wilds. This strategically placed me on a 17-acre farm, about 4 miles from Eagle Mountain, a several acre tract of land held in land trust through (size, details?) the state of Missouri Land Trust program and home to four of the women I interviewed (and somewhere between 5 and 10 women total). Eagle Mountain seemed to be both a geographic reference point for the larger community, a common gathering place for the women, as well as a signifier to those geographically removed from the community, but familiar with it. More than once I heard this larger community referred to as “The women of Eagle Mountain.” This designation was not limited to the women who actually resided on the tract of land but rather women within certain proximity, women of the Missouri Ozarks. I conducted two interviews with women in Arkansas who lived on women’s land near Fayetteville, Arkansas. They would not have been considered part of the Eagle

Mountain community but rather a parallel women's community just over the border. These were still women living in women's community *in the Ozarks*.

Beginning with Nancy, I developed a snowball sample, working towards within-case sampling which would provide depth and illumination both of the women's individual experiences and of the dynamics of the community (Miles and Huberman 1994:28). I was informally introduced to women through social activities and recommendations to participate in the project were made through word of mouth. Furthermore, at the end of each interview, I asked women to recommend other women who they thought would be interested in being interviewed. In the choice of interview subjects, there was also a trajectory that emerged as a result of the interviews I conducted. Initially I began with the women who lived closest to Nancy, including Nancy and some women at Eagle Mountain. At the end of each interview I would ask women to recommend others who they thought would be open to being interviewed and would have stories to share. Certain names began to be repeated, as well as appear in the stories told during the interviews. These names surfaced in terms of attributes of both leadership and expert status within the community regarding women's health, what Patricia Hill Collins refers to as "organic intellectuals" (1990).

Once I began to discern that an ever-present theme was the larger construct of aging and I began to think about how the women respond to aging in a larger sense, as opposed to the discrete physical event that is menopause, Croning, or the ritual which honors post-menopausal women, surfaced as important to move toward the front of the discussion. It had come up in virtually every interview, but in the last activities of my field research I made a point of pursuing a more explicit discussion regarding aging and

Croning. This included three conversations with women who had had Croning ceremonies. For these conversations I did not use the interview guide which I had used with the earlier interviews. These conversations were more pointed as a result of the emerging theme of aging, which consistently came up in all of the interviews. Near the end of one of these conversations, I did show the woman my interview guide just to see if it might prompt any further information. Taking a perusal of it, she laughingly inquired, “*Who wrote this shit?!*” She let me know, in no uncertain terms, that from her point of view, the interview guide would not have felt relevant. This may have been because I had framed our conversation in terms of a discussion about aging and Croning, not solely menopause, as I had done in my earlier interviews. Considering her response to my interview guide I am left with the impression that had I asked her if I could interview her regarding “menopause” she would have replied, unequivocally, “No!”

I conducted 12 interviews. All interviews but one were conducted with post-menopausal women. The age range of the women who were post-menopausal was from 56 years old to 75 years old. The interviewee who was perimenopausal was 49 years old. All women had some post-secondary education. One woman, Barb, was one month away from defending her dissertation at the time of our interview.

I chose to conduct the interview with the one perimenopausal woman, Natasha, because she quickly emerged in the other interviews as a very important figure in terms of health care expertise within the community. She practices both as an herbalist and a Reiki Master. She has also been in a committed relationship for over 20 years with one of the post-menopausal women I interviewed, Jane. I intentionally broke her interview down into two discrete sections. I first interviewed her as a woman going through

perimenopause. I used essentially the same interview guide as I did for the interviews with the post-menopausal women, just substituting “peri-menopause” for “post-menopause” or “menopause,” and adapting wording as necessary. I then interviewed her as a health care professional who works with menopausal women. This interview provided two important contributions. First, even if it is just one, it provides the words and experience of a woman who is perimenopausal. She is still bleeding but is obviously experiencing the changes associated with perimenopause. In this respect she provided me with an opportunity for some important reflexivity. In the midst of hearing the stories of the post-menopausal women, stories which I could only imagine telling myself at some unknown point in the future, this particular woman’s story was like holding up a mirror to my own experience. As stated earlier, I began my own process of perimenopause at the nascent stages of this research. By the time I conducted this interview I had already had my hormone levels tested and knew I was in process. Hearing her tell her story was very validating of my own experience as we had several commonalities, such as our age, our perimenopausal state, as well as our shared location as providers of mental health care to women.

Also, significantly, because her story is a story that is embedded in the community of the other women I was interviewing, it provided me some sort of proxy for/in doing the same. I could imagine what it might be like to be going through this process in a community of women, as opposed to my own situation living as a single heterosexual woman, in a household of one, but with strong friendships. Feminist scholars Mary Jo Neitz and Adrienne Rich encourage such imaginings through their challenges to the assumption of a heteronormative lens. In “Queering the Dragonfest:

Changing Sexualities in a Post-Patriarchal Religion,” (2001), Neitz challenges sociologists of religion to apply the lens of queer theory to their understanding of gender, challenging the assumption of a stagnant binary. Rich, in her landmark piece, “Compulsory Heterosexuality and Lesbian Existence,” (1980), challenges the heterosexual woman to interrogate her relationships with other women, examining and questioning the assumed impermeable boundary between the assumed distinctive categories of heterosexual and lesbian. Moreover, she, in the words of Neitz, “argue[s] that the control of women’s sexuality under patriarchy is accomplished through normative heterosexuality. In her analysis, heterosexuality is not a biological given, but is rather imposed on women by patriarchy,” (Neitz, 2001). The words, teachings, and challenges of both Neitz and Rich closely accompanied me throughout this research, and especially in this particular interview. I began to develop a heightened awareness of my own identity as a heterosexual woman while, paradoxically, experiencing meaningful relationships with the women I was spending time with, and being afforded an intimate look into how they “do” relationships with one another. (I will write more on my own experience as a heterosexual woman doing research with lesbians in the next section of this chapter).

This interview also afforded an incredibly interesting glimpse into the relationship dynamics when one partner is post-menopausal and the other partner is perimenopausal. Both women told very vivid, articulate stories about what it has been like to both go through this process in the context of the intimacy of a female partner, and to watch the other go through her process, using one’s own experience (or lack thereof) in (mis)understanding and (mis)interpreting her partner’s experience. Both describe a

physiological component as well. In other words, interviewing both women offered a glimpse into the dynamics that surfaced as a result of being in a lesbian relationship and having menopause be a factor. This will be covered in more detail in Chapter 6.

Being Lesbian / Being Heterosexual: Insider / Outsider

The Researched: *People are always wanting to know what we think.*

Naïve Researcher: *Why is that?*

The Researched: *Because we're lesbians!*

Naïve Researcher: *Oh.*

I did not set out seeking to know how lesbians responded to menopause, yet my sample turned out to be 100% lesbian. What initially guided me to my sample was wanting to find a group of women who practiced what I termed at the time “alternative medicine.” I then met my main informant, Nancy, who invited me to meet the women in her neighborhood, promising me that they were indeed a group of women who practiced “alternative medicine.” When I made my first trip down to the community I knew neither that the women of this community predominantly identified as lesbian, nor that their identity as feminists would be so prominent in their stories. However, these two characteristics have turned out to be perhaps, aside from age, the two most outstanding, influential characteristics with which the women identify.

I share the identity of feminist with my sample. In terms of age, I am at the tail end of the Baby Boomers, the demographic which describes this group of women. As a feminist I more readily identify with the second wave as opposed to the third wave. In this respect, for me, these women felt like older sisters. And it was a natural role to step into as the younger sister, seeking out advice.

As far as sexual orientation is concerned, I am heterosexual while my sample is lesbian. A number of the women began their adult lives in traditional heterosexual marriages and then later, often concomitant with their discovery of feminism, began to identify as lesbian. Their stories are dotted with anecdotes and reflections of their lives in heterosexual arrangements, but their identity, at this point and without exception while they were going through menopause, is lesbian. How has this difference between me and my sample impacted my research, both the process and the findings? It would have been interesting to ask the women this very question. I can only speculate from my perspective, as the heterosexual researcher.

For me, the issue was put on the table at the very beginning, by my main informant after she took me to the first gathering of the women that I attended.

July 2, 2005

“When Nancy and I were coming home she inquired as to whether the energy was just too much lesbian energy for me... I then told her about some of the thoughts I had during the party. One thing I was thinking about was how the group was just not as “militant” as the women who would come to [my sister’s] house. I asked Nancy about this and framed it in terms of the coming out process. I said that I wondered if the militancy was actually an outgrowth of the fact that [my sister], (I can’t speak for the other women), hadn’t been out too long. Nancy said it fit. That her group went through a militancy phase too, early on, a real intense man-hating phase. Then that passed.”

I have wondered further about this conversation that Nancy and I had early on. During the interviews I heard a number of stories about this period of militancy for the

women. Many of them practiced separatism to the extent that they could. This is separatism from men. Did it mean separatism from heterosexual women? No. In fact, there are also stories which emphasize that the sense of women's community, at least at times, meant all women regardless of sexual orientation. The emphasis was put on being pro-women, not necessarily anti-heterosexual women. Again, the imaginings of Cynthia Rich are invoked as this experience called to mind her argument for a "lesbian continuum," as opposed to a strident heterosexuality imposed by the patriarchy, (1980).

Over time, it began to feel as though my heterosexual life were somewhat erased, or did not exist. Obviously the relationships developed in the field were not fully reciprocal (Martin, Naples, Reinharz). They were set up for me to learn about the lives of the women, not necessarily vice versa. And as the research progressed this imbalance became more pronounced to me. And as I began to grow weary of stepping into this other world, and became impatient with putting my own heterosexual life on hold, I also began to feel that bringing this sentiment into the field, this longing for the establishment and settledness of my heterosexual life was not necessarily welcomed, or at the very least, the women weren't really interested in hearing about it. After an absence from the field there were always welcome back's, and inquiries into how I was doing. This was especially prominent in terms of my Mother's health as she had been battling cancer at the time and since she lived in Michigan I was often making trips up there when I wasn't in the field.

I can't say with any measure of exactness if there is any connection, but I also experienced a gradual "loss of infatuation" with being in the field and in particular with the lifestyle choices of the women I was interviewing. At one point, several months into the fieldwork, there was discussion about adding strawbale structures to Nancy's land for

women to occupy. I was quite surprised by my reaction as she was telling me about this possibility, suggesting that I might consider one. I did not even have to deliberate. I knew immediately that I could not live in such an isolated setting for an extended period of time. Moreover, I live my life in Columbia as a heterosexual woman. And it is a life filled with a bounty of friends - both men *and* women, straight *and* gay. If this proposition had been presented to me early on in the research, I may very well have leaped at such an opportunity – the setting was bucolic and the women were very welcoming. As time passed, however, I learned more about myself and learned that I had difficulty with extended periods of isolation, and, with chagrin, I admit that I have come to depend on the luxuries of an urban life. The setting in the Ozarks is still bucolic, and the women are still very welcoming, but it's not my lifestyle.

Multiple Methods: Participant Observation and In-depth Interviews

Participant Observation

The participant observation element of this research was critical in understanding the social and cultural context, or milieu within which the women made sense of their experiences of menopause (Denzin, 2005, Reinharz, 1992, Richardson, 1997). From Nancy's first invitation, "*You should come down and meet the women in my neighborhood,*" I was clued into the importance of social context with this group of women. There is a strong sense of group identity that grows out of their shared history, shared ethos, shared ideals and ideology, and shared identity as second wave lesbian feminists who have actively chosen to create an environment that is adamantly pro-woman. Further, research shows women's menopause experiences are impacted by social and cultural context (Lock, 2001), and little interview research has been conducted with

women who share such a rich, common experience of community. Research also indicates that women makes sense of their lives experiences and create knowledge within relationship (Belenky et al., 1986). My interviews confirm this. Furthermore, one of my aims was to glean from this research a more holistic rendering of the experience of menopause, therefore it was imperative that I understand the larger context within which these women made sense of menopause.

My research began with a social activity – an annual pool party that many of the women attend. And often I would stay with Nancy, my main informant, when I would go down for interviews. While there I was invited to participate in whatever activities she was involved in, or other women had going. This included belly dancing lessons, kayaking, movies, meals, trips into town, the weekly spiritual gathering at the labyrinth, and meetings of the local permaculture group. I was also invited to attend a class given by one of the women – an herbalist – to a Master Gardener class in Arkansas, as well as spend time with a small group of women who have been her students for several years. I also attended the Midwest Women’s Festival in Missouri, and the Ozark Area Community Congress during my research. Both of these activities are products of the social movements of the 1970s – the women’s movement and the environmental movement. Many of the women I interviewed were actual co-founders of the women’s festival, modeled after the Michigan Womyn’s Music Festival, of which many were also involved from its inception.

Miles and Huberman put forth a set of “guidelines” for choosing which activities to engage in that would ensure “useful data”. Choose activities that...

- a) identify new leads of importance

- b) extend the area of information
- c) relate or bridge already existing elements
- d) reinforce main trends
- e) account for other information already in hand
- f) exemplify or provide more evidence for an important theme
- g) qualify or refute existing information

(1994: 31)

I felt that the women were very welcoming and inviting, and the task began to be deciding which activities to attend and which to pass on. Of course, I faced the usual time constraints that come with doing research which requires travel – it usually took me about 4 hours driving time to reach my research site. Miles and Huberman’s guidelines offered a sort of decision-making tree in terms of deciding which activities would enrich the overall research project. So, along with considering the distance between my field site and my home, and my obligations at home, these guidelines helped me decide which activities in which to participate. Ultimately, all of the various activities I did engage in provided me with varied opportunities to both visit with the women in various contexts, as well as observe the dynamics within their own community while participating in their activities. Through these activities I both learned about and experienced the ethos which seemed to me to characterize the community. I had the luxury of both hearing stories of their past as well as witness stories in the making, as well as be a part of those stories. I was quite surprised when I went to do one interview to find a photograph of myself in a small pile of photos taken at the pool party, lying in a fruit bowl on the kitchen table of one of the women. This photo would have been taken at the beginning of my research. I

was taken aback at this act that seemed to me to be an indicator of belongingness, or at the very least, legitimate participation. I would now become a part of their archives – the woman who came to do research on menopause.

Interviews

I conducted in-depth interviews. I chose to interview as a means to capture women's own words, their own language, their own interpretation, and the meaning as they describe it regarding their experience of menopause. It is the goal of this project to put forth a fresh narrative. The ultimate form of this text is a mutual collaboration between my words and the words of the women I interviewed. While I am the arbiter of the final form of this text, and this text contains my analysis and my interpretation, all of that revolves around the words of the women I interviewed and could not exist without their words.

Shulamit Reinharz, in her comprehensive text, Feminist Methods in Social Research, (1992), traces the “historical roots” of the interview in feminist research projects. She takes her readers back to the 19th century and the work of Helen Stuart Campbell as an early example of research done with the goal of bringing the marginalized population of women to the center of the story, and moreover, using one's position as a researcher with access to such stories for the purpose of social reform. Moreover, according to Reinharz, Campbell consciously created her text to be of a form that was accessible to “a wide public,” by utilizing writing forms such as tales or stories. Campbell's interests revolved around the plight of female sweatshop workers, and she was researching, interviewing, and ultimately writing for social change.

Fast forward to the women's movement of the 1960s and 1970s and the advent of the consciousness-raising groups. A critical component of the consciousness-raising groups was to provide a place for women's voices, for women to talk to one another, safely, especially about topics and experiences that had heretofore been considered taboo, and to experience legitimation for what they had to say. It was adamantly believed that this could be the catalyst for social change. Sociologist Marjorie DeVault applies this analogy to the sociological interview between female subjects and female researchers (1987; 1990; 1999). As Reinharz states, "A woman listening with care and caution enables another woman to develop ideas, construct meaning, and use words that say what she means," (1992: 24).

The women I interviewed for my project are all very familiar with the consciousness-raising groups of the women's movement. Many of them participated in them, and can trace radical life changes coming from insights from participating in such groups. Some did not. One woman, in particular, stated explicitly that she did not and never felt the need, yet she understood and respected the impulse and the intention. They all appeared very comfortable with the interview format and with the invitation for disclosure. Furthermore, I always felt that my own disclosure was met with interest and respect.

I created my interview guide conceiving of it as both a springboard for conversation, with probes, and as a framework to follow, throughout the interview, that would provide a structure that would lead to a comprehensive, holistic story / understanding of a woman's experience of menopause. Conceptually, Emily Martin's approach to her research and interviews for her book, The Woman in the Body: A Cultural Analysis of Reproduction, was very influential. Just as she had to work out for the goal of her book

which was investigating certain biological processes for women which also had a cultural component, if chosen to be framed that way, I strived to acknowledge the very real physiological experience of menopause while also attempting to investigate the meaning which my interviewee brought to this physiological experience known as “menopause.” Therefore, I began with the tangible, the physical, in the trajectory of my interview questions. Also, I was striving for the “thick description,” so powerfully achieved by Geertz, (1973), so I began with the local, the particular, the physical, the body. And I worked out from there, or put in sociological terms from the micro to the meso to the macro. I invited the women to tell their menopause story first as a story embedded in the body, then embedded within her own private emotional life, then as a woman in a woman’s community, then as a woman in larger society, what the women themselves would define as a capitalistic, patriarchal society in which the dominant paradigm for understanding menopause is the medical paradigm which defines it as a predominantly bodily experience understood as a marker of aging and decline.

My interview guide included the following categories:

1. Physical Experience
2. Emotional Aspects
3. Information / Knowledge
4. Choices / Changes / Practices
5. Self-perception
6. Community / Network / Culture / Relationships
7. Options / Resources
8. Society

I entered the field with a draft of my interview guide, which had been informed by my many email conversations with Nancy, as well as our time together at the NWSA meetings, and especially the session in which she and other members of her community presented. Their session was the outgrowth of research done under the lead of Jane Dickie, Professor of Psychology and Director of Women's Studies at Hope College in Holland, Michigan. This particular presentation explored facets of the original women's community in Michigan in which many of the Missouri women had been involved. Thus, through this presentation I learned some important history of this particular group of women. (I will cover this history in Chapter 6). However, after attending the pool party and especially engaging in the particular conversation from which the above excerpt regarding sexual orientation and research was taken, I modified my interview guide to better reflect the interests and language of this particular community of women. Before my first formal interview I shared the interview guide with Nancy to get her opinion on its appropriateness to "the women in [her] neighborhood." Ultimately, the guide was meant to be used flexibly, and as a mutual template for the interview for both myself and the interviewee (Lofland and Lofland, 1995). I would always make sure that I brought a copy of the interview guide for the interviewee, In the interest of fostering a sense of mutuality of purpose and making the process as transparent as possible. This was in support of the feminist tenet that feminist research strives for an egalitarian relationship and the collaborative creation of knowledge. Whenever possible I would send a copy of the interview guide to the interviewee in advance. Furthermore, as the research progressed and I became more attuned to the women's language, I would, when possible,

and when appropriate, use the language that I knew to be familiar to them, in a sense I began to use the “in-vivo” codes while conducting the research (Miles and Huberman, 1994).

All interviews but one were conducted in the women’s homes. The remaining interview was conducted in the woman’s place of work. She works as an herbalist and Reiki therapist, therefore her office was very quiet and comfortable and private, and the interview was conducted on a Saturday, when her practice was closed.

Demographic Data Sheet

I had each interviewee fill out a demographic sheet prior to the interview. It was not designed for the purpose of collecting data to organize or create a “profile” for anything beyond general descriptive purposes. Rather I used it primarily to assist myself in listening to their interviews. Having the demographic sheet enabled me to pose questions with background knowledge such as their current age, educational background, current occupation if relevant, and whether they were in a relationship.

Recording and Transcribing

I attempted to record all interviews using a digital recorder which enabled me to download each interview onto my computer, facilitating the transcription process. I experienced an obvious problem with the recorder during one interview and the interviewee provided a cassette recorder to serve the purpose. At the end of another interview I realized that the recorder had stopped recording early on in the interview due to being “full.” That particular interview was with Nancy, my main informant. Fortunately I had attempted to download the interview directly afterwards and found that it had not been recorded. I was then able to immediately attempt to capture the interview

with field notes. I then shared my writings with Nancy to see if she wanted to add anything that she felt I left out. She didn't.

I transcribed all but one of my interviews. I hired an experienced transcriptionist to complete the last one. I did verbatim transcription, including uh's, uhm's, and various other idiosyncratic filler in pursuit of readability.

Field Notes

I wrote field notes both during field work and after arriving home, depending upon the circumstances. I kept notes on each specific interview describing things such as the setting within which the interview took place, physical details about the person, general impressions of both the person being interviewed and the substance of the interview. These notes were then used as supplements when coding the interview as in some instances they helped with interpretation of the woman's meaning in her choice of words.

I also wrote field notes on the various participant observation activities I attended. I especially noted which women attended which event, and observations regarding any particular exchanges or conversations which I thought relevant to my project, in general. I also used field notes as a place to record any observations that I felt may enhance my understanding of a particular interview. I would also write of any leads for further people to interview that I may have met or heard about during an activity.

Field notes also provided a place for me to be reflexive regarding both interviews and any social activities. I made a special effort to note, beyond strict observational detail, my particular responses, impressions, thoughts wonderings, and especially my own feelings through the course of an interview or social activity. In the paragraphs that

follow I will say more about my own approach to writing about my fieldwork experiences and how writing assisted in observation, understanding, and analysis (Emerson, Fretz, and Shaw, 1995).

Finding Meaning:

Writing, Narrative Analysis, Coding, Memoing, Testing Propositions

Just as I asked the women to make meaning of what can at times feel like a chaotic process – menopause – I faced the challenge of making meaning of my data, all the words, impressions, thoughts, questions and quandaries – also, at times, a chaotic process. Perhaps one of the biggest challenges I faced was my own internal tussle between following my “hunches” and worrying about “getting it right.” Qualitative research is indeed an inductive process. While I am still tempted to describe my methodology as somewhat “intuitive,” I also recognize that I join an illustrious lineage of qualitative researchers from both sociology and anthropology, and my work is informed by the traditions and conventions they both developed and challenged. At the same time, it is also solely my work, and it reflects what I, as researcher, and as perimenopausal woman, brought to the field and to the process of meaning making. As Miles and Huberman state, “People are meaning-finders; they can very quickly make sense of the most chaotic events” (1994: 245). The challenge is making transparent the process of meaning-finding. For me, writing was analysis and ultimately the means for making the process transparent, and the research knowable. First and last, I write.

Excerpted from Laurel Richardson’s Fields of Play: Constructing an Academic Life:

“I write because I want to find something out. I write in order to learn something that I didn’t know before I wrote it. I was taught, though, as perhaps you were, too, not to write until I knew what I wanted to say, until my points were organized and outlined. No surprise, this static writing model coheres with mechanistic scientism and quantitative research. But, that model of writing is itself a sociohistorical invention that reifies the static social world imagined by our nineteenth-century foreparents. The model has serious problems: It ignores the role of writing as a dynamic, creative process; it undermines the confidence of beginning qualitative researchers because their experience of research is inconsistent with the writing model; and it contributes to the flotilla of qualitative writing that is simply not interesting to read because adherence to the model requires writers to silence their own voices and to view themselves as contaminants” (1997: 87-88).

Narrative Analysis

I analyzed the interviews in the spirit of narrative analysis, using both coding and memo-ing as a way to organize the data, and to recognize emerging themes. Ultimately, I was looking for what menopause means to these women, through their voices (Anderson et al, 1990).

Narrative analysis has emerged as a legitimate methodology in sociology (Riessman 2002; Bell 1988, 1999, 2000; Chase 1995; Boje 1991; De Vault 1991; Frank 1995; Holstein and Gubrium 2000; Williams 1984). It is a tradition which uses the story as its “object of investigation” (Riessman 2002). As Riessman describes, it is a methodology which inherently fits the “tasks” of both the researcher and the informants, and makes a statement about epistemological claims. “Storytelling, to put the argument simply, is what we do when we describe research and clinical materials, and what informants do with us when they convey the details and courses of their experiences. The approach does not assume objectivity; rather it privileges positionality and subjectivity” (2002; p.696).

The claims of narrative analysis stand in contrast to the claims of objectivity and the pursuit of an absolute Truth which have been the hallmarks of the positivist approach. The methodology of narrative analysis, a qualitative methodology, does not claim absolute truth but purports to put forth a truth or multiple truths which can teach us something about the subject at hand. It is acknowledged that narrative comes from the unique location of the informants, a particular context at a particular time in history. Furthermore, the positionality of the researcher doing the analysis also contributes to the truths put forth from a narrative analysis. The final product is the production of knowledge resulting from a collaboration between interviewee and interviewer. Riessman connects this approach back to the vision of C. Wright Mills and his claim for the sociological imagination. "As Mills said long ago, what we call 'personal troubles' are located in particular times and places, and individuals' narratives about their troubles are works of history as much as they are about individuals, the social spaces they inhabit, and the societies they live in" (2002; p. 697). Through the stories of our informants we learn about the experiences of individuals as they live the life influenced by a particular context at a particular time, and from them we learn about society in a way that allows for multiple truths, multiple voices, the contradictions, the inconsistencies, the richness of diversity.

The researcher using narrative analysis does not claim to put forth an absolute truth in her interpretation. "Our analytic interpretations are partial, alternative truths that aim for 'believability, not certitude, for enlargement of understanding rather than control,'" (Stivers 1993; p.424 in Riessman 1993). Lynn Davidman, in her elegantly written study of narratives of motherloss (2000), captures the power of such analysis

when stating her "goal" in doing her study. "My goal is to seek verisimilitude, authenticity, and an experience of 'Aha, that makes sense and helps me understand my own life' in my readers" (2000, p.45). She recognizes both her responsibility to the stories and the storytellers, the nuanced nature of 'truth' in narrative analysis, as well as the hope that such an approach can help others expand their comprehension of their own stories.

Coding

Coding presented the challenge of capturing a sometimes somewhat nebulous process with succinctness and conciseness. I learned to deconstruct in order to reconstruct (Charmaz, 2006; Lofland and Lofland, 1995; Miles and Huberman, 1994). Using Lofland and Lofland's term, I engaged in "disaggregating," in the pursuit of ultimately creating a fresh narrative to add to the larger conversation about women, menopause, and aging.

My coding was inductive; I did not develop codes a priori to entering the field. I began coding with the process of transcribing, (which I found to be an analytic process in and of itself). I engaged in coding at both the descriptive level and the interpretive level, working toward discerning meaning with the foundation of exemplars. As I state in the next section on memoing, I found it a particular challenge to stick with the process of coding, when it was my natural inclination to jump ahead to memoing. I found that it helped to engage others in my coding process. I would code an interview alone while colleagues or my advisor would also code the same interview. We would then get together and compare codes and discuss meaning. This ensured focus on my part, and offered a sort of validity (**cite**) in the coding process. It also assisted me in shifting between descriptive codes, pattern codes, and interpretation.

Miles and Huberman also write of "marginal remarks." They state,

“As coding proceeds, if you are being alert about what you are doing, ideas and reactions to the meaning of what you are seeing will well up steadily. These ideas are important; they suggest new interpretations, leads, connections with other parts of the data, and they usually point toward questions and issues to look into during the next wave of data collection, and to ways of elaborating some of these ideas” (1994: 67).

For me, there was a tension between writing “marginal remarks,” and staying engaged with the disaggregating process of coding. Ultimately, these remarks in the margins allowed me to begin to cross that bridge between coding and themes.

Eventually coding became a creative, emergent, and iterative process, and ultimately a product of interactions between myself, my data, my colleagues and advisor, the literature, and the women in my research site. There was always conversation about my research, my findings, my hunches, and the women did not hesitate to reciprocate with their own thoughts.

Memoing

I am an incessant note taker, and would end up with copious notes written both in the field and from my thinking, once returning home. I am also a journaler. As Emily Martin said of her own experience when coming out of the research field, anticipating that she could leave the research behind, “Nor would the issues stay out of my life,” (1987:10), I, too, found that such compartmentalization simply did not happen. My journal was filled with idiosyncratic notes from the field along with how my research and my own experience of perimenopause interplayed. Thankfully there is a research term for such writing, I discovered: Memoing. I learned to recognize “memos” in the guise of my everyday processing and learning through writing. Though Glaser (as quoted by M & H, 1978) has a context-specific understanding of the notion of “memoing” as stated in the following: “[A memo is] the theorizing write-up of ideas about codes and their

relationships as they strike the analyst *while coding*.... It can be a sentence, a paragraph or a few pages... it exhausts the analyst's momentary ideation based on data with perhaps a little conceptual elaboration," (p. 83-84) - I would argue that my own learning and processing as writing, regardless of whether I was in the act of coding or not, was indeed "memoing." My process of meaning-making included a dialectic relationship between my memoing and my coding. One would inform the other, and vice versa. However, I must admit to a tendency to favor memoing. If anything I had to be more methodical and disciplined about the process of coding, and slow myself down from jumping into strictly memoing and the development of themes and propositions.

I did, however, find validation for my approach of prioritizing memoing over coding. Miles and Huberman state, "Always give priority to memoing. When an idea strikes, STOP whatever else you are doing and write the memo. Your audience is *yourself*. Get it down; don't worry about prose elegance or even grammar. Include your musings of all sorts, even the fuzzy and foggy ones. Give yourself the freedom to think. Don't self-censor," (p. 74). I would include "coding" in their directive of not-to-worry-about, for a researcher such as myself, who favors inductive thinking. Having said that, I must say that I was dogged in ensuring that my "findings" had exemplary, concrete basis documented via codes.

Development of Propositions and Themes

Miles and Huberman, building upon Lee's work from 1991, suggest that the researcher can "increase" her "confidence" in her findings by "...linking three levels of understanding: the meanings and interpretations of our informants, our own

interpretations of those meanings, and our confirmatory, theory-connected operations” (1994: 263).

For me, as I proceeded to the development of propositions and themes in the analysis process, I found a waiting audience. The first audience was the sociological literature. I would find a sort of conversation developing between what the women were saying in my interviews and the findings of other researchers. It was most satisfying to experience that sort of AHA moment when either I recognized an echo either from articles I had read from earlier research, or I read research that was being published in the midst of my fieldwork, which rang with familiarity. This was perhaps most powerful when reading Heather Dillaway’s article, “Menopause is the ‘Good Old’: Women’s Thoughts about Reproductive Aging,” published in the June 2005 issue of the journal Gender & Society. Dillaway calls for more research to be done about menopause with the women of the baby boomer generation, recognizing that they bring to it the experience of traditional socialization as girls, but an awakening as young adulthoods through the social movements of the sixties and seventies. In the margin of her article I had happily written, “Me!” When I found a section that contradicted what my women were saying, I scrawled, “My women didn’t!” And further marginalia highlights specific women from my research and how they’re stories either corroborated or contradicted Dillaway’s findings.

Most importantly, however, was the waiting audience of the women who I interviewed. They are very research savvy women, many who have been involved in other research projects. They were eager and open to talking about my “findings” as they took shape. I found them to be an educated audience that was willing to give me frank responses regarding my emerging thoughts. Near the end of the active fieldwork portion

of my research, after I had returned their transcripts, I shared the emerging framework for my dissertation, specifically the theoretical framework featuring my application of Jaggar's socialist feminist perspective. To my surprise, (though looking back I should not have been surprised), some of the women were familiar with Jaggar's work, and one of the women had actually met her. Her thinking definitely resonated for them.

Throughout this fieldwork I was also actively engaged in a number of academic activities that provided a platform for a sort of trying out of the propositions and themes that were emerging for me as I analyzed my data. I was involved in two study groups, one based in the department of sociology, and one based in the department of women's and gender studies. I utilized both as platforms for trying out my developing ideas. Since these were ongoing study groups, my colleagues were familiar with my research from its nascent stages, had heard many tales from the fieldwork front, and were consistently an engaged, critical audience, keeping me honest in my sociology, and true to the tenets of feminist research. I also presented papers to both the National Women's Studies Association annual meetings as well as the annual meetings of the Midwest Sociological Society. Both venues provided me with the opportunity to present my developing work to audiences who were obviously well educated in my academic areas but often unfamiliar with the academic terrain I was traversing and upon which I was attempting to build. These experiences not only provided me with a testing ground for my findings, thus far, but also for my ability to present the academic context within which I was putting them forth. Through these experiences I received invaluable feedback, both confirmatory and challenging that I then took back home and integrated as appropriate. Eventually these papers became the framework for my dissertation chapters.

Form of Representation

In the spirit of feminist research and the ethos of the second wave women's movement, to the extent possible (within the conventions permitted by the academy), I allow the women to speak for themselves, to use their "voice." (Anderson et al. 1990)

Generous selections of excerpts from interviews are used to capture the women's experiences. Following the advice of (Denzin, 2005) I "cleaned up" the excerpts to the extent of eliminating "uh's" and "uhm's" and my own interjected comments (e.g. "Wow.") when I determined that to do so would enhance the readability and thus the comprehension of the quote, yet not sacrifice meaning.

I have also chosen to engage an approach to my writing that is greatly influenced by the writing of those involved in the enterprise of writing creative nonfiction. A hallmark of the second wave women's movement was a feminist push against the staid parameters and conventions of academic writing, to bring out into the open the acknowledgement and existence of subjectivity and the presence of the researcher in the research, and to employ a "voice" which humanizes such research, making it accessible to those beyond the academy. Of special influence in my endeavor to employ such a voice are the writings and teachings of Karen McCarthy Brown, Lynn Davidman, Janet Mason Ellerby, Elaine Lawless, Mary Jo Neitz, Laurel Richardson, (of whom I will write more), and Maureen Stanton.

[Post]Representation

My tenure as a doctoral student in the department of Rural Sociology at the University of Missouri has been bookended by the works of Laurel Richardson. The first methodology class I took, at the suggestion of Dr. Ken Pigg, then the Director of

Graduate Studies, was Feminist Research and Criticism with Dr. Mary Jo Neitz. During that class, Dr. Neitz was, (unbeknownst to me), actively planting seeds for the foundation that would eventually become this dissertation. Through that class I was introduced to a very full cast of characters, all preeminent in the practice of a feminist sociology, applying and creating feminist methodologies, many of them mentioned in this chapter. We learned to both read them, and critique them. One stands out among all others: Laurel Richardson.

For that class we read Richardson's book, Fields of Play: Constructing an Academic Life (1997). The back cover describes Richardson's book as, "...an intellectual journey, displacing boundaries and creating new ways of reading and writing. Applying the sociological imagination to the writing process, she connects her life to her work... the book stimulates readers to situate their own writing in personal, social, and political contexts." In this book she asks the simple question, "How should we write our research?" (p. 26). I rediscovered Laurel Richardson in the process of writing this chapter. In Denzin and Lincoln's edited volume, The Sage Handbook of Qualitative Research, (3rd Ed.), Richards co-authors a chapter with Elizabeth Adams St. Pierre, entitled, "Writing: A Method of Inquiry." Reading this selection brought me back to that first class – memories of a push for respect for researching the issues most salient to women while pushing the boundaries of conventional representation within the discipline of sociology.

In this chapter I found a refined echo of Richardson's earlier book, and validation for my own inclination to privilege women's narratives and to (re)present this new sociological knowledge in a written form that is both engaging and accessible to a "wide

public.” In doing so, I also acknowledge that this knowledge is “local and particular,” contextually created, and bears the mark of not only the particular women I interviewed, but my own particular story.

Have I created new sociological knowledge? Richardson puts forth the “criteria” which she uses when judging the success and worth of a piece of social science writing being considered for publication. The criteria are as follows:

Substantive contribution. Does this piece contribute to our understanding of social life? Does the writer demonstrate a deeply grounded (if embedded) social scientific perspective? Does this piece seem “true” – a credible account of a cultural, social, individual, or communal sense of the “real”?

Aesthetic merit. Rather than reducing standards, another standard is added. Does this piece succeed aesthetically? Does the use of creative analytical practices open up the text and invite interpretive responses? Is the text artistically shaped, satisfying, complex, and not boring?

Reflexivity. How has the author’s subjectivity been both a producer and a product of this text? Is there adequate self-awareness and self-exposure for the reader to make judgments about the point of view? Does the author hold himself or herself accountable to the standards of knowing and telling of the people he or she has studied?

Impact. Does this piece affect me emotionally or intellectually? Does it generate new questions or move me to write? Does it move me to try new research practices or move me to action? (p. 964)

Using the theoretical and methodological choices as I’ve outlined in this chapter, I strive to meet the criteria put forth by this adventurous professor and writer of sociology.

In closing, I return to my own words from my original flyer inviting participation in my research project. These words continue to capture my intention for this research and the stories it tells.

“My various work opportunities have given me the privilege of joining with others along their unique paths in life. Throughout all of these experiences, the necessity of regarding and respecting the

whole person within her environment, to truly understand the life at work, has been undeniably clear. I hope I can continue to honor the unique paths of others, and that the work which comes out of my current efforts will help in making that path a more enriching experience, especially for women.”

JUDY: THE QUINTESSENTIAL FEMINIST

Upon returning home from my first fieldwork excursion on this project, I exclaimed to a group of colleagues, interested in hearing how it went, “It was as if the women we read about in our women’s studies texts were jumping out of the pages and coming to life!” I was referring to the women of the second wave of the Women’s Movement, the women of Gloria Steinem’s days. For me, having been born in 1962 and therefore coming of age on the cusp, between waves of the women’s movement⁴, these women of the second wave were really like my big sisters. As a girl, I had so badly wanted to be a part of their social milieu. In my hometown in rural Michigan, I had worn bell bottoms and gauze peasant tops. I was vaguely aware of the conversations among and about feminism – “women’s lib.” I knew who Gloria Steinem was, and I had a sort of secret crush on her, though I think it was more about the hairstyle and the glasses than the politics! My own teen and early adult years tell a fairly conservative, conventional story, but the murmurings of feminism were always there in the background. My mother, born in 1925 and consequently well settled into her established life as wife and mother during the height of the women’s movement, was well educated and had a very successful career, albeit in the helping professions. Through her pursuit of education and her chosen profession, she, in her own way, was a model for independence and questioning the powers that be. While she also modeled deference to my father, my siblings and I always

⁴ This refers to the “second wave,” spanning the years between the late 1960s and the mid 1980s, and the “third wave,” beginning in the 1990s up to the present-day.

realized who really held the power in the family – our mother. Typical for my social context I came into adulthood with a conflicting mixture of messages. Ultimately I gravitated away from the model of conventional wife and sought out education, independence, and relationships that were of an egalitarian nature. The more I read of the women of the second wave, the more I identified with them and revered them. Looking back into their history felt like peering into a looking glass – many of them, too, had begun with conventional lives, eventually finding their way to *liberation* through the women’s movement.

In full disclosure, I must admit that the feminism that came out of the second wave, strongly identified with the issues of equality for women, working to stop violence against women in its myriad forms, reproductive rights, and women’s health, resonated more for me than the issues and culture that seemed to be emerging as part of the third wave. Furthermore, I found I preferred the company of the women of the second wave. I was still marveling at their accomplishments and their chosen ways of being in our capitalist patriarchy. I didn’t need, (nor necessarily always understood) the shiny newness of this new cohort of feminists creating what was being referred to as the third wave. Did I approach my research with a bias then? Yes. A bias manifested in generosity and curiosity. I believed these women had a very important and exciting story to tell – about being women in the latter half of the twentieth century, and specifically for my research, about being menopausal, aging women. I entered the field with an image in mind of what

would constitute the quintessential feminist. I must admit I was picturing Gloria Steinem. I really should have been expecting Charlotte Bunch, author of “Lesbians in Revolt”⁵!

Regardless of my pre-conceived notions of her being Gloria incarnate – she looked nothing like Gloria – I recognized her when I met her. Her name was Judy. I met Judy at the first gathering of this community of women that I attended. In both her history and her current way of being in the world, for me, Judy was second wave feminism coming to life. While on the day I met her she was not wearing bell bottoms, nor a gauze peasant top, and in no way resembled Gloria Steinem in terms of glasses or hairstyle, her politics were second wave, through and through, albeit more in line with the radical politics of Charlotte Bunch as opposed to the arguably muted politics of Gloria Steinem.

Meeting Judy

Our first meeting was at the pool party held on the 2nd of July, back in 2005—the annual summer gathering of this community of women living in the southern Missouri Ozarks. Nancy, the woman who had originally said that I “must” meet the women in her “neighborhood” and talk to them about their experiences of menopause, had invited me. The pool party, she promised, would be *the* place to make initial contacts. I had arrived with my carefully designed lavender flyers, describing my project and asking for

⁵ Bunch, a highly revered author and activist, associated in the early years of the Women’s Movement with the Furies, a lesbian separatist collective in the Washington D.C. area, authored “Lesbians in Revolt,” in 1972. She wrote, “To be a lesbian is to love oneself, woman, in a culture that denigrates and despises women. The lesbian rejects male sexual / political domination; she defies his world, his social organization, his ideology, and his definition of her as inferior. Lesbianism puts women first while the society declares the male supreme. Lesbianism threatens male supremacy at its core. When politically conscious and organized, it is central to destroying our sexist, racist, capitalist, imperialist system” (Crow 2000: 332).

interviewees. I had crafted the flyer to appeal to this community of women, in particular. Across the top were five moons representing the evolution from the waxing crescent to the full moon and then finally to the waning crescent. They were meant to symbolize the journey women make from birth to death, born with bodies equipped to cycle. Like the moon, a woman's body will cycle through the stages of life that take her into menstruation, through years of bleeding and potential child bearing, and then into the eventual waning of the menstrual cycle, ultimately experiencing the cessation of the menses — menopause. This is what I was interested in — the experience of waning, and the eventual cessation of their monthly bloods. Looking back, it is not surprising that Judy was one of the first of the women at the pool party to embrace me and my project. Over the months, I would learn that she stands out as the community's archivist, its memory, and often its public face. For the purposes of this project, through her story, Judy provides the readers with social context. And as will be evident as one reads in the following chapters, social context is of prime importance in a woman's experience of menopause. But back to Judy...

At the gathering, Judy and I ended up sitting next to one another, among a group of women, perhaps 8 or 10, occupying a corner of the deck which surrounded the pool. Lazily floating in the pool were more women, enjoying the coolness of the water, appearing relaxed in their nudity⁶. Within the group sitting on the deck were women ranging in age from mid-30s to late 60s. Judy was 64. Looking back, I feel she perhaps

⁶ Before the party, Nancy had tutored me regarding the etiquette for nudity at such a gathering. She let me know that there would be various stages of nudity, everything from full nudity to partial nudity to just nudity in the pool. She emphasized, however, that everyone was welcomed to be in whatever stages of dress or undress with which one was most comfortable. The only expectation was that each woman would do what she was most comfortable with, and in turn respect others in doing so as well.

emanated a sort of older sisterly energy for me, to which I was drawn. There was definitely a quality of certainty and dependability about her — I had the sense that she would take care of me, if she could. She showed an immediate interest in my topic of study. She began to tell me stories of that time period in her life, when she had stopped bleeding. The stories were punctuated with anecdotes about the Michigan Womyn’s Festival, a cultural touchstone for all of these women. When I realized that we had Michigan in common, the state as a place of origin, not the Festival, I began to ask her questions about her life there. I was anxious to establish connection and validity with this woman. The way she sat, engaged, attentive to me beside her, but facing forward, straight-backed, looking out upon the gathering of women, she seemed to carry a certain air of authority, or leadership of some sort among these women. Later I was to learn that she had been one of the original members of Aradia, the Michigan community that informally birthed this Missouri community, (this will be covered in detail in Chapter 6). She had come from Grand Rapids, Michigan, and had been a part of the inception of this Ozark community. And now, down here at Eagle Mountain, in the Ozarks, she occupies the main farmhouse, the original house, on the land. She is indeed a pillar of this women’s community.

Judy: In Her Body

Judy seemed tall to me. I would guess she is about 5’10” — nearly 2” taller than I am. When I met her, she had long brown hair, cascading past her shoulders. However, whenever I saw her, she was usually wearing it tucked up in a baseball cap, pulled through the little gap above the sizing band, and flowing like a waterfall down her slim

neck. Occasionally it would just be casually thrown up into a ponytail. When this was the case, silver, wiry strands were visible, among the remaining brown mane of her youth.

A white woman, her skin was tanned and ruddy, showing signs of aging, age spots. Still it had a very smooth texture, punctuated by “feathers” — her grandson’s word for wrinkles. I remember thinking that her skin reminded me of my Aunt Ginny’s skin. My Aunt Ginny was of Irish descent and had this somewhat translucent skin, pinkish in its paleness, with shiny cheekbones, and a certain papery healthy texture beneath the eyes, the skin slightly lighter beneath. I always equated this with a sense of healthiness that goes along with an active lifestyle. Judy had those same high cheekbones, peaked with that certain healthiness. Judy’s eyes were brown. Perhaps this contributed to that sense of warmth and welcoming I experienced. My mother’s eyes were brown, and I have always felt drawn to people with brown eyes.

Her smile was also easy. There was an overall easiness about Judy, almost a dreaminess, or perhaps it was a calmness. Her smile was framed by smooth, full lips that I could imagine being glossed over by the frosted lipsticks so popular in the late sixties and early 70s, when she was a young woman. Though, after getting to know Judy, I seriously doubted that those particular lips were ever covered by such an adornment. Her teeth showed their age. Strong, straight teeth, though slightly yellowed in their color, they stood in contrast with the unnaturally white teeth found in so many mouths today.

To me, Judy seemed sleek, tall and elegant, but strong. She was of average weight. Nevertheless, she emanated a sense of strength and formidability. I came to realize that all of the women I met in this community were very strong, physically, due to a lifestyle that demands that they be outdoors, maintaining their living spaces. Moreover,

their daily lives regularly include physical activities such as kayaking and belly dancing. Lithe muscles defined Judy's long arms and long legs and she moved with an ease I had not often seen in women in their sixties. Her posture was erect, but not rigid. This ease was further demonstrated at the belly dancing class that I attended with her and two of the other women the night before her interview.

Perhaps what does stick out most strongly in my memory was Judy's manner. Her easy manner was filled with long, strong limbs, brown eyes, an open smile framed by full lips and *normal* teeth, normal in their supposed imperfection. She was solid. However, I eschew to call her "solid," but then many of the women struck me as "solid." But what do I mean by that? Do they share a certain body type? Are they all *big-boned* and *solid*?! I could say that Judy was "willowy," not at all *big-boned* and *solid*. Perhaps it was more that Judy fully occupied her body; she filled her body. When we were sitting together, I believe sharing a bench or porch swing, in Judy I experienced a sense of containment, or fulfillment of her space, yet she was very open to me, welcoming me, *but not necessarily asking anything of me*. With ease and openness, she told me stories of Michigan, both of the festival and of the place, and her experiences there. One story flowed into the next. And she spoke with an openness that invited me in. Yet, she didn't suggest an intimacy that didn't exist, seducing me into her confidences, but rather she seemed to extend an open invitation to come occupy the space of her take on life for a while.

So often the women of the second wave who picked up the banner of *Women's Lib* are portrayed as angry feminists. While perhaps Judy experienced anger in her youth, the stories she told me of coming of age as a feminist were flavored with frankness, and an acute sense of observation, of justice or injustice, whatever the case may have been,

but at this point, Judy, herself, did not emanate anger. She had a keen sense of congruency within herself, between her understanding of a just, honest world, and her way of being in the world. She described her experience of coming to feminism, and coming out as a lesbian as two stories strongly intertwined with one another. Early in her journey as a feminist, while writing in her journal, she told me, she had a sort of Aha! moment regarding her sexuality. She reasoned that if she was to be a feminist, and the only needs men met for her were sexual, and she could envision those needs being met by women, then it just made sense, personally and politically, that she would identify and live her life as a lesbian — a feminist lesbian separatist. This is the woman I sat down to interview, just days later.

The Interview

During our interview, which took place at Judy's house, she wore a sleeveless, v-necked top comfortably draped over strong, tanned, freckled shoulders, and shorts. The quality of Judy's skin, the cut of the muscles in her arms, all made an impression on me. I was noting the physical presence of this 64 year old woman who was talking to me about menopause, a process of aging. I remember noting, in the midst of cut muscles and age spots and tanned skin, the quality of the skin of her cleavage at the point of the V in the neckline of her shirt. I remember her cleavage more than her breasts. It was a cleavage, that by its very existence says something about the size of breasts, that she even has cleavage — in contrast to *me*, whose small breasts would not invoke one to notice my cleavage! But, notably, the quality of the skin of Judy's cleavage — it, too, was *feathery*. It was accented by the lines of time, the squiggly indentations that accompany growth, and aging. What perhaps at one time may have been the scars of growth — stretch marks

— now, with age, begin to wear a certain indentation. To put it bluntly, in contrast to the strength emanating from the rest of Judy's body, this place appeared to me to be soft, *weak*, a place where the signs of aging cannot be mediated by exercise, by the strengthening of muscle tissue, firmed up by the toning of muscle through exercise. I remember Judy's cleavage. And I remember how, as I got to know Judy, through her interview, and over the course of my field work, that particular place on Judy's body would lose its sense of weakness for me, and in its softness, paradoxically come to represent strength.

It is early afternoon on a fairly warm day in July and Judy and I are sitting across from each other at her kitchen table. Behind Judy is a window looking out into her wooded yard. Behind me is the screen door leading out onto her porch. I am kept comfortable by the occasional cross breeze. Joining us for the interview is my little dog, Phoebe. Judy, an animal lover, invited her to come into the house with us. Judy's table is a round wooden table, and off to the side is a large ceramic bowl full of miscellaneous papers, photographs, (one of which, I would learn during the interview, was of me at the pool party), and other sundry items. To my left is the doorway leading into the living room, and off to the right side of the doorway is the refrigerator. It is adorned with various postings, including the poster for the upcoming Michigan Womyn's Music Festival. We are sipping iced tea, unsweetened. Judy understands my preference for unsweetened tea since we both come from the North, from Michigan.

Before the interview can begin we spend what seems to me to be an inordinate amount of time discussing the mechanics of my digital recorder. Judy is fascinated by such technology, and I am terrified of it. As soon as she learns this, she intercedes and

takes a perusal of the manual and ensures that I am using it appropriately. We laugh about the older generation teaching the younger generation how to use this newfangled technology! But this seems very typical of Judy. She is a woman of wide-ranging interests and an intellectual curiosity that seems to lead her headfirst into the new, into the “what’s next” of life.

Finally, it begins...

I hand Judy her copy of the interview guide with its eight categories of questions. I explain that the interview will begin with a discussion of the physical experience of menopause, move into the emotional, onto a discussion of knowledge and information, choices, changes and practices, self-perception, broaden into a discussion of her community and the relationships that supported her through menopause, her options and resources, and obstacles to the aforementioned, and finally end with a discussion of what society level changes she would recommend to make menopause a more positive experience for women. That is how I have the interview carefully laid out. While we follow the order loosely, Judy’s responses are embedded in a larger conversation that flows easily, topics intertwining, because, as she says a number of times throughout the interview, both explicitly and implicitly, “It’s all connected.”

Judy’s menopausal experience began in about 1986 when she was about 44 years old, just 2 years older than I am as I sit across from her, hearing her story. She tells a story of a subtle but slowly increasing awareness of a change in her menstruation pattern. Judy crossed the bridge of perimenopause at the same time that she was engaging in another very large period of transition: leaving a full-time, salaried professional position,

complete with benefits, in Michigan to start over in the Ozarks of Missouri, joining other women from Michigan in creating women's land.

Judy's larger story is one of changes — geographic, physical, emotional — sometimes subtle, sometimes not. She attempted to let menopause run its natural course, uninterrupted — her overriding attitude was one of embracing a natural process, a *normal* process. However when the physical discomfort became too great, she sought relief through the conventional means of Western medicine. She tells the story of doing so, twice — first, early on, and then later after the complete cessation of her bloods.

From Bleeding to Not Bleeding

I asked Judy how she knew that she was beginning to approach menopause:

Judy: I would say that the most noticeable thing that I experienced was a lot of bleeding, a different kind of bleeding than I'd had when I was having regular periods... both scanty bleeding and really heavy - ongoing days and even weeks of heavy bleeding. So, that was my first noticeable physical thing where I thought, "Oh, this is... I'm definitely beginning this process."

When comparing her experience of stopping bleeding as compared to the experience of the beginning of her bloods, Judy comments that the former was much less significant than the latter.

Judy: Oh, the emotional [experience of menopause]... it was mostly positive for me. Just a sense of loss at the changing of sort of the condition of my body so that I was no longer in that stage of life. I was in a new one. It's sort of like... it was near... not nearly as traumatic as starting to bleed, not nearly. And that for me was... first of all I didn't start till I was 14. All my friends were bleeding. It was like I really wanted it to happen, but because it would mean like I was catching up with my friends, but it was really scary anyway when it happened, even though I had had some education from my family and stuff. And it was a much bigger deal than stopping bleeding. (laughter)

Judy's story illustrates the radical changing of the times for women. As we've already read, when she began menstruating she was full of fear and horror and found bleeding to be a scary experience. After she came into feminism, however, bleeding and her blood took on new meaning and importance, and her level of comfort with it changed dramatically. For the women of the second wave, blood became an important symbol, and in looking back, an artifact of their womanness, their power and value embedded in their womanness. In an effort to demonstrate overt acceptance, indeed celebration of what was to some women a by-product of their essential womanhood, feminists began using their menstrual blood in various ways – for gardening, in ritual, in art. Judy was no exception. During her bleeding years, her freezer was stocked full of her saved menstrual blood.

Judy: MMMhhhhmmm, well, partly I was sad [about broaching menopause] because as I did, as I said, I wasn't one of those women that couldn't wait to stop bleeding and hated bleeding. I really enjoyed my menstrual stuff, especially after I became a feminist and started reading feminist critiques of the way women have been treated, and I really adopted that, "this is like a really magical, great, wonderful time and you know, take care of yourself really well." I got involved in using sea sponges instead of tampons... and even got myself to rinse it in public bathrooms, and things like that, (said with energy!), and saved my menstrual blood for awhile. In fact, froze it and used it for plants and did different things with it. Just, you know, I wasn't like overboard about it but I thought it was part of being a good feminist to feel good about what my body was capable of, and was doing. And, I'd already had two kids by then and... I certainly didn't start out that way in my life. I certainly felt what lots of girls do about [it], you know, just "It's secret." And "it's shameful in some way" or "it's weird." But by the time I became a feminist and came out, which was in the early 70s, I was like "Alright! I like this stuff!" So then when I was about to stop it wasn't... and I, also, being a lesbian, I didn't have, I wouldn't have had anyway, because I'd had a tubal ligation just before I came out, but I wouldn't have had any worries, like some women do about getting pregnant all the time... I'd already had my tubes cauterized. Even if I did decide to have sex with men again, it just wasn't a problem, so... it was more like, it wasn't like, the loss of the ability to bear children. It was more like the loss of just a period of my life,

a phase of my life. And, I also looked forward to it because less bother and I didn't have to worry about it. I didn't have to have the rags on hand. I switched off sponges to rags, menstrual rags, you know, those cotton pads that they'll sell. And, you know it is just something less to think about then. So, that part I liked, I liked. I always felt like I would be okay aging, and I think I had good role models for that [aging] in my family, and so I wasn't like, "Oh, this is the end of [my life]..." You know, "I'm an old woman, now." Or anything like that. It was more like, "Alright! I'm in a new thing here!", (said in a singsongy voice). And that was definitely helped by the feminist literature about it all.

It seems that as the meaning of her bloods changed for Judy, the prospect of menopause shifted also. Menopause meant something different for her as the meaning of menstruating changed. Above all, she attributes her celebratory attitude and sense of acceptance of both to feminism. The ideology that accompanied Judy's embracing of feminism filled the vacuum left by the lack of information and guidance regarding menopause forthcoming from the elder women in her family, and provided her with an interpretive framework for understanding these processes. Interestingly, she qualifies that she received positive messages in her family about *aging*, but not menstruation and menopause.

Recalling her Memories of her Mother and Grandmother, Judy Remembers

Judy: ... I asked my Mother, "What did you experience?" and I did remember (referencing a comment she made to me at the pool party) that she did not have a hysterectomy. She had a D&C, I'm pretty sure. I can't positively say that but I think I remember when I was 14 that I had to go home from visiting friends in the city we used to live in because my Mother was going to the hospital for a D&C and they thought she might need some help from me when she came home. And I think it was a bigger deal then because it became outpatient pretty soon after that. And mine were outpatient. It wasn't a big deal.

Ann: Do you remember how old she was?

Judy: Well, I was 14. It would've been 1955 and she was born in 1918, '28, '38, '48...(37 years old) yeah, so that was fairly young. Now that I'm

thinking about it I'm wondering if it was menopause that she was... I don't know... a lot of secrets happened, you know how, and women just didn't talk about that kind of stuff as openly as we do now. I thought it was related all those years to a menopausal occurrence, so it probably was. But, god, she was only 37. Wow.

Ann: That's so young.

Judy: Yeah. But the hot feet was the only thing she could remember when I asked her about it when I thought that I was beginning the process, and she was like, "Oh, uh, you know. All I remember is my feet got really hot." And then sure enough, so did mine! (laughter).... And my granny was still alive, obviously because she didn't die till up in the 80s, the 1980s, when she was 97, but, she was very proper. I don't think I would've asked her, if I'd even had access to her. She was living in North Carolina. She was very... she had been trained to be a lady (said delicately). She wouldn't have talked about things like that.

This unique manifestation – hot feet – delights Judy. *A hot flash of the feet?* I inquired. *Yes, sort of,* she responded. This is the only thing that she remembers her mother telling her about her own experience of menopause. For her mother, there was also a mysterious D&C, and perhaps a hysterectomy. Judy isn't quite certain. She also isn't certain whether either was related to menopause. There is only conjecture, because as Judy says, *"...I don't know... a lot of secrets happened, you know how, and women just didn't talk about that kind of stuff as openly as we do now..."* If she had had only her mother and grandmother to rely upon for information about menopause, Judy would have been approaching it in the midst of a huge vacuum. However, because she was part of a very strong community of women, she had many friends - many of whom were older - from whom she could draw advice and stories of experience. Ever curious, Judy sought out stories about menopause to supplement what little information her mother shared with her.

Stories from Outside the Family

*Judy: I used to read stories about menopausal experiences too, yeah. I know there were things written, now I'm not sure where. Maybe *Our Bodies Ourselves*, maybe probably some in there. But I would seek them out and read them. And, and there were books, there were books, stories in the public feminist press that talked about it, I'm positive. I don't remember actually interviewing anybody... I know that some of the books recommended interviewing your grandmother and your mother if they were still available, or your aunt. And that's when I tried asking my Mother, and she's like, "I don't know. I don't remember. Hot feet. I remember hot feet." (laughter)*

"...women just didn't talk about that kind of stuff,"

***but these women were talking: Women's Community
and Consciousness Raising Groups***

Just as the feminist community was an important critical and informative influence regarding her approach to bleeding, it continued to be so into menopause, and a source of information naturally occurring within the women's community was the Consciousness Raising Group. As mentioned in Chapter 3, a prominent hallmark of the women's movement was the creation of "Consciousness Raising Groups." For Judy, participation in these intergenerational groups of feminists naturally lead to being in close proximity to older women, and moreover, in a context which was designed to be about sharing and learning and support. The dynamics of these groups persist among this community of women in the Ozarks, and these dynamics were present in the gathering of women at the pool party. I commented to Judy about this.

Ann: I was just so struck, on Saturday by this lack of barrier between the generations, and the conversation just flowed, (Judy: yeeessss), and it was such a treat for me to sit there and as the topic [of menopause] would come up, and different women from different age groups, and different types of experiences [would share]. Then the topic would change to something else.

Judy: It's interesting. Several women now have commented on [this]... noticing the age range there and feeling that, that... Lisa, (one of the younger women in the community, and the host of the pool party,) was like, "Oh, I just felt so proud when I realized what a vast [age] range and how well we all did!" and I think we've been trained by things like Michigan festival, not that everybody there has been to it, but it filters out too. And I do remember when I was in consciousness raising in the 70s, having the experience of spending time with women older than me, on a regular basis... substantially older, not just a year or two, but women... I was in my 30s, [with] women in their 40s and 50s, and I can definitely specifically think of women in this case who [spoke about menopause], and realizing "You can relate with each other perfectly well..." You know they were really different from my Mother's friends, for whom I was taught to have this sort of reverence because they were older. I mean we had this whole thing in our culture at that time – you had to respect people who were older – I didn't necessarily have to call them all "Mrs. So and so," some of them I did, but not my Mother's close friends, but it was a whole different way of being... It was new for us in feminism to start relating to each other that way and it was very, very meaningful.

Judy continues.

Judy: you know... the way consciousness raising was set up, you had to do it that way, I mean, I mean, it was open. One of the groups I attended was open and that was the one where it ended up being a fairly wide age range, and it was set up so everybody was heard, and everybody had a chance to speak, and nobody [commented] on what other people said, and everybody spoke about their own experience. They didn't tell stories about someone else. It was, it was a really bonding experience to do that. And it was really, it really did... I might have been unusual, but I wasn't used to that. I was used to revering old, people older than me and people in authority. The same with doctors. You know, I'd been trained to think that doctors knew everything and I didn't know anything.

One older woman in particular had a significant impact on Judy. She resided on Beaver Island, a small island located off the western coast of Michigan in Lake Michigan. Memories of this woman's approach to menopause are vivid to Judy, and seemed to become the scaffolding upon which Judy approached her own experience. It's an attitude and approach of normalization, trust in the natural processes and one's ability to endure the changes one's body goes through as one ages. In asking Judy about her various

sources of information, our conversation turned to her friend from Beaver Island, Michigan:

Ann: ...You had mentioned a friend, who, early on, gave you permission to just let it happen.

Judy: Yeah, that was the woman on Beaver Island....She's the woman that runs the toy museum up there, and she's very, like, she's very in touch with a life force in some way, and very trusting. She's famous for going outside her door, and... she didn't have much money at the time and she had a kid to feed and she didn't really have any food and she'd go outside the door, and say, "I need dinner!" (in a false shout), and pretty soon somebody would come and say, "Hey, I caught some extra fish today. Could you use them?" I mean, she had a million stories like that. And I just think that she was way more trusting of what was going on. I mean, she didn't get scared when she was bleeding, bleeding, bleeding all the time. She knew it was going to get over and she just like, "Oh well. This is [natural] ... you know, it's okay. It's okay to just experience it and not get so worried about it. Because it isn't anything unnatural."

Ann: It sounds like she had a huge impact on you.

Judy: Yeah, that was very helpful. It was a very helpful thing for her to say. It was a realization. It was like, "Okay. I've been worrying and worrying about this bleeding stuff, and really, it'll be okay. Pretty soon it's gonna stop!" (laughter).

Women's Health Movement

An outgrowth of the Women's Movement, The Women's Health Movement, promoted the idea of women as their own most trusted experts on their own bodies as opposed to the prevailing belief that licensed physicians were the *only* experts (Ruzek and Becker 1998). Women's personal experiences were elevated to a level of legitimacy and credibility in terms of *knowledge* and *evidence*. The message of the Women's Health Movement was to encourage women to question to whom the attribute of "expert" was being given in regards to the care and knowledge of women's bodies. Feminist writers such as Barbara Ehrenreich and Deirdre English (1978) were unearthing the history of

women's involvement and women's roles in the care of the health of other women and how they had been systematically eclipsed by the burgeoning professionalism of medicine, health care, and its practitioners. They provided the women of the second wave with a history to react against, a counterpoint to their resistance. And within the women's movement arose indigenous *experts*, as well as an attempt to de-pathologize processes such as menopause which had heretofore been conceptualized by practitioners of the medical model as a "disease."

In the 1973 edition of Our Bodies, Ourselves, the first edition published by a publishing company, (Simon and Schuster), as opposed to the previous three incarnations which had been self-published, the Boston Women's Health Book Collective decided to include a chapter on menopause. This chapter attempted to not only carefully explain the physiology of menopause, but also to enlighten and sensitize women of the constructions of menopause found in the mainstream media. They state, "Menopause is defined as the period of cessation of menstruation, occurring naturally between the ages of forty-five and fifty." This is followed by a carefully explained description of the hormonal changes that take place, a description of "symptoms," and a discussion on what a woman can "do about it," suggesting a proactive stance by a woman who has both the knowledge and the right to exercise agency in her own healthcare.

Intermingled with the details about the physiological changes, the potential ramifications of such changes, and options for self-care, there are excerpts of interviews with women who have experienced menopause. The inclusion of women's words was and continues to be a hallmark of this series of books. These words serve to normalize the experience, as well as educate, placing other women in the role of "expert" to their

“sisters.” One such excerpt in the chapter comes from a woman who practiced yoga as part of her approach to menopause. “To you younger sisters, vegetables and headstands may not seem to be the pot of gold at the end of the rainbow, but if you haven’t tried it, don’t knock it,” (1973: 233). Another excerpt seems to speak to a fear that may remain unspoken if it weren’t for a book such as Our Bodies, Ourselves.

“Menopause itself is no longer a period to fear and wonder about. It is simply a time when menstruation stops and you can no longer become pregnant....Of course, it coincides with the aging process, and as much as we look forward to growing older, it is quite an adjustment to accept yourself with the wrinkles, the sagging, and the aches and points that may follow. In my case, however, I really feel better....I have come to terms with me, though, and that’s the most important adjustment” (1973:233-234)

The text offers such interview excerpts in the midst of a critical analysis of the messages that permeate the culture at large. In a sense this book seeks to speak the unspoken. And then in speaking the unspoken, they make it “loud and clear” to their readers. The following is part of the analysis of the onslaught of the societal messages about menopause, menopausal women, and aging that the Collective believes bombard women.

“The popular image of the typical menopausal woman is negative – she is exhausted, haggard, irritable, bitchy, unsexy, impossible to live with, driving her husband to seek other women’s company, irrationally depressed, unwillingly suffering a ‘change’ that marks the end of her active (re)productive life. Our idea of menopause has been shaped by ads like the one in a current medical magazine that pictures a harassed middle-aged man standing by a drab and tired-looking woman. The drug advertised is ‘For the menopausal symptoms that bother him most.’ Menopause is presented as an affliction to us that makes us an affliction to our friends and families.

In our youth-oriented culture, menopause for many people marks a descent into un-cool middle and old age. In a society that equates our sexuality with our ability to have children, menopause is wrongly thought

to mean the end of our sexuality, or our responsiveness to men, of pleasure in bed. In a society that considers babies to be our major contribution, menopause, often coinciding with our children's leaving home, marks the end of our only important job, the end of our reason for existing. Menopause is called 'the change' and all the implications are that life goes downhill from there" (1973: 229)

Thus the text offers not only enlightenment of the mainstream messages that a woman may not even be conscious of being surrounded by, but also an alternative response, a reframing of menopause that is an act of resistance to such societal messages and constructions. Above all, the text seeks to empower women who are going through menopause.

While the women I interviewed would have been of child bearing age during the exciting nascency of the Women's Health Movement (when this issue of Our Bodies, Ourselves was published), like the Women's Movement in general, this particular part of the movement provided an ideology that deeply influenced the women when it came to the processes of their bodies, and to whom they would turn for help, and for what reasons. Judy carried the remnants of this ideology with her as she began to cross the bridge of perimenopause in the 1980s. She strongly believes that this early feminism provided the critique necessary to encourage women to have a sense of agency regarding their own health care, and she vividly describes the social context to which feminism was responding.

Judy: Well, it seemed to me that what happened before the big outburst of feminism in the '70s and late '60s was that women were told by physicians that this [menopause] is an illness, that "You're having symptoms, and you need to correct the symptoms!" and you know, "You need to try to get your body to act as much as it used to act when you were bleeding as it can possibly act. Otherwise you're going to get wrinkles and you're going to get, you know, all these illnesses and you're going to feel terrible, and you're going to get old and you're going to lose your bone mass and just..." they were just I think it's the whole scare tactic that all medical

people, all that branch of medicine often use and I don't know if it's conscious, but it's sort of how they've been trained too. But, you know, I just I think that women really dreaded it often, and feared it and expected the worst things to happen to them, and expected that what happened would feel terrible and not be something to celebrate and enjoy if possible, but something to do everything you could to stop it, or prevent it... or to mask it or make sure it didn't happen. Boy, they really really, really pushed hormone replacement, incredibly.

Expecting the Worst

A perusal of two other popular press publications of the late sixties, penned by *experts* — two respected medical doctors — provides ample support for Judy's assertions (and those of the Boston Women's Health Book Collective) about the messages regarding menopause that were floating around in the public consciousness as feminism came on the scene. The first text is often cited as a seminal piece of writing that highly influenced the beliefs surrounding menopause in the late sixties. It is entitled, *Feminine Forever*, and was written by gynecologist Robert Wilson. (It was eventually discovered that Dr. Wilson's writing had been funded by a major pharmaceutical company (Seaman, 2003). In 1966, Dr. Wilson wrote, "At fifty, women on ERT still look attractive in sleeveless dresses or tennis shorts." In his book, which can be read as a treatise on the need for women to be on long term hormone replacement therapy, he popularized the notion of HRT being used to stave off the natural signs of aging in a woman, thus guaranteeing that she stay "feminine forever."

The second text was published in 1969 by psychiatrist David Reuben, and became well known for its title as much as for what it contained between its covers — *Everything You Always Wanted to Know About Sex*. A sort of "Bible" to go along with the sexual revolution, Dr. Reuben saw fit to devote the second to the last chapter to the topic of menopause. He provides this portrait of the menopausal woman:

“As the estrogen is shut off a woman comes as close as she can to being a man. Increased facial hair, deepened voice, obesity, and the decline of breasts and female genitalia all contribute to a masculine appearance. Coarsened features, enlargement of the clitoris and gradual baldness increase the tragic picture. Not really a man but no longer a functional woman, these individuals live in the world of intersex,” (p. 365)

These constructions of the older woman, the woman who is past childbearing age, as asexual and of no further use, had permeated our culture. (And there may be an argument that they continue to do so.) And the dominance of the medical model, its conceptualization of menopause as a condition, indeed a “disease,” set the stage for menopause, *women of menopausal age*, to be “treated” with hormone replacement therapy. To such messages, Judy responded...

Judy: And, and I might have fallen for it, and done it if I hadn't read some of the feminist stuff about it, about “This is crap. You don't need to do this to your body.” I mean maybe some people do, a fraction of women, this might be really helpful for. But as an across the board thing – No! No more than cesarean births need to be across the board. It's not necessary.

Feminism, and especially the Women's Health Movement, provided a counter-position and Judy lived, indeed lives, this counter-position. Still, while not agreeing with the message from the medical community that menopause was a “disease,” and in spite of taking to heart this very strong message of the naturalness of the process, Judy did eventually seek out the expertise of a medical doctor. Twice. Her physical discomfort had exceeded her threshold of tolerance. The first time she had insurance. The second time she didn't. Both times she sought out young women providers.

The First Time

Judy:Things were happening... this time I thought, “This is related to menopause.” And it had to do with a big change and I had had very simple, fairly regular menstrual cycles and menstruation. I didn't have

any horrible experiences with it at all. So, this was the first time really I'd had "Oh my gosh, this is too much, this is too much, way too much bleeding, or it's way too little, or it's weird, it's not timed right," you know? So that was my main physical thing that I noticed. And then it really got so I started to worry about it, about losing iron and anemia and I had insurance at the time, I was working for the public school system so I went to, I was always floundering around trying to find a gynecologist I really liked and my internist recommended a couple of women, I wanted a woman and I went to this one who... she did two D&C's and it seemed as if they helped. And she also talked to me and really pushed hormone therapy which I didn't want to do. And at one point she made this comment, "Well, you know if this one doesn't work, we'll just take your uterus out. You don't need it anymore, you're past childbearing age." And I thought "This woman!" she was a really young woman who had recently graduated and I figured out later that she was very involved with the Right to Life movement.

For Judy, this practitioner's medical practices and her involvement in the Right to Life movement were tied together. Her bedside manner was little more than a cursory glance at Judy's date of birth, assessing her to be beyond her reproductive years, thus no longer in need of her uterus. A woman is only a woman, only needs her uterus, if she is producing children — the singular purpose for a woman — what makes a woman "functional."

Typifying the message of the Women's Health Movement, Judy did not hesitate to question medical "authorities." Her story is also punctuated with her economic reality. When she chose to leave Michigan, she gave up a salaried position with health benefits. She moved to the Ozarks and consciously took up an economic and political project in creating a lifestyle outside of the structures of power, including that of the insurance industry. This has impacted the resources she can access in terms of care. Still, in spite of the depersonalizing she experienced when seeking care, she still exercises agency in the care of herself.

The Second Time

The second time Judy sought out assistance from a practitioner of Western medicine, she had ceased bleeding, but she was experiencing skin problems on her vulva. By this time she was living in the Ozarks and no longer had insurance. She made her initial appointment with Planned Parenthood. She was then passed along from Planned Parenthood to a dermatologist, and then finally on to a gynecologist. The gynecologist prescribed hormone replacement therapy. After some discussion about HRT being contraindicated for someone with gall bladder problems, which Judy has, Judy accepted the prescription. But their interaction and discussion of HRT did not end there. Once again, Judy demonstrated a strong sense of agency and engagement in social critique.

Judy: ...and then I did have one doctor suggest hormone therapy to me, after I moved here, and after I had ceased bleeding and I found what I thought was a sore on my vulva. Well it turned out it was drying tissue and my inner labia had sort of fused to my skin and it just looked weird and she prescribed... and she was really mainstream. Planned Parenthood sent me, first to, first they said... I like them. They were giving us good treatment. They had some grant and those of us without money could go and get pap smears and other stuff, and I, I went there first, and they said "Oh, we don't know what it is. You should go to..." what are, what are skin doctors called... I forgot (Ann: dermatologist?)... "a dermatologist. They might be able to tell you what this is." Because I was afraid that it was a cancer lesion or something and so I went to the dermatologist and she said, "You need to go to a gynecologist. This is something connected with probably gynecological matters." And so she recommended this woman in Springfield. And whooo, was she mainstream! And just, this big huge office with zillions of doctors and you had to sign away your life if you were going in there without insurance and on and on and on. And she just was like, "Oh, well, you need hormone cream." I said, "I don't..." She said, "You need hormone replacement therapy." And I said "Well..." I had this out - I said, "I can't do it because I've had gall bladder trouble." Which I have and it's really contraindicated in that case and so she shut up, But she said "You can use this external cream." It was interesting because her whole office was full of pictures of her. She was fairly young. She had this long blonde hair and she had all these horses in her office. So, she was a horsewoman, which is not unusual around here.

And so she gave me Premarin. And I used it for two or three months and then I found out how they make it which is...

Ann: Oh! (said with great exclamation at the sudden realization of what Judy was referring to – the practice of acquiring urine from pregnant horse mares who are confined in order for the successful acquisition to be carried out on a regular basis.) (Northrup 2006)

Judy: Oh yeah, horrible for the horses. So I sent her an article and said, “Do you know this? Do you know what they’re doing to horses to make this stuff that you’re prescribing and could you please prescribe me the synthetic instead of the one you’ve been sending me?” because there is a synthetic one. And she did and then I never filled the prescription. I just thought, “I’ll try vitamin E cream”. And that worked fine.... So many people just don’t make the connections you know. Because she might have known that, but she’s been trained to prescribe Premarin, so that’s what she did. And it’s all so factory-like, the whole thing anyway. It’s not like she gave a rip about me. She just thought I was some crazed lesbian who didn’t even know her body was drying up or something. You know what I mean? Yeeechhh.

Ann: What year would that have been? Do you remember?

Judy: It was ‘8-, ‘94. Mmmhhmmmm. Yeah. I wouldn’t be a bit surprised if similar things are happening to this very day. So. Yeah. So that’s the only time I experimented [with HRT]. I did do a little bit of wild yam cream for a little while. But then I thought, “I don’t think I even really need this.” I’m not really sure it works. I don’t really... I don’t know... I read stuff about it and I read that Dr. Lee [book]... Do you know that book⁷?

Ann: Yeah. I haven’t read it.

Judy: I actually have it, but I never read it. (laughter). I got it and I thought, “I’m not going to do this! Why should I even read this!” I don’t really need to change. If I get vaginal dryness, I’ll lubricate. That’s what I’ll do! (laughter). I’m not going to put stuff on myself every single month or every day of every month.

Judy carries her strong sense of agency and critical lens to healthcare, in general.

Even alternative treatments, such as the yam cream, were not above critique. Ultimately,

⁷ Dr. John Lee is a medical doctor and the author of many books on women’s health, including What Your Doctor May Not Tell You About Menopause: The Breakthrough Book on Natural Progesterone, published in 1996 by Warner Books.

Judy believed in her body's ability to balance itself, and her ability to manage discomforts, albeit with short term, fairly noninvasive intervention.

“Being without insurance can be a blessing.”

***But insurance with coverage for alternative modes of treatment
would have been a blessing too.***

The women who created and joined the community of Aradia made great lifestyle changes that reflected their feminist ideology. As we heard earlier, for Judy, being a feminist meant leaving the privileged, albeit frustrating, world of heterosexuality behind and becoming a lesbian separatist. In their search for a more perfect women's world many of the women quit jobs which had been professional positions on defined career tracks, with financial benefits such as health insurance. To make the decision to leave such financial security, in pursuit of the creation of a community that could, to the extent possible, live outside of structures which were seen as part of the larger system of patriarchy has had long term ramifications - living without healthcare being one of them. While Judy speaks of this as a decision that has had aspects which were positive in nature, such as not being tethered to the Western medicine health care machine, she also admits to wishing that she'd had access to health insurance that would cover alternative modes of treatment such as acupuncture. If that had been the case, Judy would have availed herself of such treatments, and thus taken the risk of becoming tethered to the health care machine, albeit via non-Western modalities of treatment.

Ultimately, it seems like Judy recommends an overhauled version of the current health care system, not a society without a formalized health care system. She gradually

suggests that a “socialized medicine” could be the answer, asserting an implied critique of the capitalistic nature of the current system.

Judy: ... in some ways I think it's been a big blessing I haven't had any health insurance. (laughter).

Ann: In what way?

Judy: Well, just because I've had to not go there [for health care] and sometimes when you go there, you get more than you want. You know what I mean? Like, it just gets really expensive. They really sort of, it's just so corporatized. It's big corporations running it all now, and it's like very routine and they have you do way more tests than you really need, often, and it's just caused me to have to rely more on my own self to keep myself healthy. So, I'm out there walking everyday. I'm out there kayaking and I might have done that anyway, but. I just think that in some ways health insurance contributes to the ill health of this society in general, because the ones who have it are over-medicated and over-tested and the ones who don't are under-medicated and under-tested, and we need to have some in-between, happy medium or something. Which I guess socialized medicine would probably do that better.

Ann: I think of the whole idea, like you would know what your body needs, and you'd make informed choices, and with health insurance it's so easy... [to be a passive recipient / participant].

Judy: It is. That's a big part of it. I don't know. I don't think that there's a happy situation with health care in this country... It's an unhappy situation, for the most part, for everyone involved with it. I'm not saying that people don't have good experiences, because they do, but for the way the system is, it's not very happy. It certainly doesn't serve the people as well as it could. So, I don't know. I mean, I, I don't know if I wish I had more access to it than I did. I suppose I might have gone to Golden Light [the clinic created by two women from within the community, that offered alternative modes of treatment such as Reiki and herbalism] more if I had had insurance that covered it, and that might have been helpful. Or, other practitioners like that, acupuncturists, I probably would have, if I'd had coverage that covered acupuncturists I probably would have done that. I would do it now if I had it. I would do it in a flash. I would be there...massage, other Chinese modalities. I really think I've benefited most in my life from the alternative things. Like I've, I had access to Roling here because somebody who lived here had a friend here who had learned it and needed to practice, so I got the whole thing for a really good price, and [from] a really nice woman. And it made a huge difference to my physical well-being. So I think access to any of that kind

of stuff has been stymied by lack of either money or insurance and so it has its good and bad points. I think I've had fairly good access to information and education, as much as I could stand (laughter).

And it is this information and education, and the confidence in her own ability to know her body and assess it's well-being that has enabled Judy to make informed health care decisions. Indeed, one of the main platforms of the Women's Health Movement was making good, sound information, based in sound science, available to women so they could make such informed decisions. This was considered activism within the women's movement. And Judy engaged in her own act of activism and resistance in attempting to educate this physician regarding the creation and manufacturing of HRT.

Healthcare Providers from Within

As another act of activism and resistance to the traditions, practices, and influence of the hegemonic Western medical model, Judy steadfastly sought out women practitioners, which were not very common at the time – to mixed results, as evidenced by her story. Practitioners of various modes of health care also arose within this women's community, the aforementioned Golden Light being a clinic run by two such practitioners. The idea of obtaining care within the community was very attractive. There seemed to be an inherent trust in the care and skills of the other women within the community, yet as Judy tells her story, even these practitioners are not exempt from critique.

Judy: We had some good practitioners here too who sort of helped me get some ideas about it all too, the Golden Light clinic. Jane and Natasha. Natasha's an herbalist and Jane is a nurse practitioner and they were very, very... they used to be midwives. They were very, very influential on how women in this community dealt with their, all of their gynecological kinds of things. And I did go to them for awhile and they were helpful... They're both really good at what they do. And I've heard stories

of how Jane would come to Midwest [Women's] Festival, this is maybe even before she was with Natasha, like over twenty years ago, definitely, with a bunch of plastic speculums and give people exams there or help them look at their own cervix. Somebody tells the story of Jane, totally naked, giving some woman [an exam] ... you know, it was like she made it more everyday and ordinary for women to do and think about that stuff. And she's very down to earth and very into "Let's take care of ourselves, and let's not let other people tell us what to do." And when they would do pap smears, they very carefully searched out labs with excellent reputations and they always sent two slides because they didn't want anybody having false readings and stuff. And just good women. [Returning to the specific topic of menopause] Oh, I think practitioners, really, massage therapists, really anyone who was thinking about this stuff certainly helped me through it all.

Doing It Differently

In the end, Judy believed that feminism and the Women's Health Movement had a positive impact. She is certain of its impact on women who have been listening. And she believes that there has been an impact on the mainstream health care system, at least in the way that *some* practitioners chose to approach their patients.

Judy: There was a huge atmosphere at the time [of the Women's Health Movement] of "Let's embrace our bodies and get to know them, and make sure that we feel comfortable with what goes on with our bodies and understand it. And don't let some outside authority tell us [what to do]." Which was a big, huge shift, huge (said with emphasis). And I don't think any of us have totally accomplished it, but [it's a beginning]. And then we started to get help from health care practitioners who believed the way we did, and would be way less directive than, say, that physician who told me I should just cut my uterus out because I didn't need it anymore, (imitating doctor's voice, with sarcasm).

And it wasn't just for me. It was for a huge numbers of women. Huge numbers of women. And I know the influence of it has affected our daughters and other young women, I mean, even without us consciously saying this is what happened and how it used to be and how it is now. Our attitude changes changed everybody's attitude and feelings about [them]selves. I'm not saying there aren't still negative feelings and self-images. Because the industry is still out there promoting [medicalization of women's bodies] everywhere - all the industries that have a stake in it. But there's a lot more resistance, I think, than there used to be. Certainly when I observe my daughter and her friends, what those women are like.

And they're all pretty much straight women, not all, but some lesbians. But, they have such different lives than I did, amazingly different, in some ways.

...as a part of the feminist lesbian culture

As I stated in Chapter 3, I did not approach this project with the aim of finding out specifically how a community of lesbians responded to menopause. I was just curious to hear the stories of any women who had chosen to approach menopause using alternative treatments as opposed to hormone replacement therapy. Sexual orientation was not part of the criteria I was initially using in defining my sample. Needless to say, I learned very quickly, that for these women, sexual orientation was front and center, right alongside their identity as feminists. Judy's story is especially poignant in illustrating how closely the two facets of her identity are intertwined. Both impact the ways in which these women experience their bodies, and the way they approach the care of their bodies.

By the time I interviewed Judy, I had already interviewed one other woman, Neely. Proud of my interview guide as only the "naïve researcher" can be, I was thrown a bit off center when my question about sexual orientation was questioned by Neely. I asked, "How has your sexual orientation impacted your experience of menopause?" Neely, in what turned out to be a very typical manner of frankness for her, simply replied, "*...I don't think it's my sexual "orientation." I think it's so much more than that, well... I mean... it is a culture for me. I live in a lesbian culture, by choice. I'm sure there are many lesbians who do not, who live out there in the other world. (laughter).*" This heretofore unabashedly proud, if naïve, researcher stood corrected. From that point on I always asked the question couched in the story of Patsy's interpretation, or correction, of the question. While I still asked "How has your sexual orientation impacted your experience of menopause?", I also qualified it with the anecdote of having my simple

question qualified with the addition of “lesbian culture,” when asking. And I was to learn about this culture, and what it meant to go through menopause within this culture, as these women had created it. And Judy seemed to pick right up where Neely left off. Obviously the clarification of my question resonated for her too, and lead her to provide a description of the cultural context that these women had inhabited, both as second wave feminists and as lesbians. She also provided a stunning example of the second wave mantra of “Personal is Political,” (Hanisch, 1970).

Judy: Yeah, it is very cultural for a lot of us, and that I think comes from the lesbian feminist outlook. I don't think it's the same for closeted lesbians or non-feminist lesbians. They wouldn't experience it the same way. I really don't think so, from what I've experienced from hanging around with, the few I've ever hung around with lately. I think that a lot of non-feminist lesbians, more of them are likely to think that they were born lesbians and didn't have any choice about it, and don't see anything that political about it, in the same way we do. It's more like “get my rights the same as the straight people,” rather than you know, something's wrong with the world and there are many ways in which the world is not right, and they're all connected and they're all part of what we're working toward here – equality for, yes - women, but also people of color, also class-related issues, also imperialism, also, I mean it, you know, people with disabilities - it's all connected. Oppression is... it's not like separated, they're not separated and I think a lot of the closeted lesbians that I've hung around with are more like, “Oh, I fell in love with a woman!” or “I just couldn't help myself. I had to be sexual with women.” And it's way not only about sex for all of us feminist lesbians. It's about a presence in the world as women without men, and women who really love women and who are devoted to women in a way that not even closeted lesbians are. So, I think it's just broader [than that] and I think that's probably what Neely was saying too. In a probably very different way, but she hasn't been a lesbian as long as I have, but she certainly knows... knows what it's all about in a real similar way.

Oh, I think that. unfortunately, a lot of lesbians who don't have a feminist outlook, or who feel it really necessary to be closeted really believe a lot of the patriarchal crap, and think that the way to be in the world is to get as much as you can out of that system or fit into it, and make it recognize you as like everybody else and that's not what I think I'm like. I don't think I'm like that. I want something different than that. I remember my Mother saying to me when I got divorced, “Oh good! Now you can... now

that you two are done, now you can go find a nice man who will take care of you!” And I’m like, “I don’t want to be taken care of, Mother! That’s not what I’m looking for in my life.” So, I don’t know. I mean, I think a big part of it for all of us who have been in this feminist outlook and involved in some of the institutions like Michigan [Womyn’s Festival] and others, Midwest Wimmin’s Festival – they’ve had a big impact. It’s been about learning to be competent and capable and on our own, and with each other’s help and not dependent upon the patriarchy. Do as little dependency on the patriarchy as possible. Not that it’s possible to escape it, but to really criticize it, question it...

...for the next generation

This way of being in the world, as a second wave lesbian feminist separatist, has had ripple effects. Judy talks about how her way of being in the world impacting the next generation – her daughter and son. She talks about how they were exposed to her “ardent [lesbian feminist] politics,” through her own way of negotiating her bloods as well as the onset of her daughter’s bloods. And she believes they are better for it. I wondered, specifically, if Judy had talked with her daughter about menopause. This one question prompted a landslide of reminiscences about how the presence of a woman’s blood played out in their household.

Ann: Have you talked to your daughter about [menopause]?

Judy: Yeah. My daughter, poor thing, she proved to her friends, when she was thirteen years old that her mother was a lesbian by taking them to the freezer and showing them my frozen menstrual blood. Now somehow or other they connected that! (laughter). Only a weird lesbian would do that, I guess. She said, “My Mother’s a lesbian!” “Oh, she is not!” “Yeah, she is! I’ll show you! Look!” (and gesturing opening the freezer door)... (more laughter).

Ann: How did you find out?

Judy: She told me. Eventually....But you know she, she and my son both had to put up with, you know, our ardent politics of “Okay, our bodies are beautiful and whatever they do, it’s like not a big deal, and so, so what if you’re in the bathroom when I’m taking my sponge and rinsing it! Deal with it!” (much laughter). So, I think they both got a big dose of real

realism about women's bodies. And it would be interesting to ask my daughter-in-law how that's affected her life with my son, if at all. But I would imagine in a positive way, because he could certainly understand PMS and stuff. So... you know, Sandra, [Judy's daughter], I would say, had more education than she wished she had about it all! And when she started to bleed, we're all like, "Yeaaaaa!!! Let's have a celebration!" She's like "Mom. Could we not?!" (said in a deep serious tone). We did convince her to have a 13th birthday ritual that Nancy helped with. It was at Nancy's house in fact. And all these adult women came, all the lesbians from the community, and Sandra and her friend Janet and her cousin, maybe her friend Andrea. Who, all these girls except Marie, the cousin, had been to Michigan [Womyn's Festival] and stuff by then so they, they were used to us. And they all gave her presents and told her, they each took turns giving her advice, like one of them gave her wine, and said, "Now drink a little wine and you'll have a good life!" And the next one's like, "Be completely abstinent from now on – you'll have a good life!" (much laughter). She still has some of the presents she got and she's 38. Yeah, it was great. (Ann: that's beautiful). It was lovely. I don't know how lovely she thought it was, (much laughter), but we all had a good time! (Ann: You all had a good time at her 13th! Laughter) Yeah!

The upbringing which Judy provided for her kids stands in stark contrast to her own upbringing. It is clear that her sense of her duties as a mother differed greatly from her own mother's. One cannot imagine that Judy's kids, and especially her daughter, grew up with a sense of the presence of a woman's bloods as being a taboo subject, shrouded in mystery and secrecy. To the contrary! While Judy's daughter has yet to reach perimenopause herself, it's a safe bet that *her* mother will tell her far more detailed stories about her own menopause than just about how she got hot feet!

Post-Menopausal Aging: "...this whole new way we can be"

As I asked some questions regarding self-perception and personal meaning, "How has or did menopause change(d) your perception of yourself, if it has?" and "What has being a post-menopausal woman come to mean to you now?", the women inevitably took the interviews from the realm of menopause into the realm of aging, in the broader sense. As I'll discuss in Chapter 7, menopause, historically, has not been studied as part of the

larger process of aging, (Dillaway, 2005) but rather as a discreet physiological event. For these women, because it is part and parcel of the processes of their bodies, the seamless waxing and waning of the moon, they seem to naturally move in conversation from menopause into a more global sense of themselves as aging women, as Cronos. For Judy, menopause and the concomitant and subsequent process of aging has presented a response of *both* “oh my god!” and “woohoo!”

Judy: It definitely is freeing, because as I said before, there's that whole thing every month not happening anymore. And it does take up time and energy, and money, and thinking about it, and just dealing with it. There is sort of a sisterhood of us post-menopausal women who all understand each other in a way the ones who are still bleeding don't quite get yet. And it is clearly, we're in... you know if you separate your life into 3 stages - pre-menstrual, menstrual, and post-menstrual - we're in the third one, which means we're getting closer to the end, so that's an interesting phenomenon to be in too. But I really love the idea that more and more women who get this far are excited about it, and feel like it's a freeing experience and like there's a new surge of energy, and there's this whole new way we can be. We're relieved of some responsibilities we might have had when we were younger, and [we're] trying out new stuff, and doing things we might have wished we could always do and never had time for, for some reason or other, whether it was making a living or raising children or both or something else. Usually by the time we get to menopause we can slough off some of that stuff. It's interesting to watch the body changes and observe them and sometimes it's like “oh my god”, and other times it's like “woohoo!”

Ann: What would be an “oh my god”?

Judy: oh like, like I don't know if this is menopausal, but it has definitely come with aging. It's like every time I see my skin, I'm like “Whoa! That looks so weird, because I didn't used to have this! It used to be all brown!” and other things like that - a little turkey neck here, and little wrinkleys and dry skin, and people make jokes. I've started getting menopausal jokes online now, or old people jokes. You know, funny ones, lists of things that happen to people when we get old and you know, one common one is about how your skin changes and you get more bumps and moles and red spots and odd things, and uh... Digestion isn't as efficient as it used to be (laughter) you know, and that's just aging. Men have it too, but it's certainly part of post-menopause! I actually have always liked how old people look so I don't have a reaction, when I see myself looking

older, of “Oh no!” But it’s more like, “Whoa, that is really amazing!” And I remember all these old women saying in the nursing homes, you know, “I’m shocked when I look at myself because I still feel like I’m 30 years old inside!” And it really is true, that all of those older us’s are still inside us, so, we are sort of strangers to ourselves as we change like that, and that’s true throughout our lives, but it’s way more noticeable as you get older because really things start sagging. And, unless you really work at it, you get stiffer and less agile, and less mobile, and [have] less energy. It’s a lot of effort, it’s a lot more effort to stay, to keep moving, I think. And I’ve been reading some of this stuff about how the life expectancy can get really, really long as they do more bio-engineering and things.... And, it’s an interesting thing to think about. And who knows? They may get to the point where there is so much interference with the way the human body works now, that what menopause is in the next century will be totally different than what we experienced, or are about to experience! (laughter)

Ann: Oh yeah! You had said there’s the “oh my god” and then there’s the “woohoo.”

Judy: Oh the “woohoo” is... you mean the “woohoo” part? (laughter). Oh, just that sense of freedom and [being] free from the monthly cycles and free from the expectations sort of... you just have a lot less expectation and a lot less caring about what other people think. I think it’s a life stage where, I read this over and over, old women writing about “I just don’t care anymore! I’m just gonna be who I am, and do what I wanna do, and I don’t care what anybody thinks. I don’t care what my kids think. I don’t care what society thinks!” I think the Red Hat Club⁸ is sort of a symptom of it. It’s, it’s largely women who are menopausal. You have to be 50, (Ann: you have to be 50.) and it’s, it’s like those old women I used to see and feel sorry for. It’s like big groups of women out having fun together, you know! It’s a great thing, I think. I just think they’re really amazing! I have, I have a red hat.

Ann: Do you?

Judy: I’ll show you. I have a picture. It’s a joke really. When I go to Beaver Island they put these little hats on your car with a number on it to load it onto the ferry, and it’s red! (laughter). So I put one on my head one

⁸ The Red Hat Society, or “Red Hat Club,” as Judy refers to it is a fairly recent movement to “raise the visibility” of women over 50 years of age. The association is global, but has local chapters. Its name is a reference to a line in a poem by Jenny Joseph, entitled, “Warning (“When I am an old woman I shall wear purple/With a red hat which doesn’t go and doesn’t suit me...”)” written in 1961. Its members wear red hats when attending gatherings of the Society, thus they are known to one another by their red hats. (www.redhatsociety.com)

time and got my picture taken. “This is, my red hat for the Red Hat Club!” But I think if I had, if I was in a Red Hat Club, and there are lesbian Red Hat Clubs now, it would be a ball cap probably, because that’s what I mostly wear. But, I think that’s part of the reality of more women in our culture getting to menopause, the Baby Boomers getting there, and that there are things like The Red Hat Club going on. (said in a falsetto voice:) “When I’m an old woman, I’ll just do what I want to do!” is essentially the background of it, that poem. That’s what it’s about, “I’m going to do the things I never did!”⁹ You know? So, I think that’s part of it. The “woohoo” part of it is just feeling like, “Ok, now I can do more of what I’ve always wanted to do ...because I don’t have the pressures that I had when I was still working a full-time job and still raising kids, or whatever.”

Speaking of the symbol of the Red Hat, and the emergence of clubs acknowledging, indeed celebrating aging women, I asked Judy about the ritual of Croning, which I had learned that a number of women had engaged in – a public ritual celebrating the “Crone,” the post-menopausal Wise Woman, recognized Elder of the community. While Judy is embracing being post-menopausal, and aging, in a most conscious, positive way, she has not engaged in the Croning. Not yet, at least. But she is continuing her activism, and spreading her involvement in the larger women’s community into new venues which have been opened to her *because* of her aging.

Judy: Well, what I’ve been saying is I’m going to wait [to do a Croning ceremony] for my third Saturn return, instead of my 2nd one.¹⁰ (laughter), which is in your 8-, in your 80s. Maybe then I’ll think I’m really a Crone. (Ann: Really? Really? Said with incredulity) It’s because I come from a pretty long lived edition ... I like, I had grandparents on my Mother’s side who lived till they were 97. And I always thought from the time I was a

⁹ This is a reference to the poem by Jenny Joseph, referenced in the above footnote.

¹⁰ This is a reference to the cycle of Saturn, orbiting the sun. It takes approximately 29 years for Saturn to make one orbit around the sun. Thus, if Judy waits until her third “Saturn Return,” she will have her Croning ceremony when she is approximately 87 years old.

little kid I'd live at least until I was 100, so you know, I'm "young old" now. I learned that term at the Old Lesbian's Conference.¹¹

Ann: Oh really?

Judy: Mmhhmm...

Ann: There is such a thing as the Old Lesbian's conference?

Judy: oh yeah.

Ann: And how old are the women?

Judy: We have to be 60 to go.

Ann: 60?

Judy: And so the 60s group are the "young old" and the 70s group are the "middle old" and the 80s group are the "old old", 80s and 90s. I don't think we had anybody there who was in their 90s, but...

Ann: but, you will be.

Judy: I'm planning to be. It was interesting to be in a group that was the youngest group there, I must say. And not long after I was in a group where I was the oldest person there, for the first time ever!

Attitude Changes: Critique, Resistance, and Everyday Reverence

Judy's story is important for a number of reasons, (besides nearly fulfilling my own fantasy of a personal meeting with Gloria Steinem!) As I stated earlier, her story provides readers with a social context within which to read the following chapters. Her life beautifully illustrates the rich history within which the women of my project have lived, indeed much of which they have been involved in as active creators. As Judy's story shows, they were the Midwest architects of the second wave of the Women's Movement. And they used the ideology of the Women's Movement, and of the Women's

¹¹ This is a reference to the national organization, Old Lesbians Organizing for Change (OLOC). During my time in the field Judy was elected to be the national secretary of OLOC.

Health Movement, as they pioneered a new way in creating their own lives as women, and more specifically, as lesbian feminists. They engaged in social critique of the dominant paradigm: a capitalist patriarchy that supported the Western medical model and the pharmaceutical industry. They refused to accept mainstream society's messages about a woman's value being located in her young, ovulating uterus. They forged a new way of being in the world by embracing both feminism and lesbianism. And they have taken this pro-woman stance into their menopausal years and beyond, defying any devaluation of aging women by remaining front and center with an engaged social critique that manifests through acts of resistance such as overtly celebrating one's bloods, speaking the unspoken, questioning medical authority, embracing the "oh my god" of aging, and finally, wearing little red softball caps when they have finally reached *a certain age*. These are the women of my project.

INTRODUCTION: BLOOD / NO BLOOD

Each of the women tells the story of how one day they were bleeding and then another day they realized that they were not. They talk about what the presence of blood in their lives was like, what it meant to them, if anything, how they experienced it physically and then how they came to the realization that it was no longer there, no longer going to be a part of their lives.

Their stories are punctuated with tales of blood, blood as an artifact of menstruation. The embracing of menstruation was important to many 2nd wave feminists. Several of these women used their blood in various capacities that were outward expressions of this bodily process and of their woman-ness, but in a very “liberated” sense. There is then the absence of blood. In this chapter, I will explore this shift and what it means to the women and to their culture.

One Day, and Then the Next...

One day a woman is bleeding. The next she is not. Sometimes it means something. Sometimes it doesn't. If she is trying to get pregnant, it could mean that she is. If she isn't pregnant, it could mean nothing. Or it could mean that she has reached menopause, the cessation of her menses.

By its very nature of being “diagnosed” in hindsight – after 12 consecutive months without a period a woman is then post-menopausal – it has happened, it is impossible for a woman to know exactly where she is in the life cycle. There are

indicators that her periods are slowing down, that she is coming closer to cessation. These may include irregular periods, a marked change in the amount of blood during a period, night sweats, insomnia, mood swings, fuzzy thinking, and the consummate telltale sign, hot flashes (Love 2003; 51-65). But every single woman is unique in this process. She can listen to the experiences of others. She can read books. She can consult “experts.” But until she has gone through those 12 consecutive months without a period, she has not gone through menopause. She is not post-menopausal. Thus, it would stand to reason that a woman would make sense of her menopausal experience in hindsight. She would be able to define it and describe it for what it is/was, in hindsight only. It is clear that my interviews offer the women the opportunity to do just this: make sense of their menopausal experience, in hindsight.

As introduced in Chapter 1, the terms menopause and perimenopause can be used interchangeably, both referring to the time leading up to the completed 12 months without blood at which point a woman is said to be post-menopausal. As is evident in these interviews, the women choose which term to use and when, and it is usually context which offers the reader or hearer the understanding of exactly where the women are in process, regardless of the term used.

When I first began doing research on menopause, it was 2003, I was 40 years old. I wrote my first paper on the topic for my Women’s Health class, taught by JoAnne Banks-Wallace, PhD. For the paper, I read academic articles, as well as popular literature on menopause and women’s experiences of aging. I did one interview with a post-menopausal woman. At the time I felt immersed in the topic. I was starting to feel comfortable with the literature, getting to know both the academic terrain of the research,

as well as the bookshelves in the local bookstores. I felt comfortable and confident with the topic. Honestly, I felt like I was acquiring that knowledge that my older “sisters” were privy to, and that I, at my age, shouldn’t have yet been allowed to know. It was reminiscent of when my older sister, upon reaching puberty, mysteriously began having whispered conversations with my mother in the bathroom, from which I was curtly excluded, without explanation. HA! No longer! Through the guise of research I was allowed to open the Pandora’s Box of the experience of the older woman, or more accurately, women older than me. I was allowed, so to speak, to come into the “Over 40s Tent” at the Michigan Womyn’s Festival! I was invited to sit at the table with the older women and hear their secrets, have their mysteries unveiled to me. I was being included in the conversation about menopause.

Since it was research, and in spite of claiming to use a feminist methodology that rigorously calls for active reflexivity, I approached my topic as an outsider. I was learning about an experience that I had not yet had. I was fairly passive in taking in the information. I was fascinated in a curious sort of way about the “other” – the no-longer-bleeding other. Little did I know that, physiologically, I was coming closer and closer to no longer being an outsider, but rather being one of *them*, joining the ranks of women whose periods had ceased.

My first awareness of the possibility that I had begun my own process took place in 2005, after several months of irregular periods. My body has always been very predictable with very regular periods, so such irregularity caused me to wonder, briefly. Yet, a pattern to the irregularity seemed to emerge. While it was irregular from what it had been before, it was settling into a new pattern, it seemed. There were fewer days in

between my periods and the overall blood flow seemed to be lighter, less. Still, immersed in the very busy life of graduate school, I didn't take notice for a long time, brushed it off, and certainly didn't connect it to *my* menopause, or perimenopause, in spite of spending hours of my waking life *learning* about other women's experiences of menopause. That was *them*. They were *older*. This was me. I was younger. And still bleeding. Then, for no explicable or apparent reason, I became alarmed. And in the quiet of my own musings, it finally dawned on me that this may be the first signs of my own process of menopause. Frankly, I was quietly stunned by this emerging supposition. Half in disbelief, and half in wanting confirmation and validation, I shared my musings with my friend who I had interviewed for that first paper. It did not take her long to draw the same conclusion. And upon doing so, she hugged me and uttered words of congratulations and welcome. I let her hug me. I don't remember if I hugged her back. I remember noting that there was joy in her sentiments. She was happy for me. Shouldn't I, then, be happy too?

Some months later, I made an appointment with a medical doctor. Conjecture was not enough for me. By this time not only were my periods now regularly irregular but I was beginning to suffer from significant bouts of insomnia, a heretofore unknown experience for me. I also was experiencing moodiness that seemed out of proportion with what was going on in my life. And in spite of feeling well versed on the topic, I wanted the authoritative assessment of an *expert* who would access medical technology in order to tell me what was happening with my body. I wanted a diagnosis from an expert within the Western medical system. And I got it.

I made an appointment with Laurel Walter, an MD whose practice at the Whole Health Birth Center focused on pregnancy, yet she had a reputation for being open to practices of alternative medicine. During my appointment, I described what was happening with my cycles and my body in general. Conveying great understanding, and competence, she assured me that she could tell me herself, relying on her years of experience and with great confidence, what was happening with my hormone levels. Or she could have me do a salivary hormone test, if I preferred, and acquire actual numbers indicating the levels of my hormones. I didn't hesitate. I wanted numbers.

I took home a vial, and at the appointed time, spit into it, and sent it off to the lab. The results came back to the clinic, and the office called me to set up a follow-up appointment. During this appointment, the doctor translated the lab's findings. A reduced level of progesterone. Just as she had suspected. This is usually the first hormone to decrease with the onset of perimenopause. I was in process. I was perimenopausal. I was no longer an outsider. I was no longer studying the *other*. I was one of the *others*.

It's funny... even though I have been privy to all sorts of stories, and read all sorts of information, and talked to countless women about their own experience, my own menopause remains a mystery to me. What, in my life, is about menopause? What in my life is about being 45 years old? What in my life is related to grief over my Mother's recent death? What in my life is related to the very sad, difficult break-up I recently experienced? What in my life is a by-product of being a graduate student? What is prompting this call to engage in a reassessment of my life? And what is about fluctuating hormones, and the knowledge that my reproductive years are coming to a close? Most days I simply don't have a clue. I forge ahead. And look to the women I interviewed as

beacons – light at the end of the tunnel. And it won't be until I go through those twelve consecutive months without a period, that I will have crossed the bridge that is menopause. I will be on the other side, post-menopausal, hopefully becoming a beacon for some other woman.

“It’s like the frog in water that gets warmer and warmer....You don’t notice.”

Each woman’s story is unique. There is no prototypical menopause story, although there is a stock of motifs that frequently appear. And the stories these women tell are informed by their historical moment, and punctuated with historical and cultural references.

The story I set out to tell in this chapter is the story which takes a woman from bleeding to not bleeding – from menstruation to menopause. Through the words of the women I interviewed I learn of the vagueness and mystery of perimenopause. I learn about the assumptions and expectations they took into this phase of life based on what they had or had not learned from others, both family and friends. I learn of the actual physical experience of menopause, and their various responses to it. I learn what their blood had meant to them, if anything, and then subsequently, what it meant to be no longer bleeding, to be a post-menopausal woman. With Judy’s story as background, through this chapter I include excerpts from the interviews of seven women – Sue, Jane, Carla, Nancy, Barb, Victoria, and Neely, featuring extensive excerpts from three in particular – Jane, Carla, and Neely.

Sue

Sitting in her cozy living room, with the early afternoon Autumn sun streaming in on us, sipping hot herbal tea from homemade mugs, I dare to ask Sue, a ceramicist, an animal lover, and an avid gardener, “Let’s see... what would you tell a woman who is just entering perimenopause about the experience?”

Sue: Well, I think I’d uh, tell her to read everything she could and try to pay attention to her body which I don’t think I was. Or there were things that overshadowed that for me. And if that happens, I guess that’s just the way it is. And, also, the changes are gradual in a way that, you know, you sort of wake up one day and then notice that the changes have happened, kind of. I mean, that’s what it... you know, it’s not something that just happens in a day. So it’s kind of hard, you know, it’s like the frog in the water that gets warmer and warmer, you know. You don’t notice.

Ann: That’s a great analogy.

Sue: Well, it’s kind of a grim analogy. (laughter)

Many of the women talked about a sort of aha moment when it dawned on them that they were no longer bleeding. While some had kept track of their periods early on, none were tracking their periods at the time of menopause. So, it just made sense that there’d be an element of surprise, disbelief, confusion, or bewilderment when the connection was finally made that what their bodies had been experiencing was perimenopause. More than one woman used the analogy of sleeping to describe the state she’d been in prior to *waking up* to perimenopause. Also complicating the picture is the fact that menopause can only be defined as having been completed, in hindsight. Consequently, unless one gets her hormone levels read while in process, (as I did), one can only speculate that what is going on is related to the tapering down of one’s periods. True to form, the women I interviewed made connections in hindsight regarding changes in their lives that, once examined with the advantage of 12 blood-free months behind

them, they could begin to see as having been part and parcel of their whole menopause experience.

The Menopause Story Begins with the Bleeding Story

Without fail, my interviews with the women took us back to the time when they were bleeding. They needed that marker, or that reference point, as a beginning point, for the story of stopping bleeding. I guess I lead them there by asking about how they first noticed that they were approaching menopause. In order to talk about stopping bleeding, once must talk about bleeding in the first place.

In looking back at the interviews, the descriptions of bleeding were far more animated than the descriptions of not bleeding. Is that because it is easier to describe something that is present vs. describing the absence of something? In the women's stories, their telling of their bleeding times were as much stories about their culture, their particular feminist culture, as they were about their particular patterns of bleeding. It became clear that the blood was a sort of naturally occurring artifact – in some cases an objet d'art – in some cases a concrete symbol of their womanness upon which they projected meanings connected to their feminism.

For many of the women of the second wave, to celebrate one's bloods was a marker of their feminism – a celebration of their womanness in the face of or in defiance of a hostile patriarchy that would rather shut them up, or define them as weak because they bleed (Bullough and Voght 1999, Lee 1994). They were a group of women who were not standing on formalities, rather they were breaking down barriers, confronting taboos, rewriting the “rules” on all things woman, including bleeding.

In Chapter 4, Judy tells us the story of storing her blood for future use in her garden. The following interview with Jane includes details of the ways in which she used her blood in art and ritual. Other interviews included such stories told either as first hand accounts or as general remembrances of such events taking place. In her telling Jane had believed she was unique in such use of her blood, not initially being aware of others doing the same, as participants in the women's movement. I knew that the seminal text on women's health, Our Bodies, Ourselves, had been very influential for this group of women. Considering the ages of the women I interviewed, I assumed that the inaugural version, published in 1973, by the Boston Women's Health Collective would surely contain similar stories. It does not. It seems that the women I interviewed were among the original authors, writing the stories themselves.

Jane's Story: Blood = Guerilla Warfare!

Jane arrived in the Ozarks, in the late sixties, having dropped out of a doctoral program at a university in Northern California. She brought with her, however, a professional credential and experience as a registered nurse. Settling in her new home in the Ozarks, Jane really adopted a new lifestyle, a new identity, claimed feminism, and ultimately became a separatist. In hindsight she sees that she was perimenopausal during this time, but does not see this as a "coincidence!" Having grown up in a very conservative, traditional environment, Jane carried a shame and repression associated with her body and its processes. During her training as a nurse she adopted what she describes as a "clinical" view of the body. After her arrival to the Ozarks, Jane discovered feminism and began practicing as a midwife. Both of these new identities would bring to her a vibrant liberation and a sense of celebration of her femaleness.

In hindsight, Jane believes she was experiencing perimenopause for the first several years following her arrival.

Our interview took place in Jane's home – a ranch style house that she had built in the 1990s, with the expectation that her parents would come live with her in their later years. It sits on a several acre tract of partially wooded land, located on a dirt road, several miles from the nearest town. It was on this land that Jane permanently settled upon her arrival to the Ozarks. Prior to building the house where we had our interview, Jane and her partner, Natasha, had occupied the original farmhouse on this piece of land. Before her relationship with Natasha, when Jane lived on this land alone, she lived nestled among the trees in a yurt she had built herself.

At the time of our interview Jane was 72 years old. She had had a very long and satisfying career as a health care provider, both within the mainstream while living in California, and intentionally outside of mainstream medicine upon her arrival to Missouri, when she started practicing midwifery at the encouragement of a neighbor whose wife was pregnant. As a feminist and as a health care provider, she was poised to influence other women regarding their attitudes about their bodies, and she did so both through her professional practices and her personal practices.

I was asking Jane what it meant to her, beyond the grief she claimed to have felt at no longer being able to have children, to no longer bleed. In responding she began by telling me about her bleeding days in the Ozarks.

Jane: Well, you know what it meant for me, is actually by the time it happened I had been, I'd been here [in the Ozarks] awhile, and I'd gotten into tremendous fun with my period. (laughter). I had someone who gave me this white

horse and when I would bleed I would [use the blood to] paint my face and the horse, and make pictures and make vaginal prints on papers, and yeah! I had a lot of fun! So when that [bleeding] was done, it was kind of like, “Well, that’s gone now,” (said wistfully). You know, because it was not just uh, a nurturing of that feminine part of me. It was definitely guerilla warfare I delighted in. I would go to these women’s festivals every summer, which were wonderful! That was very nurturing of the woman in me. And I would, I had very little money so I would do arts & crafts and take them with me. I remember one year I made little plaster plaques. And I painted them in watercolors. And what I put on there were many, many variations of vulva pictures. And they sold in a snap there, you know! And I would watch people’s faces because I’d make them into landscapes, but then there, it would be in there. And I’d watch people as their face got it. And I’d, I’d amuse myself! (chuckling). Yeah. Because there’s not much that I was raised with, with the affirmation of the female genitalia. And, of course, being in midwifery, I was perched, waiting for a baby to emerge, and uhm, working through a lot of my own repressions and shame issues, and I must say that’s one thing that midwifery did for me, is it reframed how I saw vaginas. Because as a nurse, I, I was just used to seeing people’s bodies, all aspects of their bodies. And I had a, what they call a “clinical view”, which isn’t as easy for someone who is a sensei, I don’t think. But, for their dignity, I would always assume a mask... Well in midwifery, I didn’t buy that. What I did was try to move forward into a reality affirmation of divine woman, you know. (Jane getting tearful. Ann: Wow. That’s beautiful. That’s really, really beautiful.) And I thought by the time, by the time

we got to a birth, a woman was so encouraged to occupy herself that it was beautiful. And, of course, I've just noticed this lately, that I've been very interested in healing in the points where people, you know what I mean when I say liminality?

According to The New Oxford American Dictionary, liminality is defined as “of or relating to a transitional or initial stage of a process. 2 occupying a position at, or on both sides of, a boundary or threshold” (2005). It is interesting that Jane should choose this term, but not necessarily surprising. As a healer she has spent a good portion of her adult life with people at points of liminality, specifically birth and death. The anthropologist Victor Turner first brought the term into popular usage within the field of anthropology in his work in the realm of rites of passage in the early 1960s (1964). And before Turner, Arnold van Gennep introduced the term in 1909 in his work Rites de passage (1909). One who is at a point of liminality is said to be, as Turner describes it, “betwixt and between,” possessing both the sacred and the profane, and at a point at which he or she will take on a new social position, requiring new social rules. Though it doesn't appear from the interview as if Jane intended to apply the term to menopause, per se, it is quite appropriate. Perimenopause could be seen as that place of betwixt and between. A woman who is in process is in transition, crossing the bridge from bleeding to not bleeding. As will become clear from the interviews it is also a time during which a woman is making sense of her new way of being in the world, as she changes and ages. She is taking on new roles, and these women are writing their own rules, defining these new roles for themselves.

Perimenopause as Context

While in the midst of perimenopause, a woman may be hesitant to claim or understand certain things that are happening in her life, physically and/or emotionally, as being perimenopause manifest. During my interviews however, when the women had the advantage of hindsight, and they were being asked to spend time reflecting back on this period in their lives, specifically for the purpose of understanding their experience of perimenopause and menopause, many of the women made spontaneous connections, seeing the fact of their perimenopause as directly connected or somehow linked with the larger happenings of their lives. In other words, nothing became merely coincidental or circumstantial. Rather it began to have meaning, in light of their experience of perimenopause.

Jane: A Time of Establishing a New Identity

Like Judy, Jane had been in the throes of the changes associated with setting up a new life in the Ozarks at the time when she suspects perimenopause had begun. It was also during this time that she began to claim feminism and decided to live her life as a separatist. During our interview, as she recalled the incident that sealed her identity as a feminist, she made the connection that she was most likely perimenopausal too. She rhetorically mused that it could have been “coincidental,” but answers herself by saying “betcha not!”

Jane: ... Now I didn't identify myself as a feminist, but I had all the symptomatology.

Ann: I love that word! (laughter) I never heard it put that way before.

Jane: You know, I just really was separating from my parents, and trying to bloom as a person. And then by '68, that's when I started hearing of

feminism and owning it. As a matter of fact, somebody pushed me into that. I remember one of my birth clients, prospective birth clients... the guy said to me, "Are you a feminist?" And I looked at him and I was really puzzled... (Ann: that was here?) Yeah. I was puzzled as to what he meant. I mean, I had all the [characteristics], if I was going to label myself, and I looked at him and I said, "Well, maybe you could say what you're trying to ask me." And he was livid. And I said, "Well, okay, buddy. Then I'm a feminist. Have at it." And it was a very confrontational moment and he left and I puzzled over that. And I thought, "Fuck, I am a feminist!" And if that's something that somebody would have to storm off over, I'm glad they went. Because what's so horrible about being in my own court? And I just, you know, then I just, then I became actually quite a rabid feminist. I became a separatist. I was still doing births but I wouldn't, the only place that I would let men come was in to my office. They couldn't stay on the land. I didn't want them on the land. And I worked out all my anger stuff and I was probably doing that for, (pause), probably about from, I think I realized that in my mind that I was angry, and I had a right to be angry, and that I didn't want men in my face until I got over it, if I got over it. That was probably about 5 years into being here. I used to have a favorite shirt that someone gave me that said, "Matriarchy is the answer." And Natasha, [Jane's partner], being who she is, she was also a feminist, but she would look at me, she said, "Matriarchy is not the answer, Jane." And I would get so angry at her. And I would say, "You know, you could be right. But I'm not going there till the pendulum goes all the way to matriarchy." And then of course, you know, she would never let up on me because, because you know we related in a real way, I would engage my brain, and I finally said, "You're right. Matriarchy is not the answer. But patriarchy is wrong!" (laughter) And I stayed there, pretty much. You know, I'm a feminist. I have no problems with men anymore, in a theoretical way, you know, as a general population. And I'm really glad to have moved through that (said with great emphasis). Really glad. But, you know, I couldn't have done it if I didn't express it, I don't think. I guess I wasn't in touch with it at all. So, I went through that rabid... And that, so let me see, so that would have been when I was perimenopausal! (said singsongy). So, you're right – I think there may be a correlation. It could be coincidental, but... betcha not! (smile)

For Jane, she drew a connection between angrily taking an uncompromising feminist stance and the occurrence of perimenopause. Many of the women talked about finding themselves less patient, more assertive, taking stances regarding issues or positions or choices that perhaps prior to this time in their lives they may have been willing to overlook, compromise on, or acquiesce to others. Other studies support this

(Northrup, 2006). Some may see these changes in attitude and perspective as the product of reaching middle age. Some are perplexed by them. An essentialist may be inclined to see a causal relationship between fluctuating hormones and shifting moods, and the work of both Susan Love M.D. and Christiane Northrup, M.D. provide evidence of this correlation. Regardless of the etiology, the women I spoke with claimed these changes as being profound, important, valid, informative changes to be taken seriously and considered within the larger cycle of life – one more step toward aging and becoming a wise woman.

Sue: Wondering About This Time in a Woman's Life, in a Larger Sense

During our interview, Sue recalled that she did not experience clear physical signs that she was perimenopausal. But on looking back at that general time period, she recalls it being an incredibly stressful period in her life. She now wonders if perhaps her attentions were diverted by these other stressful events, or if the stressful events were somehow linked to perimenopause.

During our interview, Sue recounted:

...so, I didn't really notice any physical changes. And I've always looked kind of younger than my age, or at least in comparison to a lot of people. And again, I didn't notice any skin changes, no not really, you know. I just didn't notice any of that stuff, until more recently. So, but the things that were going on in my emotional life, on the other hand, I think would have obscured anything like that. My partner of 13 years broke up with me in kind of a big disastrous sort of way. And a close friend of ours died. And anyway, it was pretty horrible. And my car got rear-ended by a gravel truck, just sitting at a stop light, so it wasn't moving very fast, but... so I had all that neck and whiplash stuff going on. I had a lot of financial issues. My long-time partner had pretty much been supporting both of us, and she continued to pay the mortgage for quite awhile, and even the phone bill, but still I wasn't really making any money and it was all really stressful.... So, you know, any kind of linkage up to menopause was really obscured by all that going on.

Later, she mused on whether this time in a woman's life just lends itself to disruption and change.

Sue: Yeah, and I, you know, I wonder if that's common, to have those kinds of big relationship changes, or maybe big, as you mentioned in Judy's case, geographic change, or some kind of big change. I mean it would make sense, even for those of us who, you know, if we were having, call it symptomatology, not being able to think of a better word, and not really aware of it. It certainly was a big time of turmoil for me.

Sue seems to be asking if perimenopause and menopause are part of a larger process of change in a woman's life. Her questioning leads me to think about various mid-life changes which can mediate the experience of menopause for a woman. Various researchers such as Daly (1997) and Ballard, Kuh and Wadsworth (2001) have taken this under consideration, finding validation for the interplay between various changes which often occur at mid-life, such as relationship upheaval and parents dying, and menopause, often creating a confusing picture for a woman to try to understand – attempting to tease out exactly what is causing what. Sue is in good company.

Carla and Nancy: Am I there yet? The Ambiguity of the Process

Carla was one of the oldest women I interviewed. At the time of the interview she was 75 years old. A very vibrant, physically fit woman, with long wavy dark hair, streaked with silver, I found her frank manner to be initially arresting, but ultimately refreshing. An artist and a writer, Carla is one of the two women I interviewed who live on women's land in Arkansas. The interview took place at her house, which she built into the side of a mountain, thus one side of the house's interior is all rock. The rock seemed to match Carla's formidability.

During my interview with Carla, for which Nancy (introduced in Chapter 3) was present, I asked her about the advice that she would give a perimenopausal woman. She and Nancy proceeded to muse on the lack of certainty surrounding perimenopause, and the exact moment when one has completed those 12 months.

Carla: Oh god, I don't know. (long pause) I think something about not giving things up because you're older, you know? It's a paradox which, the same paradox as you get into with death. It's like you struggle against it and you also have to accept it and you do both at once. And I think with aging, it doesn't mean you have to give up doing this or give up doing that. But maybe you can't do as much of it. You're going to appreciate it, maybe, in a deeper way. I don't know, it's like fall. You're in autumn now, which is full of beautiful things, but you also see the angels coming. But, I would, you know, menopause can be hellacious! All I can say is, "it will be over! (laughter) It will pass!"

Ann: This too shall pass! You're not the first person who has said that.

Carla: Yeah, I don't see anything fun about menopause. Except that you stop bleeding which is really useful.

Nancy: And there's no one day that you know, you know, they say that it's one year from the day you stop, that you had your last period, but you don't know that until a year later, because... That happened two or three times with me. I thought, "Okay, it's... Nope! There it is again!"

Carla: (taking up where Nancy left off) Now, this is the last one! Here it comes again! Yes, there is not a clear... You know birth is birth. You have a baby? Clap! It happens.

Nancy: You have your period!

Carla: You have your first period! There's no question about that. Sometimes there's a little spotting before the next month but that's pretty clear. But menopause is a long complicated process of disentangling. So, yeah, it's true. There's not a moment when the bell rings, "Oh-kay! That was menopause!" (laughter) And for some women it does last like 5 years or more. So again, I would say, find something to celebrate. Because [menopause] is not what to celebrate. Well, it is because you stop bleeding.

Nancy: It's kind of nice not to have a mess.

Carla: It is very nice. I don't miss that part at all. That's my biggest advice – celebrate, look at it deliberately, you know, and if you're smart, pay attention to your bloods. And see them as times of reflection and spiritual connection. It is connecting you to all of life, you know.

Ambiguity seems to accompany the process of menopause, in terms of where a woman is at in her process, as well as her feelings regarding the process. Throughout my research it seemed that the women were still making sense of their experiences of menopause. With the advantage of hindsight they could state with certainty when they technically became post-menopausal – the end of the twelve blood-free months. But prior to this point, ambiguity reigns. And after this point ambiguity can still haunt the meaning-making process associated with menopause.

Expectations

According to researchers Janet Lee and Jennifer Sasser-Coen, a woman's expectations of menopause are not an indicator for how her experience of menopause will be. However, they admit, limited expectations based on limited knowledge can be quite disconcerting (1996). While the women would talk about the significance, and the impact of the women's festivals, the consciousness raising groups, and the availability of feminist literature as sources of information, while they were in the midst of perimenopause, this cohort of women were, in a way, once again, writing the stories as they went along, writing the stories for the women who would follow, women like me. But as for stories of the women who went before them, the sources and the tenor of these earlier narratives were quite limited.

For many of the women I interviewed, their expectations of menopause, if they had any, came from two sources – their mothers and that generation, or their peers who were going through menopause before them. Without fail, the stories and observations

from their mothers' generation were either negative, minimal, some combination of the two, or absent. There was bad news, little news, or no news. And even in the case of "no news," it was interpreted that the news must be so bad, that it best not be spoken out loud, or simply best not to discuss such a taboo topic. Implicit in the silence was the assumption that it was a *bad* thing, and too distasteful to talk about.

In terms of observing friends or acquaintances going through menopause first, there was a wide range of experiences witnessed and understandably then, a wide range of expectations.

Sue

Sue tells the story of watching an older neighbor age dramatically, and realizing, with hindsight, that she had been going through menopause, and thus Sue attributed the dramatic physical changes largely to the process of menopause. She also mentions that since her mother had begun taking hormones at the first sign of menopause, Sue did not observe any changes in her. In other words, the hormones seemed to obliterate or black out or erase any signs of menopause or natural aging. Thus, Sue was left with no information about her mother's process.

Sue: ...my mother had not really experienced menopause because she took the hormones as soon as she was going through it. And so I'd never, I'd heard of, you know, hot flashes were kind of a joke and I'd heard of things like that, but not from my mother. And I had watched a friend of mine who's probably, maybe 10 years older than I am, go through menopause. I'm sure minus the hormones. And I had observed her changes, and uh, although she hadn't really talked very much about it. I was pretty sure that was going on. I'd noticed external physical changes in her. And, it kind of made me nervous.

Ann: What do you remember noticing?

Sue: Uh, her face. I'd met her and she still looked what we would call youthful, I guess. And during the time I've known her she's grown old. And I saw the beginning of that process for her. And I took note, you know. Again, we didn't have any big conversations about it. Maybe I didn't know what to ask, and she wasn't very forthcoming. But I knew that was what was going on with her and I was watching her physical appearance change and stuff, and feeling kind of like, "Ew," or "Oh well. That won't happen to me because my plan is to cruise on my fat estrogen!" (Laughter) That was my plan! That was really my plan! (Ann: It really was?) Oh yeah. That was my plan. I thought, you know, that this will be easy.

Ann: That's so interesting, because I'm on a weight gain plan! (Laughter)

Sue: Get ready!

Ann: Susun Weed says 10 pounds, at least! (Laughter) (Weed 1989, 2002)

Sue: I didn't really have to make a plan! (Laughter)

Ann: I envy you!

Sue: Yeah, well, I don't know!

Ann: So that was very conscious on your part? You knew that that was...

Sue: I mean, yeah that was my whole plan. Honestly. I might have fooled around, thinking about herbs a little bit, but not much, because I wasn't having any devastating hot flashes or big changes. You know, I'm sure I did read Susun Weed's book, but I just, you know I was kind of laissez-faire about it, just kind of going with the flow. So, I don't think I made any big changes.

Ann: So when you, so you were aware of watching your friend go through her changes, and it sounds like what you were observing was really pretty much physiological, physical changes, outward. (Sue: Yeah) So you didn't observe and hear in her much in the way of emotional changes during menopause?

Sue: Uh, I'm trying to think... You know I think there might have been some emotional change but I can't quite put my finger on it. And she was someone I saw quite frequently. We had a women's drawing group, and we hired a model, and we drew every week. And so I would see her that often. She was, even though she's not that much older than I am, 10 years is a big difference at that particular, sort of historical juncture, where feminism, the second wave of feminism happened, and it happened more to me than to her. (Ann: Because she was older?) That 10 years is really significant. So she wasn't as eager to be open about those kind of things,

and she was married. She'd married an older man, and she had her mother to take care of. So, I don't know.

Sue seemed to find watching the process in someone else to be both intriguing and repulsive. Ultimately, she trusted her own body, with its natural composition, to take care of itself and as she says, allow her to “cruise” on her “fat estrogen.”

Also of interest in Sue's story is the role she sees feminism playing in terms of communication between herself and her older neighbor. While they were friends, it was obviously understood (at least with her neighbor) that certain topics were off-limits – one being menopause – and Sue attributes this to a generational difference, stating that women of the second wave, of her own generation of feminism, would have talked openly and freely about it, in contrast to the women who came before.

Jane: A Complicated Picture Upon Which to Draw

The story that Jane tells of her observations of her mother's experience of menopause is complicated by both her mother's early hysterectomy and the prescribed hormone replacement therapy, and mental illness. As she got older, Jane had to try to tease out what may have been attributable to menopause and what may have been attributable to her mother's mental illness. Her aunt, her mother's sister, simply offered a dire forecast. Eventually Jane took into her own adult life a seriousness towards the topic, and an admitted lack of a sense of humor, but also a keen sense of the injustice and discrimination that surrounded society's interpretation of menopause.

Ann: What were the earliest stories that you remember hearing about menopause? Do you remember?

Jane: Oh yeah. Well, well, what my mind went through are my earliest stories about menses. Menopause. (long pause) Okay, yeah. Earliest stories I remember hearing were from my Mother who uhm, she had a hysterectomy when she was 26, I think. And that threw her into an artificial menopause, with all of its problems and then of course she got on HRT, which she stayed on for most of her life, into her, probably 80s, with all the problems that come with that. And she would have breakthroughs, you know, where she would have hot flashes and she had severe osteoporosis, with spontaneous fractures. And of course she was bipolar, so it really, the whole thing messed with her and her emotional climate. I didn't understand that at the time. But looking back I can see that. And then uh, her sister had talked about it, as some people do. Just how horrible it was for them, you know, they were having hot flashes and they were unhappy. Okay, that's the family.

...Then, I don't really have any other clear memories. I have little scatterings, you know, being in a theatre, or with people, and somebody was saying they were getting a hot flash and then a lot of commiseration from the other women. Then all the jokes which really offended me, about women and PMS. You know, (sigh), jokes. I didn't have much of a sense of humor until I got out of therapy. (Laughter) I had a lot of, a lot of uh, taking it personally - jokes about PMS and menopause and women drivers and old people, young people, and you know, all the demonization of a variety of very natural things in life.

Carla: The Absence of Role Models, and Reluctantly Becoming One

When I reviewed Carla's transcript I was surprised that there was no mention of her mother, or observations of her mother's experience of menopause, or even her mother's silence around menopause. I must admit that it was an oversight on my part that I did not notice this during the course of the interview, and inquire further. So, I can't say anything definitive about how Carla's mother may or may not have influenced her or informed her about menopause. At one point during the interview, as everyone was quietly eating dessert, Carla spontaneously offered up this vague observation:

Carla: I don't remember older women in my life ever talking about menopause.

Ann: You don't?

But we do learn about Nancy's mother, and Carla's interpretation of her behavior.

Nancy: My mother never mentioned it.

Carla: So, it must not exist! (laughter)

Nancy: The only time she mentioned it was that she said that my father's mother had, when she went through the change she was a real bitch. And she never used words like that but she said she was... for a couple of years! (laughter)

Carla remembers menopause as being a topic that generated a lot of conversation among her friends, even if she herself didn't find it particularly compelling. She also recalls a friend claiming dramatically that because of menopause she could no longer go out in public, and then proceed to take her discomfort into her own hands, also rather dramatically.

Carla: ...I didn't find menopause particularly interesting or... Except we all talked about it. I had a girlfriend at one point who said, "I can't go be in a public place. I can't be anywhere where I can't take my shirt off." And we could be in the middle of a gathering – Chris would (demonstrates whipping off clothes to much laughter) – And she had her shirt off!

A friend and colleague, Bridget Murphy, from the Rural Sociology department accompanied me on this leg of my research. She, too, was at the table with Nancy and me as we heard Carla's story. At one point during the interview she asked Carla, point blank, if her expectations for menopause matched her actual experience.

Bridget: I'm curious... I'm going to ask a question now. I'm just curious if your vision of becoming older and going through menopause matches your reality, like, looking at it going into it vs. ... or if you even thought about getting older? (laughter) I was thinking about when you said most people you've talked to said they wouldn't use hormone replacement therapy. And I think about birth, because that's the only experience I've had; I haven't gone through menopause. But a lot of people have visions of the kind of birth they're going to have, and menopause is different, in some ways... (to Carla) You didn't have a plan? An aging plan, a menopause plan, like you would a birth plan? (laughter)

Carla: Not for one second! I don't think I thought about it or... I mean, I mean I did go through that thing of wondering, "You know, I've had a hysterectomy. Is it, did it just happen? Just then? It's over?" and then it

was quite a few years [later] that I got the news that it was not indeed over at all.

Bridget: I just always assume that women all think that it's going to be easy for them. Maybe, especially if you're in a culture that doesn't talk about it. "Oh, it's going to be easy for me! I'll just go on through and I'll have a good, positive attitude and..."

Carla: I didn't expect it to be hard. And periods were not hard. I didn't have much of cramps or "can't do this, can't do that."

Ultimately, the other women looked to Carla as the one to be the role model for others since she was the oldest – a role she did not embrace, but by default, could not wholly avoid. I get the feeling from the interview that she would have been very grateful to not have to have been the pioneer, so to speak, in her community of women. But true to form, Carla is proactively defining how she is being a role model on how menopause, and more potently aging, especially in terms of the ritual of Croning (which will be covered in Chapter 8) can be experienced.

Ann: Did, for you, were you already at that point focused on Croning as the passage, the life passage, as opposed to menopause being a life passage?

Carla: Yeah. Women were talking, you know, we came around to that whole feminist model – women were talking about Cronings. And I don't remember whether I decided to do it, or whether other women sort of asked me if I was going to do this. But, uh, but it was around. But, except as I say, I think I was the first one here in this circle who knew about it. A lot of us were involved in women's spirituality and, and in reversing the words with Crone instead of being "old Crone" (said with an inflection of insult), was, "Oh, a person of wisdom that you go consult with." Except I don't know that I'm interested in, I'm consistently the oldest person among my friends and I'm really tired of people saying, "Oh you're such a role model!" "Oh, I want to be like you when I get older!" (gesture of pushing away, with laughter). "There! You can have the aches and pains and all the rest of the crap that goes with it. And I'm not interested in being your role model!" Sometimes I find it flattering, and other times I just (another gesture of pushing away with laughter) "Find somebody else to pick on!"

In the end, Carla does end up being a role model – a topic that will be discussed in depth in Chapter 8.

***Carla’s Story: “The bleeding stopped back there”
and Menopause Started Up Here***

Carla, who was the eldest of all the women I interviewed and of her peer group, was foisted into the position of being a role model, yet wasn’t clear about her own process while it was occurring. Even if she had had a role model, or information from her mother, her own story ended up having its own unique twist, and any expectations she may have had would have been harder to apply to her own life. Carla’s story is one that includes, as she refers to it, “surgical change.” In her 40s she had a hysterectomy. As she said, “The bleeding stopped *back there*,” while menopause did not occur until several years later.

Carla: See my blood stopped because I had a hysterectomy.

Ann: Oh, when did you have the hysterectomy?

Carla: Oh, it was way back. Somewhere in my 40s. And I remember thinking about the last blood and being shocked that I hadn’t seen it as important, that I hadn’t seen bleeding as important. Because we had just begun talking then about women’s menstrual huts, and how nice it would be to just, that that would [mean] time out, and you could be there meditating, and people would bring you food, you know? And how special that was. And so my last bloods, I actually got in touch with a real spiritual element in it and how important it was. But that was a surgical change. And I actually didn’t go through menopause, I went through menopause way later. But last bloods was, I really was, I mean, and all of a sudden, and that was, it wasn’t like I wasn’t a feminist, but I was still straight. I was not living in a women’s community yet. In fact, that hysterectomy damn near killed me.

Thinking about the medicalization of women’s bodies and the concern regarding unnecessary procedures, I asked Carla if the hysterectomy had been “necessary.” What followed was not only a very interesting story about the discovery of the tumor which

prompted the hysterectomy, found during a body search that occurred while being incarcerated for civil disobedience, but the telling of a larger story of a time when women were just coming into consciousness as feminists, and attributing meaning and symbolism to their bloods. Interestingly too, and Carla points this out as a significant part of the story, she had her hysterectomy and stopped bleeding while living in a heterosexual intentional community — at this time she identified as straight. She notes that the women around her, while feminists, were straight. She doesn't come right out and say that she thinks if the women had been lesbian they may have been more progressive in their thinking about menstruation, but it may be implied.

Carla: Oh, it was totally necessary. (Ann: it was?) It was totally necessary. See, I'm going to tell you all these strange stories. Ten years before, maybe longer than that, I had been very active in the peace movement and we, this all, believe it or not, comes around to this! And we were doing lots of different demonstrations. Some of them pretty radical. We stopped up the West Side Drive in New York City. We closed off, I think it was 34th Street between Macy's and Gimbles – put a chain across, dropped leaflets out the window. Did all kinds of things. And twice we used Grand Central Station. And the second time we had said ahead of time [that] we were going to let pigeons loose in Grand Central Station. Well the ASPCA was out to arrest us. And we got taken to jail. And it was me and Vera. There was a bunch of guys and they got taken somewhere else. And Vera and I got taken to the women's house of detention, and the guys in the paddy wagon kept saying, "Why don't you just pay the fine? You don't want to go be with those women – they're terrible! They'll do all kinds of things to you! They're very scary – you don't..." You know, it's like "Nice girls like you don't..." and we just kept saying, "We're not paying the fine so forget it. Thank you for the advice but this is not what's happening." So, this all comes around! (laughter) This all comes around to this [her hysterectomy]. So we get to the women's house of detention and they're going to put us in for, I don't know, two days. They're still saying to us, "Pay the fine! Pay the fine! Pay the fine!" We're saying, "No, we're not going to pay the fine!" I mean our intention was to clog up the system! Why would we pay the fine? So we get searched, body searched! And this woman who was the doctor, Hungarian doctor. She had a very Hungarian accent. And she said, "Ooh! And why are you here?" And I explained that we'd let pigeons loose in Grand Central Station as part of peace demonstration. And she said, "Oh, don't use

pigeons. Pigeons get germs – very dirty! Don't use pigeons next time!" (chuckling) But she did an internal search and she said, "You realize, of course, that you have a tumor, a large tumor there. It's not, not emergency. Just you should know. You have a tumor. Pay attention." (laughter) This is in jail, in the women's house of detention! Lovely, sweet woman! Well, she was so funny with the "Don't use pigeons!" She should have said, "What were you doing?" "Don't use pigeons!" she said. So, this I knew 10 years beforehand. And I didn't do anything about it because she had said it wasn't an emergency, but just be aware of it.

Eventually Carla began to experience problems with her period. So she took the necessary steps to schedule the hysterectomy that, she believes, was inevitable. She had one last hurrah, of sorts, before doing so. She went to the Michigan Womyn's Festival for the first time.

Carla: But I began bleeding between periods, bleeding heavily at period, bleeding between periods and getting anemic. I was getting very weak. And I knew, in fact the first time I ever went to Michigan Womyn's Music Festival, I was still straight. I went up with Cheryl and Ocean, and I've forgotten who else, a bunch of women in a bus. And I knew when I came back that I was going to get a hysterectomy. (Wow.) And it was raining and there was mud and people were dancing in the mud - took off their clothes, and they're dancing in the mud and rolling in the mud, and I'm just standing there watching. And they say, "C'mon, c'mon! You can do it!" Thinking I'm too shy or too... I had to measure my energy. It was like if I dance now, I can't dance later, because I was so depleted from the bleeding.

Anyway, so you asked me a question. Was it necessary? Yes. It was not an unnecessary hysterectomy. It was a very necessary one.

In spite of the hysterectomy being necessary, knowing she would feel better physically afterwards, and not missing the actual physical occurrence of bleeding, Carla still experienced some mixed feelings over the ending of her bleeding, and the fact that she hadn't granted it more importance when it was happening. She still seems bewildered by this fact, and seems to hold not only herself responsible, but the other women in her

community. It seems that she is saying, “Hey, we were feminists — perhaps we were straight — but we were still feminists! We should have known better!”

Carla: But, again, I came back and went through this spiritual experience around last bloods, and then I thought, This is it. But then, what did I care? I was never going to have any more children. But there is still that little remnant of feeling that you were turning off something – your last of whatever – I certainly did not miss it! No! – [not] once it was over. But what I did miss was why didn't I get it, what an important time this was. Why hadn't these women on the land, you know, done something around that? As I said, it was still a straight community but there was a certain amount of feminist consciousness.

So, Carla spent the next several years not knowing if she had indeed gone through menopause following her hysterectomy. Eventually, however, she came to the stark realization that menopause was yet to come. In a way, she had her own aha moment.

Carla: ...there was a big gap of time between that [the hysterectomy] and actual menopause. And I always wondered, “Have I already gone through menopause? Is it over?” No!!! [said with great emphasis!] No!!! That was yet to come! Is this ever going to be over??? [said with a BIG voice] And so, no matter how nice they make it, you know, in our new feminist consciousness, “menopause is just fine.” Menopause is a fucking pain in the neck, and God must not be a woman, because whoever designed this stupid stuff...! [big laughter]

Assuming her process had been physically uncomfortable, I asked her to elaborate.

Carla: And not “very” uncomfortable. I can't complain the way some, you know I didn't have big bad cramps or, you know, it's mostly the heat. And those energy JOLTS! That was most of it. It just did seem to go on a long time. But it was late. It was in my late 50s.

Ann: That is late, actually. The average age is 51.

Carla: Yeah.

At different times throughout our interview, Carla voiced frustration with my questions about menopause. This was partially due to the fact that the interview had been

set up to talk also about Croning rituals which mark a woman's movement through menopause, into the realm of the Wise Woman, and that was really what interested Carla more (and will be covered in Chapter 8). But it also became evident that since my questions also assumed that a woman experienced menopause concomitantly with the cessation of her bloods, that my questions did not fit Carla's experience. Thankfully, Carla pointed this out, and then proceeded to add a variance to my sample that I had not been looking for. Interestingly however, even with her hysterectomy, like the other women, Carla also had that aha moment, and in hindsight wishes she'd been paying better attention. The sequence of events was just different.

“I should have been paying attention!”

Carla: Well, on these questions about menopause, I start to see it's hard because the bleeding stopped back there [due to the hysterectomy] so I certainly did not miss bleeding. Especially since I had been bleeding between periods and being anemic. I got my energy, got my life back. I mean this operation almost killed me but that's something else. So menopause and stopping bleeding happened at different periods of time. And I absolutely did not miss having my bloods, except for that momentary thought that this should have been sacred; I should have been, I should have been paying attention! Which I didn't think of till it was too late.

Decisions: Now what?

Coming to the realization that one is in the menopausal process is one thing. Acknowledgment could be seen as one stage (Ballard, Kuh, and Wadsworth, 2001). And as demonstrated by the previous stories, that alone can take on many forms, and menopause, or perimenopause itself, takes on many forms. For many of the women, they reached a point at which they decided to seek outside counsel. They came to this point with the inheritance of their mothers and elder female relatives and peers. For many, peers continued to be the most important source of information and insight. But many of

the women reached a point where they felt motivated to seek other counsel, to seek “expertise” of one sort or another for dealing with predominantly the physical manifestations of menopause.

Seeking outside counsel or expertise could also take on many forms. As outlined in Chapter 2, Coupland and Williams introduce two specific discourses surrounding menopause which have implications for seeking out expertise: the “Pharmaceutical Discourse” which is the conversation of the Western medical model and the “Alternative Medicine Discourse,” which is the discourse associated with those treatments that fall outside of the rubric of conventional Western medicine. As stated in Chapter 2, while these are two distinct discourses, both assume a mindset that is open to “treatment” of manifestations of menopause. The difference is in the mode and the underlying philosophy associated with the mode. This delineation is congruent with the responses of the women I interviewed. Therefore, I will apply the Coupland and Williams model to my sample, and describe the women’s responses within the rubric of these two categories.

For all of these women, there was a consistent explicitly stated, and implied, belief and trust in the “wisdom” of their bodies, and their bodies’ ability to do whatever they needed to do in order to be healthy. In other words, ultimately the women believed in the body’s ability to self-regulate. However, there were a number of instances when the women either became too uncomfortable, or noticed something out of the ordinary happening to their body, and therefore sought out an outside expert opinion and thus opened themselves up to the concomitant antidote associated with the respective expert.

Western Medical Model: The Pharmaceutical Fix

As Judy's story in Chapter 4 illustrates, this community of women will seek out the services of medical doctors. Although embracing practices associated with the Alternative Medicine discourse, they do not engage in a wholesale rejection of the Western medical model. They rejected the conceptualization of menopause as a "disease" in need of a "cure" or an intervention that would fundamentally alter the process which they consider to be *natural*. But they did not assume that the medical community had *nothing* to offer in terms of assessment, and interventions that may help them be more comfortable. But, seeking out this particular source of knowledge does not mean leaving one's own knowledge behind. Judy typifies the approach of seeking out assessment, considering the physician's recommended antidote, critically considering its appropriateness for her own individual circumstances, and then attempting to engage in a conversation with the physician, hoping to arrive at a recommended course of treatment palatable to Judy, in line with her beliefs and values. There was not hesitation in rejecting the initially recommended antidote or treatment (which in the stories I heard these took the form of either a D&C or HRT). Judy maintained her sense of agency, and her behavior could be framed as an act of resistance. Still, she chose to engage in the conversation in the first place, and consider her options.

Carla

Carla also sought out the expertise of a medical provider. She went with a friend of hers who was also going through menopause. In telling her story, she contrasts herself with both her friend who was seeing the same doctor, and what she, Carla, understood as the philosophy or intent of the Western medical model's use of hormone replacement

therapy. She also noted that, considering her age, she would have gone to the doctor prior to much of the publicity surrounding the negative aspects of hormone replacement therapy. She had what some might consider a very intuitive response of rejection, as opposed to a response based on empirical evidence.

I asked Carla about seeking out the expertise of a medical doctor.

Carla: I started to take, what is it, estrogen. I started to do the estrogen therapy because the doctor was advising it. And I'm not a pill taker. And I can, I can maybe manage to take antibiotics for a week, but the thought of like the rest of my life I'm going to be taking this pill? And I gave it up. But I also gave it up with the feeling that this doesn't feel right. I mean it didn't make me feel funny or anything. It, just something in me said, "I don't want to be doing this." This was way before we figured out that it was not the best thing. It seemed to me that this was a natural process that we were monkeying around with. I was probably in my fifties. Like I say maybe late-fifties.

Ann: And would that have been in the late eighties?

Carla: Well, I'm 75 now so it's whatever, whatever the math would be (laughter).

Ann: So twenty years ago, so '87, mid-eighties, early eighties, mid-eighties. Yeah.

Carla: Yeah, it was very much the wisdom then – to do estrogen.

Ann: And were you living here at the time? [on women's land, with lesbian feminist women]

Carla: Oh yeah.

Ann: You were? So, where would you go for your medical care?

Carla: To Fayetteville.... But I really didn't get medical care around menopause. I was seeing the doctor. June, my friend June and I were going to the same doctor and June is much more linear and does what she is told and she took the estrogen for quite awhile. (Ann: Did she?) I probably have it somewhere on my shelves up there... to sort out. (laughter). But it just didn't seem the right thing to do.

Barb

A member of the Alternative Medicine community herself, Barb was a practitioner of massage therapy at the time when she sought out the expertise of the medical community. And she was very intentional in choosing a medical doctor who she knew to be sympathetic to the alternative medicine rubric. Still, she was offered a prescription for HRT.

Ann: uh, who or what influenced you as you made decisions about how to take care of yourself? And here we get into the relationship with the medical community...

Barb: Well, I uh, you know I think I'd chosen my doctor, my medical people because they're more integrated to alternative, so the doctor, the medical doctor I was going to in Ithaca, when I really was in menopause, suggested that I take hormone replacement. But when I said I wasn't interested, she said "fine," you know. She just wanted to lay out all the [options], and there wasn't much information to its connection to cancer and stuff then. But, and also since I didn't have severe symptoms, there didn't seem any reason. And, uhm...

Ann: So she set it out more as just sort of an [option].

Barb: "This is an option." Right. "And this is how it affects you, blah blah blah." And I said, I listened and said, "I don't think I need to do that."

Ann: It sounds like if your symptoms had been more severe that you would've considered it.

Barb: Yeah, yeah. I would've considered it. I don't know what my decision would be, but...

Barb admits that under different circumstances she would have considered taking HRT – if she had been uncomfortable enough. Again, because of the time period when she was menopausal, HRT was still not known to have negative side effects. But clearly Barb felt it was too radical of a measure, considering her personal experience. She also had strong words regarding the Western medical community's conceptualization of

menopause as a disease, which she found to be abhorant, and just one more attempt at controlling women's bodies through conventional medicine.

Barb: Well, I felt like in some ways the dominant culture was oppressing women by trying to control their bodies, trying to control their menopause....And, uh, yeah as a feminist I think taking charge of my body was the major... it was my body, it was my choice.... And I think that came out of feminism that, the political is acted out in the body, you know... I firmly believe that. So I think that definitely influenced my decision to look rather skeptically at the dominant definition of menopause.

It's also worth noting the prevalence of recommendations for D&C's. Judy describes that as her doctor's first line of defense. Later in this chapter I will share Neely's story which also features a recommended D&C. In both cases, this recommendation was made before the suggestion of HRT.

Summary

As demonstrated by these interviews the women in this community do not engage in a wholesale rejection of the medical model. It is an option that some consider. However, in doing so, the stories are always told from a position of agency – the women never simply accepted the recommendations of the physician without seeing themselves in a position to reject said recommendations if they deemed them unacceptable. The responses or as I am wont to frame them, acts of resistance, ran the gamut from Judy's overt critique (and attempt at education) through sending her physician materials about the creation of hormone replacement therapy, to Carla's simple, quiet decision to discontinue taking her HRT, and just let it languish in a pill bottle somewhere in her house. In all cases, the women trusted themselves to make the best decision for their well-being. They trusted their bodies, and they trusted their ability to be able to make a sound decision in the realm of menopause.

Congruent with the philosophy of the Women's Health Movement of the second wave of the Women's Movement, these women felt empowered and claimed their own authority. They did not unquestioningly attribute authority to the medical experts which the Socialist Feminist critique would consider to be a part of the patriarchal, capitalistic system. (This will be covered more in depth in Chapter 8.)

Alternative Medicine: “So what did they do instead?”

This has been one of the most commonly asked questions I have received when talking to menopausal women about my research. The question is often asked with a tone that suggests both disbelief (that there could be an effective alternative to HRT) and quiet reverence as if they might be on the edge of hearing some ancient, mystical secret. (I would really prefer that their tone be one of reverence for my obvious astuteness as a researcher!) But alas, I find my answer, my research findings, seem quite anticlimactic as they dwell in the realm of the mundane, solutions borne of what some might consider to be common sense, readily available to anyone.

Natural Solutions

The women had a number of ways of coping with the discomfort of perimenopause. While there was always casual talk of the use of herbs in their various forms, there were also anecdotes of such ways of keeping oneself comfortable as keeping a basket of t-shirts beside the bed for when night sweats hit. It's so easy to just quickly remove the dampened t-shirt, reach over and grab a nice clean dry one, slip it on, and go back to sleep. There was talk of making sure one always has a container of drinking water nearby, to assist in cooling down during a hot flash. Neely, who I will feature later in this chapter, described one of her coping mechanisms for a hot flash or the night

sweats to be as simple and as just going outdoors in the nude to cool down. Of course, where Neely lives, on this several acre tract of land, sparsely populated by women only, and densely covered by trees, such a response of coping is very easy and non-controversial without the concern of reactionary neighbors!

There was also talk of the adoption of alternative health care practices such as yoga, meditation, regular visits to the chiropractor and the massage therapist. A number of the women attempted to adhere to a diet of strictly organic food, and always, they noted the redeeming value of living where they had chosen to live: in the rural Ozarks. Their immediate environs were seen as offering such “amenities” as fresh air, clean water, and less stress, all of which it was believed to have contributed to an overall healthiness which in turn increased the likelihood of an easier menopausal experience.

Barb

Barb tells of the alternative practices she engaged in, including accessing practitioners of her own vocation: massage. As she lists the various practices she engaged in during menopause, upon looking back, she finds that they were supportive of good health related to menopause, even if she didn't seek them out for that reason initially.

Barb: Well, uhm, I got, I've gotten regular, pretty regular massages for years now. I don't know that the actual massage therapist influenced me so much [regarding menopause] but I think I thought I was taking care of myself by getting massages. And I would get acupuncture for various things. And, but since I didn't have strong symptoms I don't think I went, I didn't go to the acupuncturist because I had cramps, flooding or something. But then that probably would've been my first line of, my first choice, [and] herbs... and I did have [psycho]therapy during that time. Again, I didn't think of that as menopausal, but [looking back] I think it probably was.

Victoria

Victoria is the long-term partner of Barb. They have lived together at Eagle Mountain since 1989. Victoria told a very interesting story of having the extra challenge of managing Adult Attention Deficit Disorder in the midst of her menopausal experience. The research, she says, indicates that the onset of perimenopause can exacerbate the symptoms of ADD. Therefore management of both can occur in tandem. At one point she was prescribed birth control pills as part of this tandem management regimen, a not uncommon protocol, she says. As she tells the story to me, she laughs at the notion: “I thought, ‘This is nuts!’ I am a completely menopausal lesbian on birth control!” She discontinued that prescribed regimen, but engaged in a few alternative health strategies such as regular visits to both the chiropractor and the massage therapist, while still taking conventional medication strictly for the ADD. Victoria, like so many of the other women, also credits her overall healthiness to the physical setting with which she has chosen to surround herself. “...so it’s really just a health issue... it’s just probably easier, you know, there are stresses [here], but generally speaking it’s less stressful, certainly than a city, it’s less stressful. In terms of pollution it’s less stressful.” She even goes to the extent of contrasting herself and her rural community of women with her “city friends.” She says that while her circle here tends to carry a bias against conventional Western medicine, in her wider circle of friends she actually has some friends who readily turn to doctors and their antidotes for menopause. “I love my estrogen!” she laughingly says they say. As she tells this story she makes it clear that these are women who reside in the city, and seems to imply a different ethos regarding the processes one’s body goes through and the care of one’s body for the city dwelling women.

Jane: A Perimenopause into Menopause Story

– The Adele Davis Regimen

According to Jane, her perimenopause “slipped by” – she was going through major changes associated with moving to the Ozarks: “de-toxing” herself and becoming more physically active. In hindsight she suspects that perimenopause was occurring at the same time. Once she put two and two together, she adopted a rather strict regimen of diet and vitamins. She used Adele Davis, the author of such books as Let’s Eat Right to Keep Fit (1970) and You Can Get Well (1975), as her main source of information in creating this regimen. It was towards the end of this process that she met Natasha, the woman who was to be her partner for the next several years, (they were still together at the time of this interview.)

The Lifestyle Change

Jane: Okay, so [about menopause] physically... by the time I started midwifery, I’d pretty well settled into being a vegetarian. And I was noticing that my body was really [changing] ... and I thought it was all the change in diet... a lot of stresses of living... new sexual heat (laughter)... oh in the summer you are so hot! And you know, I was trying to grow a lot of my own food. And that horse that was given to me knew how to work a garden! So, I ended up working a garden.... It was so physical. And so the changes I saw in my body I attributed to all of that, those stresses, the physicality [of this new lifestyle]. But in hindsight, actually I was perimenopausal. And I was, by the time I met Natasha, which would have been... I think I met her in ’82... I got here at the end of ’71, beginning of ’72. So, ten years later, when I met her, I’d say within a year of meeting her I went, “I’m menopausal!” (said with great inflection of surprise). Because I hadn’t had a period in a year, but I didn’t notice it! Frankly, did not notice it. It was just, I was busy! But I noticed it when I had one. I went, “Oh! Oh! Oh!” And with all this stuff that had been going on with me, I had a tremendous upsurge in my libido. And that happened as I was perimenopausal. Well, whoever read about such a thing? Not me! And, I happened to have a change of life partners... two of them, actually, during that time. Always related monogamously. That was the model I had. But whenever a relationship split, I would just have the most wonderful time

going up to St. Louis and going dancing and meeting new people and being highly sexual. And only in looking back [I realize] that was obviously related to those shifts in hormones. And who knows... all the other aspects of my life... my health was much, so much better than it ever would have been if I'd been smoking, drinking, staying up all hours... the urban pursuits.

So during that time I moved into a building up in the woods where I cut only one tree down, and built a yurt. And I had no electricity, no water. So, again... that was during that ten year time. I, my body got more accustomed to moon rhythms. And I got wonderful sleep. Mainly because I didn't have a TV. I didn't have a radio up there. I didn't have distractions. And, my body just settled into menopause in a very nice way.

Jane does go to see the Doctor

The only, the only downside that I can recall was that I noticed the thinning of my vaginal tissue, so that with sexual activity I would often get a little abrasion or something. And then for awhile sexual activity would be uncomfortable. And I remember thinking, "What the hell is going on here?" I didn't have anyone that I talked to about it. I finally took myself... first, I tried a variety of herbal things... you know, black cohosh and things like that, and books... and I finally took myself to a medical doctor, and said, "I'm not sure I don't have a pre-cancerous thing going on here." And I asked for a little biopsy. And it was clear. And then I thought, "Well, I guess I do know what's going on here." And, I'm glad I checked it out. But, now what? So, I wasn't into HRT, simply because it didn't make sense to me. You know, that might fix something for a short while, but then my body would cycle and I'd be there again. So I thought, "Well, I'm here now! I'll just deal with this now!"

Dealing with it Now

So, I increased the fiber in my diet. And I started taking... I got Adele Davis out and I followed her regimen for [vitamins]. I don't recall what the point of my doing that was except to make myself as healthy as I could. So, prior to that I just took a multi-vitamin. I started tailoring my vitamins. So, I slowly brought my vitamin E up over about 4 years up to 1000 mg of E which really helped a lot, I think. Of course... [evaluating it is] so difficult. But somewhere in there the turgor of my vaginal tissue improved. You know, I really started taking a lot of supplements, a lot of Vitamin A and B, (She's a proponent of that). And of course I was doing midwifery so I was researching prenats for people and everything I had them take, I took. And I had a number of women say they'd never been healthier in their life by the time they got to give birth. I had these tremendous

demands that I would put upon them. If they wanted to do a birth with me, they had to take all these vitamin supplements and they had to eat a certain amount of protein and oh, I was vigorous in what I asked them to do, and I did it all myself.

Ann: but you didn't do the protein piece, the meat protein.

Jane: Not the meat. No. And very often they were also vegetarians. I made them get that book... Lappe's book Diet for a Small Planet, yeah. And if they were going to eat rice they had to have a legume with it, so that they could calculate their protein intake.

And, so I tell you the truth, my perimenopausal time was the hardest time. My menopause was uneventful, pretty much.

How does Jane distinguish between perimenopause and menopause? I never asked. Do I discern that prior to the doctor's visit was what she considered to be perimenopause, and after was what she referred to as menopause? Unfortunately it's somewhat unclear according to the transcript of the interview, and I did not catch her suggestion of there being two discreet phases. It is clear that she describes feeling much better after she began her regimen of diet and supplements. Do we conclude then that since she describes "menopause" as "uneventful" that she is talking about the phase after she took her care into her own hands, rejected the doctor's suggestion of HRT, and engaged in a very self-conscious vitamin regimen that would fall within the alternative medicine rubric?

Jane continues:

Jane: I, I got some hot flashes, but I would increase my B vitamins, I broke them down so that I took what Adele Davis suggests for stress which is B1, 2, and 6. Have you heard of that?

Ann: No. I haven't even heard of her.

Jane: Really? Natasha didn't talk to you about that? (Ann: I don't remember...) Okay. Well, she's got 4 or 5 little paperbacks out and I'm pretty sure this is in, some, one of them. But if you care to, you can look

that up. But it's B1, 2, and 6 in equal amounts. It isn't even important how much as long as they're pretty much equal like if there's 3 mg of one you don't want 8 mg of the other.... so they're pretty much equal. But then the panathenic acid which is another part of the B complex has got to be 10 times whatever that original was. So if that's going to be 3 mg, then you want 30 mg of panathenic. And, what did she add to that? I think I added... I would take the Vitamin E capsules and I would puncture them and I would take just a drop of Vitamin E at the same time that I took this and about 25 mg of Vitamin C. And I took that 4 times a day religiously, for like at least 8 years. No more hot flashes. No more emotional upheavals. And my skin was great. I was great!

And at that same time, I'd never given much thought to my thyroid until you get perimenopausal then it starts acting up. I remember looking in the mirror and thinking, "Why does my throat look like that?" And when I touched it with my hand, I could feel that something was terribly off. I remember looking in the mirror and thinking, "Why does my throat look like that?" And when I touched it with my hand, I could feel that something was terribly off. I'm really sensitive to the energetics of the body.... So I went back to Adelle and she, at that time she would say, and I don't tell people to do this anymore, but, "Take a regular tincture of iodine," she would say, "Take a little dropper and put one or two drops in a glass of water once a week." And I did. And in about 2 months the thyroid had gotten so much less noisy. It wasn't as swollen and I felt my brain sharpen up. Well! (Jane does some gesture that makes me laugh). So I decided - you know I'm not clear if I invented this or if I saw it somewhere, you know how that can be. But at any rate, I decided that, you know, the skin is an organ, so I decided that I would just paint it on the skin for a transdermal effect instead of, because I really didn't like taking that, that... it's gotten written on there, "Poison"! And I didn't want to take it anymore. So I just started painting it on my skin once a week. And then I started with my clients, telling them to do that and let me know how long it took to fade. And I could tell how much they needed it.

So, menopause. I haven't got any more to say about it! (laughter).

Ann: The interview's over! (laughter) The thyroid, is that something, like would I notice that in myself... so it wasn't that you were necessarily, I mean you obviously are very attuned to your body but it's something...

Jane: When I say, you could, whether you would or not, I don't know. Now when I met Natasha she was.... she had, she had that look that I've, as a healer, I've learned to recognize on people. And then of course I started looking her over and her thyroid was tremendously swollen. She hadn't a clue. And she was very, very emotional. Well, I started her almost immediately on iodine, and of course she didn't take any vitamins, and you can't live with a healer and not get this stuff done to you. So, I think it

took, I think it was under a year until her thyroid came back in line and her emotions, she said instead of being like this, (gesture of up and down), they were just, they were like this, (gesturing more evenness). She was happier, and she started putting on a little bit of weight.... So, you could notice the thyroid. You might just make it a habit if you want to. You know, feel how it feels now, (directing me) pull that turtleneck down, and then bring your chin down. It looks okay. I'd have to actually feel it.

Ann: I mean, I've never, ever noticed anything.

Jane: And how old are you now?

Ann: 44.

Jane: Ah, now's the time to start looking. Yeah. And then there maybe just this sense of noticing when you swallow, just noticing a slight something that wasn't there your whole life. And naturally there will be the swelling there because it surrounds your trachea. So, as it swells it kind of puts a little pressure there, you know. Yeah. And then just go to Adele Davis...

Since Jane worked as a healer, and had an academic background in science, her interview was understandably more detailed in terms of specifics such as doses and treatments. Even so, on her own, she still brought the conversation back to naturally occurring hormones within her body, and pondering if, regardless of all else she had done to take care of herself, the reason for her well-being could really just come back to naturally occurring hormones after all. The reason she gives for the occurrence of the hormones is quite interesting.

Jane:well, as I said, now I could be in denial, and I know that. But if I'm not in denial, whatever I did for myself, perimenopausally, made my menopausal years practically problem-free. But then I had just started a new relationship [with Natasha] so I would have had spikes of hormones [anyway]. So, I don't think, you know...

Another suggested approach to treatment, perhaps?

Summary

While Coupland's and Williams' categories are useful as a hermeneutic, it is very evident that the women and their approaches actually cast a blur between categories. They engage in multiple discourses and practices, creating a synthesis of said discourses to the extent of creating a new discourse, as I will suggest in Chapter 8.

Neely's Story: From 1950s "Housewife" and Tranquilizers to Vital Lesbian Feminist and Fresh Air

Of all the women, Neely most closely tells the story of being a woman facing, as Betty Friedan named it, "the problem with no name" (Friedan 1963). She sees herself as very much a product of the 1950s culture of domesticity, consumption, and the traditional gender roles assigned to and expected of men and women in marriage (May 1995). She followed the script, though only so far. At the age of 37, a suburban housewife and mother of three children, she left this traditional lifestyle and its coping mechanisms of tranquilizers and alcohol behind, and ventured out to recreate her life in a way that felt more meaningful, congruent with her values, and above all, healthy.

All of these women had major changes which they see as preceding and impacting their experience of "the change," or were going through changes at the time of perimenopause which they believe impacted their experience of the change. Neely, like Jane, made dramatic lifestyle changes before the onset of perimenopause that she believes then profoundly impacted how she responded to the physical and emotional manifestations of menopause. Her story is a poignant example of how social context and social conditioning regarding the physical experience of menopause can impact a woman's experience (Daly, 1995; Greer, 1991; Jones, 1994).

I have chosen to highlight Neely's story as a vehicle to illustrate the trajectory of the menopausal journey taken by a woman who had once been immersed in the mainstream culture, left it, made very intentional lifestyle changes that then, as she tells the story, deeply impacted her experience of menopause. Neely illustrates the value all of the women place on a healthy lifestyle characterized by a congruency with nature, (finding meaning and solace in nature), a belief and trust in the wisdom and capability of one's own body to do what it needs to do to achieve healthiness, a sense of agency regarding her own healthcare, and finally, a perspective on change and aging as opportunities for positive growth and evolution.

As mentioned in Chapter 4, Neely was the first woman I interviewed. By the time I conducted this first formal interview, I had spent enough informal time with the women to collect general impressions. I knew Neely had a vivid story of transformation from life as a 1950s-style "housewife" who had found escape in "tranquilizers" to the woman I was becoming acquainted with – this vibrant, teetotaling 65-year-old lesbian feminist who loved kayaking, the outdoors, animals, and had an impressive collection of handmade coffee mugs and herbal teas. After I arrived at her house which occupies one of the first lots one comes to after entering onto the secluded, vast acreage of Eagle Mountain, she invited me to settle in with a hot cup of tea while we visited. After I selected a mug that was made by another woman in the community who I hoped to eventually interview also, Neely brewed us each a cup of tea and we sat down in her living room, surrounded by the spectacular view of the land surrounding her home. Neely showed me to a comfortable rocking chair while she sat in an upright chair, with a small wooden table between us. Neely's kind, frank, no-frills manner quickly put me at ease.

And throughout the interview she treated it like a journey of self-discovery. She put forth answers to questions while also using the questions as a springboard for exploration of both her particular experience of menopause, as well as the advent of menopause and the process of aging as abstract constructs and developmental stages all women experience.

The Physical Experience and Pragmatic Responses

Ann: Okay, what I thought I would do, Neely, is start with the real concrete experience of menopause and the whole physical, get right to the physiological experience of it. So could you describe what the experience was like for you, physically.

Neely: Let's see, symptomatically what occurred for me were hot flashes, and being woke up at night with big hot flashes and a sweaty body. That was pretty much it. I didn't have any other physical symptoms.

Ann: With the hot flashes, do you remember where they were located in a certain part of your body or...

Neely: I just remember you could, you knew when they were coming and just begin to recommend to people and to myself to get clothing you could get off quickly, zip, button, you know, just be ready to get out of your clothes. I used to go out, I fortunately was in the situation many times when I could just go outside and stand naked in the cold, or something, and cool down. But I didn't find them a big problem. And I wasn't distressed by them or inconvenienced by them, I just figured they were a part of menopause, part of my body changing.

Ann: mhm. Mhm. So you just adjusted your response.

Neely: Right, adjusted my response. That's a good way of looking at it....

I couldn't focus on one area of my body. When I had a hot flash every part of me was hot. You were just hot. And, when I would wake up at night, hot and sweaty, every part of me would be hot and sweaty, so what I would do is just take off, well I never sleep in anything so I just kind of got on top of the covers and fell back asleep. And then woke up a half hour later, freezing, and got back under the covers.... It kind of, the hot flashing thing went on for two or three years after that, and still I can occasionally get a minor hot flash. I think your body's mechanisms just change, you know. The way mine changed was I became a warmer person in general.

Ann: But for you the hot flash was sort of the indicator, the marker... [What about] the period irregularity?

Neely: I just, my period irregularities, my period, my bleeding changes started at the age of late thirties, early forties, which was a time of great transition and change in my life, also. So, I think that contributed to the change. I was getting a divorce, I was getting a job, uhm my bleeding became much heavier and... big clots and cramps, which I had never had anything even remotely resembling that. So, I went to a doctor who suggested a D&C. I said, "No, this is a process. I'm going to let it ride and see what happens." And I did and it alleviated itself. As I got healthier in many ways, my body re-established itself. Over the period of my 40s and then when I was around 50 I just kind of stopped bleeding, here and there. And then when I was about 50 I had stopped bleeding until I went to Michigan one summer and I had one more time there. I guess all the women [there together]... and then it was over, just plain over.

Ann: So when you say Michigan, you're talking about the...

Neely: Michigan Womyn's Festival.

Ann: That's incredible.

Neely: I know. It's interesting.... I was kind of stopping and I had missed a bunch of bleedings and then that one happened and then it was over. It's interesting...

Indeed, this is an "interesting" and intriguing occurrence, phenomenon even. I will cover this in detail in Chapter 6 when I address the impact of social context on the experience of the women's cycling and menopause. As researcher Jennifer Kelly points out, this is an aspect of intimacy that manifests itself as an especially intimate bond within a lesbian romantic relationship (2005).

Paying a Visit to the Doctor

Like many of the women, Neely sought out the knowledge, expertise, and opinion of a practitioner of Western medicine when she became uncomfortable with the changes in her bleeding. Like Judy's experience, the doctor recommended Neely get a D&C. Unlike Judy, Neely chose not to have the procedure done. As becomes evident with

Neely, she would engage with the Western medical model, only up to a point. She seemed to have a sense of how far with it she would go, drawing the line in terms of how invasive a procedure was. When I asked how she came to being a staunch consumer of strictly alternative medicine now, Neely told a story unrelated to her experience of menopause, but one that informed her decision not to seek any further assistance from a medical doctor for menopause, beyond the initial consult and recommendation of a D&C.

Ann: You had mentioned going to see the doctor. What kind of physician was it?

Neely: Uhm, it was a physician physician. A Western med. I was not real aware of alternatives at the time. And then I had a couple of experiences early on with alternative medicine that really changed my perspective about medicine in general - where to seek help that worked best for me.

She continues the story which finds its beginnings in the ideology associated with the traditional lifestyle she was leading as the suburban housewife.

Neely: I think when I was married and in a more traditional lifestyle I approached everything in life more traditionally, including medical care. Then I was divorced and living on my own, [and] I had a bout with what I later found was ghiarrdhia. What it was was a lot of intestinal distress over a long period of time. And I had an experience with Western medicine with those things they have you swallow, and then they x-ray everything. And, of course, they knew nothing.

So someone told me about a woman who was a chiropractor, who did something called kinesiology. And I thought, "what is that?" but I had nothing to lose, so for some reason, [perhaps] because of the person who told me, I went. And sure enough within about 3 or 4 months of us getting to know each other, and my becoming more aware of what she wanted to know, and putting the pieces together, I mentioned the possibilities of what I, where I thought, like backpacking in Colorado, drinking water out of a stream, okay. [She] did this muscle testing for ghirddhia and it was positive and gave me a homeopathic remedy, and within a week it was all over. So, I was sold. And forever after, for things, [I] sought out alternative care then. I hardly ever went back to a doctor, and hardly ever have. And hardly ever will, quite frankly! (laughter)

After hearing this story, I asked Neely to revisit the time when she visited the Western medical doctor for irregular bleeding, and rejected his recommendation of a D&C. Did she then turn to alternative medicine to reconcile her discomfort?

Neely: What did I do then? I think then I didn't seek out any alternative thing. I can't really remember, but I think I just recognized that I didn't want an invasive procedure done. I wanted to just wait and see what would happen. Evidently things alleviated themselves. I don't have a big recollection. But, I, like I said, I think it was the whole process of life change and getting healthier... to the best of my recollection about that.

Neely's decision to "just wait and see" could be interpreted as an alternative approach. She was trusting her body to regulate itself, allowing it time to find its own balance, and it did. Some might suggest that that approach in and of itself is a basic tenet of alternative medicine in which the body is conceptualized as an integrated system to be regarded holistically (Coupland and Williams, 2002; Love, 2003; Northrup, 2003).

Other Changes: That Ancient Mystical Secret

Knowing that menopause occurred for Neely during a larger period of transition, I was interested in hearing more about the larger changes she made in her life that she felt ultimately had a positive impact on her experience. This is perhaps the closest it comes to that "ancient mystical secret" that some women seem to be looking for, or that we've been lead to believe exists that will "cure" all that comes to ail us when menopause is visited upon us. As the heading for this section indicates, Neely practices pragmatism, and the lifestyle changes she describes, while not as regimented as Jane's, bear a great similarity: healthy eating, consistent exercise, time outdoors, and time for self reflection. Further, there is the belief of one's body being able to self-regulate, and the conceptualization of one's body as an integrated system, a holistic rendering of the body, as opposed to an understanding of it as an amalgamation of separate systems. Again, both of these are tenets of the alternative medicine rubric (Coupland and Williams, 2002;

Love, 2003; Northrup, 2003). And then the meaning menopause holds for her, like for Jane, comes from her identity as a feminist and her cultural milieu as a lesbian.

Ann: When you talked about the overall lifestyle changes that you were making, it sounds to me like you really became very conscious of what it meant to take care of yourself, and work towards a clearer sense of wellness for yourself. What were... along with [seeing] the chiropractor, practicing homeopathic medicine, are there other changes that you remember, or how you took care of yourself?

Neely: There were many changes. I don't think they were specific to this timeframe. I think they were changes that came about over the period of the '80s, that I incorporated into my life, and continued. My eating became very healthy. I've been a walker for many years, and I was always out walking. Actually the year that I was 50, when it was all beginning, I was living by myself in a very, very rural place, for the whole year...walking three and four and five hours a day in the woods because that's what I had to do. And I loved it. I was living in a summer camp then. It was closed in the winter and the caretaker who was a friend of mine had gone to California to go to school and so they needed someone to live at the camp. It was like 500 rural acres, so I think that time was very quiet and restful and reflective, and I think that was a good taking care of myself. The eating was very simple. I was very, very poor and was very minimalist, and I learned to live on the simplest of foods which I have continued to live on, so...

Ann: such as...

Neely: beans, rice, greens, grains, I mean it's just really simple. Probably I started taking vitamin E during that period sometime. I incorporate a number of vitamins into my life, but I'm not a regular person to remember them. I just figure if I'm forgetting them, maybe I don't need them then or something. But I do take things pretty regularly, E, B, and did during this time. I never took any other herbs that are related to menopause because I didn't really have a problematic experience, so...

Ann: If you had, is your sense that you would have sought them out?

Neely: Probably, but I was probably regularly seeing a chiropractor, Chinese medicine person in St. Louis all this time and you know, getting regular maintenance care.

Ann: So you really entered into the process very healthy and already with this regimen that your sense is helped you go through it.

Neely: Right. Yes. Yeah, I'm fanatically, incredibly healthy, and my lifestyle is incredibly healthy, so between [those two factors, I'm] ... basically healthy! (laughter)

Ann: It's a real interesting - it's a different story than is the story that gets a lot of play of women coming to menopause and then making these dramatic changes. You know, it's a real interesting story.

Neely: I was probably fortunate that they were all occurring right along, and I entered menopause in a healthy [state] ... But I think you're entering menopause from the time you first start to bleed, don't you? Kind of like, it's not like you do that till then, and then you do that. There are changes all along. But I think what one, what I have learned is that they're all affected. I guess I see my body as a system now, where I would've used to see things in an isolated sense, like, "oh, I have a sinus infection." Well, I don't see my body, I see my body as a system, like a car engine now, and I have to address my whole body to keep it healthy, not just address the sinus infection, or something like that.

Ann: And does that go along with the chiropractic care?

Neely: Yes. I still have regular chiropractic care and acupuncture.

Ann: And is that preventative as well? The acupuncture?

Neely: Yes. Yes.

Ann: Really, your mode of health care is preventative.

Neely: I think so. Healthy lifestyle. Preventative medicine. Yeah. I would say yes.

The Emotional Experience

I then wanted to talk with Neely about the emotional experience of menopause.

This led into a conversation about the importance of her newfound lifestyle as a lesbian, and as a woman who finds her values and identity within the lesbian culture.

Ann: Do you remember emotional, having what you would have [identified] as an emotional response to menopause itself?

Neely: I think for me, the emotional response to menopause was not like, uh, specific to that particular time when it was occurring. I think the emotional response for me is a process like the whole rest of it was. It's a

pretty profound change in a woman's life. I think it's a recognition of a loss, a big loss, and a big grieving process was part of it. But then I also think there is a freedom to be found, and a huge, what would I call it, I wouldn't call it a relief, I would call it a, acceptance of moving on into, uh I don't know, I can't think of words to describe it, but here's what I do know, I think by that time I had come out as a lesbian and was a member of a lesbian culture and community. And for me, I think that contributed profoundly to my acceptance of this change. In the lesbian culture there's not the accent on youth, and the maintenance of that youth. There's more of a... I mean we all fall prey to it because we're aware of it out in the world, that other culture, but... there's a value on aging and becoming that person, that Crone, and that, I think, makes it such a pleasurable process, really.

Ann: Pleasurable...

Neely: Oh, just a recognition of you're moving into a time of life when what was important then isn't important anymore, but really there's so much more to be important, friends, a nice cup of coffee, birds... you know, it's just like... I left a lot behind that I thought was important, and I found out it wasn't.

Ann: When you say you left it behind...

Neely: Oh, in terms of monetary things, (Ann: when you made your overall change)... possessions. Uh huh.

“Starting to Stop Processes” and a New Found Freedom

Ann: You brought up a couple of really interesting phrases that I'd like to return to.

Neely: Sure.

Ann: Uhm, I have to say that I am getting goose bumps. The whole idea of recognizing the loss, but then it sounds like it's just been such a profound experience for you in terms of really moving from that place of menopause symbolizing a loss... to this whole new world [that] has opened up for you. I wanted to go back to the loss piece. What for you...

Neely: Well, it seemed like to me as a heterosexual woman there was a lot of emphasis on, and coming out of the 50s, growing up in the 50s, a lot of emphasis on that wife and mother role, which is what I went into. So, but then when you're like moving, you know, moving on... let's see... what was the sequence of events there... well I was divorced at 37, so that life was still a part of me, I guess, so I guess what I'm talking about with the loss is not so much that ability to bear children, but just the symbolism of

who you were as a woman, and those abilities. And certainly the profound, the more profound body changes you start to notice – your hair gets gray, your skin gets wrinkly, you put on some weight, you know. It's just, the culture out there has values on things that you really don't [value] anymore, but they're still in your face. And that wasn't about the loss, was it? I guess it's about the loss of youth and your life, and you recognize that well, okay. What I remember at age 40 is that I didn't really remember that, or I wasn't conscious of the fact that "oh, 40, well sure! Well, I can live till 80 or so," but when you're 60 and 65, you're not looking at it anymore like that. So even at 50 when I was going through menopause, it was more like, "Hhm. 50. That's pretty far along." So I guess you become more aware of your own mortality. Certainly your body changes, or speaking to your mortality because your body is starting to stop processes. And you know, all those processes are going to stop. Creating that awareness... so it's a loss of your youth, a loss of... (Neely's voice trails off)

Ann: You talked about going then to a place where there was a new found freedom and acceptance.

Neely: I think that comes from Womyn's Festivals and becoming a lesbian, most definitely. The values are very different about bodies, age, life, everything.

Ann: How do you describe those values?

Neely: I'm probably like not really being fair to the heterosexual community. Because I do know, I do have friends now who are straight who certainly have, are able to see the world in much broader terms than I did as a product of the 50s. But I still think, to me the lesbian culture is extremely important in establishing my values and being clear about what's important and what isn't. Is that what you asked me?

Ann: Oh yeah, yeah. Sounds like such a different experience than you expected you would have had if [you'd gone through it as a] heterosexual.

Neely: I can only speculate, but based on my consciousness at the time and what was available to me, I would say it is profoundly different. I think everything about my life is profoundly different – the whole process of getting older... and I say that in the most positive ways. Definitely....

A number of the women spoke of the values that they held, and that they felt were intrinsic to the larger lesbian community, as well as to their own community, had a profound impact on their experience of menopause. These values included the importance

and responsibility of the dissemination of knowledge to one another, especially intergenerationally; the legitimacy of lay knowledge and lay “expertise”; and a regard for the value of the aging woman. The value system of the lesbian community will be explored in more depth in Chapter 6.

From Subtle Insidious Messages to a Wry “Good discovery, Boys!”

Ann: do you remember yourself carrying assumptions about menopause? Or, “This is what’s going to happen now...” or predicting what it would look like?....

Neely: On menopause as a, practically as a disease or something... When it happened you had to do this about it and you had to take this and because you didn’t want that to happen. What all those things were I don’t know, but it was just kind of bad... It was like “Whoooo... If this happens, you’ll have to do this.”Not that it’s just a natural part of life’s processes and you can just move through it with some discomfort and some comfort and you don’t have to do this and that. You know, it’s okay. I’m sure I had many assumptions, but they weren’t like things that I vocalized or thought about a lot, like many things of my generation.

Ann: Just sort of the... what do I want to say, inheritance, in a sense...

Neely: yes....

Ann: Boy, I remember when you and Judy and I were talking at the pool party and she brought up the whole conceptualization of [menopause] as a disease, and how strong that was, and how profound...

Neely: Well, I think that the Western medicine is pretty male oriented and [menopause is] not part of their experience, and it is also filled with misogynist men who, whether they think they are or not, they’re a part of this culture and they’re... I’m not saying all, but many, of course, are wealthier and narrow. Western medicine is narrow, I think. It sees a disease and a symptom. And it treats symptoms and it doesn’t really think about causes and prevention and connections and... in general, [I] think that is the way Western medicine functions. In my experience.

Ann: In 2002 when the news came out about the longitudinal studies that they were doing about HRT, do you remember hearing about it and what your response was?

Neely: Yes, because I have a friend who I went to St. Louis to stay with, who had cervical cancer, [or some similar condition], and a very traditional approach....the doctor wanted to do a hysterectomy. She went for it and then she started taking estrogen because she works and she didn't want to have hot flashes. And when the [2002] study came out, I was very aware of it, and tried to broach the subject with her. And she won't hear anything I have to say, so I don't say anything anymore. But, yeah, it's profound when you know someone, when you have friends you know... none of the women here, that I know of, take HRT...well, maybe they do and I don't know about it. But the ones I talk to do not, so it's very profound to know that... someone I know and care about, it's scary and sad.

Ann: your perspective is interesting too, in that in the 70s you would have been just immersed in that very conventional world view that would have accepted these messages about [menopause and HRT and] keeping one's youth and the importance of that...

Neely: Probably. I was married to a man. He probably would've wanted me to look younger. I guess. I don't know. I mean he remarried a very young woman, so that... and not that I cared because I was the one who wanted the divorce and left, but it's a whole different view of the world in that world. I have, my brother is, I don't see my brother a lot, but of course when I do, I see this marriage that he's been in for many years and I look at my sister-in-law and talk to her, and she's very arrested in her view of what she should be like and what she does to stay that way, and that includes hormone replacement therapy and doctors and you know, coloring of her hair, and worrying about her body. It's very different, and it's very sad. And my brother exacerbates that by saying things about her body. Well, his is changing too, I mean, "Get over it, buddy!" But I don't go into that discussion with them. I just let them be who they are. But I just look at her and go, "There go I," possibly.

Ann: That fork in the road that really...

Neely: That's that whole change in consciousness. I mean to reflect back on it now and think about it.

Ann: it seems like that news in 2002 must have just been confirmation for...

Neely: Oh yeah, it was validation for all of us. And then when Western Med discovered vitamin E, we're like, "Good discovery, boys!" (laughter). Gee. All this could have a positive effect on post-menopausal women... Okaaay! I was happy. I mean I'm glad that it was up there in mainstream med, and maybe more women would utilize something simple. But, still, it's like we've been saying these things for a long time.

Advice for the Perimenopausal Woman?

As I planned to do in all of my interviews, I asked Neely what advice she would give to a woman who is just entering perimenopause. Her response was more about having a raised consciousness than any specific do's or don'ts.

Neely: Well, I think after you get done talking to all of these women you're going to have so many thoughts and ideas that I don't feel that anything that I would say could be any more important than what anybody else has to say. I think you'll glean, just like I did, through the years, and all these women did, I think you'll glean many ideas and thoughts and things you might not even consciously register, but will come to you when you need them. Just the whole perspective of menopause in this particular lesbian community will... It's there for others. And you're here gathering it. And it's only natural you would make use of it, in your own self, and probably disseminate it to others then. It's like, you know, a pebble dropping in a pond. It's just going to ripple out.... It's all been a process. Some of it enjoyable. Some of it not. Some of it... but it had to be the way it was to get where I am now.

Sloughing

At some point during her post-menopausal years, Neely adopted the snake as a personal symbol - a symbol of shedding, transition, metamorphosis. It seems especially fitting for a woman of this age.

*Neely: That snake hanging on the wall there [pointing to a necklace with a small replica of a snake hanging from it] – I bought about two years ago, at the Conservation Center in Springfield because I really wanted a manifest change in my life, and I thought, I kind of eyeballed it for about 6 months and I thought, “Okay. I'm gonna buy it and I'm gonna wear it.” And I think it was symbolic of my need to begin to make some changes in my life. So it did. It manifested some change. Really, I manifested some change.... And now you know, I have my snake on my ankle, (referencing a new tattoo), so I'm just kind of into my snakes lately.... And then I read something really interesting... and it had to do with snakes, and it just was so applicable to what was happening right now.... Listen to this (reading a quotation from D.H. Lawrence reprinted in the June 2005 issue of *The Sun* magazine), “Sometimes snakes can't slough. They can't burst their old skin. Then they go sick and die inside the old skin, and nobody ever sees the new pattern. It needs a real desperate recklessness to burst your old*

skin at last. You simply don't care what happens to you, if you rip yourself in two, as long as you do get out" (Lawrence, 1990). ...And now I'm sloughing again.

Like the sloughing of the uterine lining with every monthly period, menopause can be seen as the sloughing of the time in a woman's life when her body is transitioning from the years of physiological processes of monthly bleeding and childbearing potential to the time when her body can begin to represent new and undiscovered potentialities, not so deeply entwined with her biology and physiology. She has sloughed her old skin. New patterns and new ways of being are emerging.

What Happens When There Is No More Blood? The Absence of blood

One of the most significant challenges of this research has been to figure out how to talk about the absence of something, namely the absence of blood. As I stated earlier, at a certain point in my research, I realized that the stories the women told about bleeding were far more animated and detailed than their stories about stopping bleeding. Finally it dawned on me that perhaps the reason for that lay in the nature of the event, or non-event as one of my colleagues so astutely described it. I was searching for gripping stories about menopause. The women had gripping stories about bleeding. At a certain point I began to ask, "What happens when there is no more blood?" The question was interpreted both literally and figuratively, as the following interview segments demonstrate.

Jane

The first woman I brought this issue up to, with any sort of specificity, was Jane. As featured earlier in this chapter, Jane's interview had been full of very vivid stories of using her blood in various ways – her particular form of "guerilla warfare." It was an

artifact of her newfound feminism that she used in subversive and not so subversive means of protest. Her blood was front and center, as was her feminism, and her sexual orientation.

Jane: Well, you know what [menopause] meant for me, is actually by the time it happened I had been, I'd been here awhile, and I'd gotten into tremendous fun with my period. (laughter). ... so when that [bleeding] was done, it was kind of like, 'Well, that's gone now,' (said with emotion)... You know, because it was not just uh, a nurturing of that feminine part of me. It was definitely a guerilla warfare..."

Ultimately using her blood was about "affirmation of the female genitalia..." It was about denouncing the shame with which she'd been brought up. While she used her blood as a vivid tool of expression, she denies experiencing any consciousness about what it meant to lose her bloods, both literally and figuratively.

Ann: One question that's come up for me after doing the interviews I've done is the generation that, the second wave feminists and the fun that you had with your periods and celebrating the bleeding and so forth. Then it dawned on me, What does it mean for that generation of women then to have the absence of blood? Because that seemed like it was, it was very symbolic and used in very rich ways. And so is there anything that's replaced it?

Jane: Pokeberries! (laughter). Right? They make wonderful color! Really! But that's not what you meant though.

Ann: But I love that!

Jane: I'm pretty concrete! You know, that [using her blood] was so, in my process, not separated out. I never heard of anyone else doing it before I did it. It never became a separate thing to me so, I don't think so. I think because at that time, while I, I was driven to come here, to realize who I was, I hadn't done it [use her blood in art and ritual] yet. I started a lot of spiritual growth when I came here because it was what I did. You know, I started meditating four or five times a day. I read a lot of spiritual, so called spiritual literature. Uhm, but as far as the integrated human, I still hadn't a clue as to who I was. So, as I passed through that, [perimenopause and menopause] I did it kind of asleep. So, I don't know

the answer. Don't have an answer, you know. (pause) I think that's the best I can do with that.

When I envision the activism and sharp consciousness that surrounded Jane's bleeding during her early days in the Ozarks, it is hard to then imagine that this same woman would approach the end of her bloods as being "kind of asleep." Yet, it can speak to the sense of menopause as a "non-event" as I mentioned earlier. Furthermore, earlier generations in Jane's family would have reinforced this notion of a non-event in the absence of acknowledgement of the advent of menopause, and/or its role in the struggles her own mother faced during this time. It is also interesting to think about this sort of sleeping as she approached this passage as surprising in that Jane, herself, was a women's health care provider. However, as she was using her skills to deliver babies and to tout the importance of gynecological self-care for the menstruating woman, she too could perhaps be seen as a women's health care provider biased on the side of women of reproductive age. Could this then be seen as simply a bias borne of her education and training? And why, then, wasn't her feminism serving to provide her with a critique of such a bias against aging women? I must remember that Jane was one of the oldest women I interviewed. She was on the front lines of such feminist activism regarding women, menstruation, and pregnancy. But for some reason she had not picked up the banner for feminist activism in regards to women's health and menopause. As she says, she was *asleep*.

The Potluck Picnic

Another opportunity to pose this question came up at the end of my time in the field. Nancy hosted a potluck picnic lunch and a number of the women came. I handed

back transcripts and talked about my findings up to that point, and asked for their feedback. I also posed this plaguing question...

Ann: Can I ask a question, another question? To continue with the topic... one question came up, it was largely going through your interview, Judy, when you talk about saving your blood, (J: mhm) and then a number of you [also] talk about using the blood for art, and so it was a very important object, artifact, symbol. And then I got to wondering what, was there anything that, once the blood stopped, that took the place of the blood in ritual or as a symbol or an artifact?

Silence...

Nancy: I used to water my plants with it.

Judy: That's one of the things I missed and grieved, was not having that anymore, not having my own blood to do things with.

Margaret: You sweat now!

(Laughter!)

Ann: Hot flash!

Judy: Well there's just less moisture coming off our bodies as we grow older anyway, in every way. But I guess water replaces it. Or we always used water too. I did, but we all did, but, that's the closest – the blood of Mother Earth.

Nancy: Especially salt water, sea water. It would be nice to have something... I kind of wonder, sometimes if all my [art]work with pods and shells and things that are, I don't know, pods are a record of the life that held them or something like that, you know? Shells... They've become more important symbols to me.

So there wasn't really a resounding response to my question, nor a consensus on a particular object that is recognized as taking the place of menstrual blood in ritual or art. Nor did there seem to be any particular interest or investment in creating or deciding upon one, at least not as indicated by this conversation.

Carla

Carla, who began to stand out as the spiritual matriarch of this community, took the question to another level. She thought about continuity, and spirit, and connection. For her, a woman's sexuality transcends bleeding and menopause, and continues to connect her to everything, to all of nature.

Carla: [Not bleeding] is very nice. I don't miss that part at all. That's my biggest advice – celebrate. Look at it deliberately, you know, and if you're smart, pay attention to your bloods. And see them as times of reflection and spiritual connection. It is connecting you to all of life, you know.

Ann: Is there anything that connects you then, or what does connect you after you don't have the blood there to connect you?

Carla: (laughter) Everything! I'm very much of a nature person so I'm always feeling that connection. Whether it's creatures or plants or birds or my own physical, you know... Your sexuality doesn't go away. You still have sexual feelings which connect you to everything.

Conclusion

As I bring this chapter to a close, I realize I am asking questions of both menopause and research about menopause, and especially about research about menopause by a researcher who is perimenopausal, not post-menopausal.

I set out to explore the process a woman goes through as she begins to have the first signs of perimenopause, and then traverses the journey to the end of her bleeding years, has that 12 months without a period, and is then considered to be post-menopausal. I wanted to learn about the physical experience, the emotional experience, the expectations of the women, the assumptions they carry with them, the decisions they made in the context of the choices which they saw as theirs, and then finally the meaning of it all, both the blood and the absence of the blood.

For this particular cohort of women, they used their menstrual blood as a tool of resistance. As feminists of the second wave of the women's movement, these women reclaimed their menstrual blood in the face of a history borne within our patriarchy which defined a bleeding woman as weak, less intelligent, less capable, and dirty. By virtue of her female genitalia she was seen as lesser than, not to be taken seriously as a fully participating citizen of our society. And most recently, these women were rebelling against a script that assigned them to a life of compulsory heterosexuality in which they would be wife and mother, residing in the private sphere, domestic goddesses all. Not these women. And they made that announcement in many ways, not the least of which was through the embracing, celebrating, and creative use of their blood.

So, it becomes of interest when such an object which has become an important artifact of one's culture, of one's value system – a symbol to be used to make a political statement – is gone. What then? In the case where the object in question is menstrual blood, the loss of the object or symbol is usually gradual, at times indiscernible. And within our social context, this loss, too, has come to be defined as a deficit, a failure, a vacancy. A woman who is no longer bleeding, (a naturally occurring process), has been said to be experiencing *ovarian failure*, and to be experiencing an *estrogen deficiency*. In the crudest of descriptions, in the not so distant past, the woman who *stops* bleeding is also framed in a negative light, "... the tragic picture. Not really a man but no longer a functional woman, these individuals live in the world of intersex" (Reuben 1969).

It was in the wake of such words that these women came to feminism. And they were determined to rewrite the script regarding menstruation and subsequently, menopause. A woman's menstrual blood would no longer be a symbol of weakness, but

rather embraced as a symbol of strength, wisdom, and pride, just as the script surrounding the female body would be rewritten to celebrate, not shame her femaleness. And a woman who reaches the end of her bleeding years will no longer be understood as having lost her essential womanliness, aging beyond usefulness, but rather boldly and wisely moving into the next stage of life, sloughing off the old – old ways of being – and creating and embracing new. And she would do it all according to her own understandings, beliefs and values regarding her body and this stage in her life.

So, I finish this chapter by continuing to wonder about the women's responses to the question, "what happens where there is no more blood?" As I ponder the various responses I have included in this text, I wonder more about my question. Was I looking for a concrete answer, such as the one supplied by Jane, tongue in cheek? Or is it actually a larger question about what purpose does/did the blood serve, and can that purpose still be met, just in other ways? Is the purpose as Carla suggests, to be connected to all else, all of nature? Does a woman's blood serve this purpose, facilitate and enhance her connection to all of nature? And then once the blood is gone, does this connection just manifest differently, such as through her own sense of her body and her sexuality? Is this really just a question that unintentionally reveals essentialist assumptions on my part? Or is it a question in response to understood essentialist assumptions on the part of the women I interviewed?

Are our bloods a "means" that have a specific task and a specified shelf life? And once that shelf life expires, do our bloods (or lack thereof) become a non-issue, and the paradigm dramatically shifts to the point where to continue to know oneself as without blood is a futile exercise, trying to answer a moot question, an unaskable question, an

unanswerable question. Perhaps the question itself is inherently flawed. Perhaps the still bleeding researcher struggles with being able to step out of her own experience, and moving beyond understanding and defining experience according to her own frame of reference. Perhaps I don't know the question to ask, and won't know until I, myself, am no longer bleeding.

COMMUNITY: MENOPAUSE IN SOCIAL CONTEXT

Community in Action

As I read back on the first interview I conducted, with Neely, I now understand that while it was an interview with an individual woman, it was also an act of community. Through our conversation about menopause, Neely demonstrates and articulates the importance and value of being a part of a larger community of women, and honoring that community. At this point in the interview, I was getting a sense of Neely's perspective on menopause as a natural process that is part of the fluidity of our aging bodies. In the midst of her words, she notes her appreciation and respect for my doing this research. I then comment on being grateful to the community for being so generous in participating. And she basically says, "Why not?" After all, we're all a part of the global community of women, and as such, we support one another's work.

Ann: And you all have been so incredibly welcoming.

Neely: I think we all recognize the value of other women's lives and our own lives and how they all connect, and how we all share information with each other... help support each other, and love each other. That's what's important. So... why would we not?

Ann: That's wonderful.

Neely: At least that's my motivation. Not because... I don't think it's because I think I'm so important, or interesting. I think it's more that I'm a part of a larger organism, a group of every woman on the earth, I'm connected to. And I like being connected in any way that I can.

Ann: Well, it sounds like a context within which you've been able to flourish...

Neely: Yeah, definitely. Oh yeah, it's like a family. You know you have your arguments, and your WRAHHH (sound of frustration), and your love, and your acceptance and support. It's really very much like a family, I think. And a much healthier family than I grew up in! (hysterical laughing!).... It's really comforting and, I think that it's just because here we are. We're all in a lesbian community, living in a larger community, so we are who we are with each other. That's our connection.... But good for you – that you're here and doing this [research]. Something drew you here.

Ann: Well, you know, I met Nancy a year ago, and we had email contact sporadically over the last year about the possibility of my coming down. She had extended the invitation and because of commitments in Columbia and so forth, I wasn't able to come [before now]. But this is just incredible... she described it, but you can't... you just have to be here.

Neely: You kind of have to come and experience it. And it's good to come to different social events... we're going floating Monday, by the way, if you're interested.

Introduction

Neely and Nancy both seemed to intuitively understand that if I was going to comprehensively understand the menopausal experiences of the women then I needed to experience and understand their community. In other words, I must consider social context. Recent research has responded to the criticism that past analysis on women's experiences of menopause does not take social context into consideration. Banister (1999), Kelly (2005), and Winterich (2002), all set out to address this oversight. All conducted qualitative research using surveys and/or in-depth interviews to explore the experience and meaning of menopause for women, with the goal of adding social context as an important element in women's menopausal stories. Specifically, all three explored sexual orientation and its impact; Banister and Kelly also explicitly explored the role of feminism. All three conclude that understanding social context, especially sexual orientation, and for Banister and Kelly, the role of feminism, was imperative for a comprehensive, rich understanding of the women they interviewed. Furthermore, all three

privileged the words of the women they researched, liberally including excerpts from interviews, allowing the women to speak for themselves.

In my project, I aspire to do all of the above. Kelly's words, especially, resonate for my own work. She writes,

“Much of the existing mainstream research, I suggest, does not acknowledge the important role context plays in women's lives. Feminism is also a socio-cultural context and it undoubtedly affects how women think, act and behave in the world. Feminism influences every aspect of our lives. When feminism is added to lesbian existence, these two forces together enhance behavioural change, which increases the likelihood of resisting cultural norms and further of creating, within lesbian communities, new norms which go against the mainstream.... By rejecting the narrowly defined socio-cultural norms that have been prescribed under patriarchy, lesbians are now free to create and embrace other norms. Lesbian feminism offers and provides a new vibrant way of being in the world. It gives sense, joy and purpose to many lesbians' lives.” (p. 29-30)

The place at which I depart from the former researchers' studies is in how I am regarding “social context.” I consider the roles of both feminism and lesbianism. However, for the women in my project, their feminism and lesbianism is understood and practiced within community – *women's community*. It is through the establishment of community that these women have been able to, in Kelly's words, reject “...the narrowly defined socio-cultural norms that have been prescribed under patriarchy... free to create and embrace other norms,” so they can achieve “...a new vibrant way of being in the world” that “gives sense, joy and purpose” to their lives (2005). This chapter is about the the community and the relationships within that community in which the women of my research experience menopause, and its concomitant aging.

At the beginning, I had set out to do a “bounded” dissertation project. After my experience doing ethnography for the Missouri Rural Church Research Project in the

earlier part of my doctoral program, I had decided that, for my dissertation, I really needed a very defined, time-limited project. I had decided on a methodology of in-depth interviews. I imagined recruiting subjects, setting up appointments, meeting at some public place, turning on the tape recorder, asking questions and getting answers, and returning home. Transcribe. Analyze. Write. Defend. Graduate.

As I stated in Chapter 3, the very words of Nancy's initial invitation should have been my first clue that to do research with this particular community of women, Nancy's "neighborhood," would not be a quick in and out process, an accumulation of discreet interviews to be used to create a story. These articulate women offered very rich interviews, and were quite generous with their time in doing so. But the stories they tell in their interview arise out of a context of community. And it was very apparent early on that to have a deeper understanding and appreciation for the interviews I needed to have a sense of the community. And the invitation was there, even if temporarily and as a researcher, to join in with the women's experience of community. Doing so seemed almost necessary for a deeper analysis. And admittedly, the notion of doing so was also extremely attractive: hanging out down in the Ozarks with fun, smart, adventurous women full of engaging stories – spending my days floating, hiking, gardening, playing, laughing, learning. This project could have easily evolved into an ethnographic project, and yielded a different story, perhaps. For me, the compromise was to add the participant observation element. The ethnography will have to wait either for another researcher, or another time for this researcher. So, to the extent possible, I immediately began the participant observation part of my research. I set out to understand the context of the community of this particular group of women.

In this chapter I will introduce you to this community of women. I will begin by foregrounding my chapter in the work of Susan Krieger, a social scientist who authored a groundbreaking book on lesbian community, entitled, The Mirror Dance: Identity in a Women's Community. Krieger provides a jumping off point for understanding the notion of “community” as it relates to lesbian communities at large, and I then apply it to the women with whom I spent time. I will then provide a brief history of this community of women in the Ozarks, taking the reader back to their beginning experiment in community building in Michigan, the creation of a community they called “Aradia.” I will then take the reader to the women’s community in the Ozarks, to what one researcher calls the “Remnant of Aradia.” After describing this community, I will then discuss various aspects of experiencing menopause within the context of women’s community: specifically the way the women support each other; the way they share information about menopause (supplementing and challenging knowledge from their mother’s generations and the mainstream culture); and how the experience of menopause can play out within a lesbian romantic relationship.

Lesbian Community: From “The Mirror Dance” to Aradia to the Ozarks

In 1983, feminist studies scholar, Susan Krieger, published her book, The Mirror Dance: Identity in a Women's Community. In beginning the project of this book, Krieger was looking to write a sociological analysis of a lesbian community. The project evolved into a very important piece of work on identity development, setting a standard for employing reflexivity in one’s analysis. Krieger, a lesbian herself, spent time with the community, but her involvement had a pre-established endpoint as the community was in

a town where she had a one year teaching assignment and she'd be leaving at the end of that year. In her introduction Krieger describes her project,

“This book is about individual identity in a women’s community. It is based on a year of participant-observation that culminated in two months of intensive interviewing with seventy-eight women who were either members of the community or importantly associated with it. The community – a loose-knit social group composed primarily of lesbians – was located in a Midwestern town and had approximately sixty active members.” (p.xi)

Aside from being an important reference book in exploring social science methodology, both in substance and form, (and being an excellent read!), I mainly use Krieger’s work on defining and deconstructing the notion of community for the lesbian community she studied. Our studies differ in many ways, (e.g. sample number; point of investigation; she was an insider in terms of sexual orientation and I am not), yet the context for both studies is a lesbian community in the Midwest. Certainly there are differences between the two communities, but I feel that Krieger, in her pursuit to define the community in her study, captures much of the essence of the community in which I explored menopause.

For my dissertation I was mainly interested in how the women’s community impacted their experience of menopause. As I developed my sample, the question began to arise as to who exactly was a member of this community, how was the definition and meaning of community (or “neighborhood” as it was also often referred to), understood. Simultaneously I was also pushed by a professor to define my “unit of analysis.” She had astutely observed me coming out of the field, with not only interview stories but with stories of the larger gatherings, stories of the dynamics among the women, stories of how the women were connected to one another in myriad ways. I spent an inordinate amount

of time creating charts of the community, fascinated with the different social connections between the various women. This same professor then pushed me to consider the experience of menopause within the context of community. But then when faced with writing about “the community” I was somewhat stumped as how to cogently define *the* “community,” what made someone an insider, a member of this community vs. an outsider, a non-member. And I had realized early on that it was not geography that defined the parameters. It was more nebulous and nuanced than that.

Traditional sociological definitions of community, while not necessarily wrong, did not seem to capture the larger essence, the dynamism, or the intention of the community I was studying. Indeed, within the discipline of sociology there has yet to be an established singular definition of community, but rather there are lists of elements that are found in various creations of community. For example, terms such as “geographical area, self-sufficiency, kinship, consciousness of kind, common life-styles, and various intensive types of social interaction,” are listed in the Oxford Dictionary of Sociology (1998), according to one sociologist’s attempt to analyze the various definitions of community - George A. Hillery, writing in a 1955 edition of the journal *Rural Sociology*. In the original 1955 article, Hillery astutely concluded that all configurations of community included one common element: people.

Defining and “defending” *lesbian* community became, for Krieger, an important yet somewhat unintended outgrowth of her original book. In the 2005 edited volume, *Lesbian Communities: Festivals, RVs, and the Internet*, (Rothblum and Sablove, Eds.), Krieger revisits *The Mirror Dance*, 20 years hence, in her piece entitled, “*The Mirror Dance in Retrospect*.” Having read the following words several times, while both in the

field and after, returning to the quiet of my desk with only transcripts and field notes in front of me, Krieger's words continue to resonate in terms of the understanding that I developed regarding the community in which I spent time. Krieger writes,

“The Mirror Dance opens with the dedication: ‘For our communities.’ I wanted to make clear that I did not think there was just one; there are many, of different social and economic types. In my view, a lesbian community might be as small as an individual and the lives that her life touches. It might also be as broad as a loose association of everyone in the world who might call herself, or be called, lesbian. Such a community does not have to be formally organized, but can sit there in the background, as potential. Further, I have noticed that when any lesbian community is broken down in to particulars and questions are asked about who really belongs and how exactly the community is to be defined, a lesbian community will tend to disappear. What we have often, and at our best, is a multiplicity of seeming non-communities that make up a loose-knit lesbian social fantasy. I think that this fantasy and the realities that sustain it need to be cherished and protected. We need to accept our ‘lesbian communities’ at the same time as we struggle to accept ourselves. And we need to understand better how we project our hopes and fears onto our collective life. Perhaps then we might not so easily judge that life as lacking.

For me, the idea of lesbian community is an idea of [social rather than biological] kinship; it means ‘how we feel toward each other.’ It points to a social reality, but one that is most alive in the mind and the inner emotional landscape of each lesbian woman. I’m akin to a lesbian older than I am who uses the word ‘gay,’ stumbles over ‘lesbian,’ still feeling it is too psychiatric a term, having to do with the prior labeling of women who loved women as sick and perverted and in need of being changed. And I’m akin to the young woman who calls herself ‘queer’ or doesn’t want a label, even as I cringe at the erasure of who I am. I often find myself fighting for use of the term lesbian – because I think it properly names a reality that many fear to name, and that, more often than not, is rendered invisible.

Similarly, because I wrote The Mirror Dance, I am often in the position of defending lesbian communities, both the idea of them and their social reality, ...I do believe ‘lesbian communities’ have great power. They have the power of a fantasy of women loving women and creating a better, in fact an ideal, world of love, peace, mutual nurturance, excitement, and fulfillment.” (p. 6-7)

Further, Krieger writes on what purposes she felt that the lesbian community served for the women she interviewed.

“...I believed that the lesbian community I studied existed as a social reality that was, to some extent, independent of anyone’s views. Further whether a woman felt identified with it, or against it, the presence of something envisioned as a lesbian community helped individuals define their own identities and come to a better sense of themselves. I saw the multiplicity of views I uncovered as presenting part of an ongoing process....

Finally, in addition to being a social reality that helped define identities, the community I studied seemed to me a magical fiction – a hope for lesbian unity, a hope for a better world of women, a solution to all needs, a lesbian love celebration, an enactment of all that might be good about mothering.”
(p. 5)

When I apply Krieger’s words to the community of women I studied, three specific elements stand out: “...a social reality that helped define identities;...this fantasy and the realities that sustain it;...a hope... for a better world of women.” As I learned about the Ozark community, it became clear to me that the ideal of the community and its understood values provided the women with an interpretive framework for understanding themselves, and like the women in Krieger’s study, defining their identities, and finding reinforcement for their identities. Like Krieger’s study, the community provided a framework, and a vehicle both, for the women to create their identities as both feminists and lesbians. For my particular research, I was most interested in the role the community played in terms of how the women understood and defined themselves, or created their identities as menopausal, post-menopausal, or more broadly, aging women.

“...a social reality that helped define identities...”

It is evident in my interviews, as I discuss this more with the women that the community offered them a “social reality” that they believed was validating of their aging

in a way(s) that they were certain mainstream society would not be. Furthermore, the community, in providing acceptance for the manifestations of aging, provided the women with a safe space to age. As the stories tell, there was the freedom to simply strip off one's clothing should one feel the surging heat of a hot flash. Such acceptance and freedom vanquished shame. Within this community it is okay to age. It's more than okay; it's valued and validated. Aging is not an indictment of failure or decline.

"...the fantasy and the realities that sustain it..."

The "fantasy" is the ideal that informed the creation of the original community, begun in the mid-1970s in Michigan, Aradia, (of which I will write more later in this chapter), out of which the Missouri community was born. It was envisioned to be a sort of feminist utopia, the sort invoked by such feminist writers as Starhawk, Marge Piercy, and Charlotte Perkins Gilman – all authors whose books can be found on the bookshelves of the women in this community. The "realities" are the practices, the attempt at such utopia, and the values that undergird it, made manifest. Much of it is relational. As I stated earlier, the community, through its practices, provides a framework through which the women interpret their lives, namely menopause and aging. This reality promotes, values, and validates aging in women. And it is self-reinforcing.

"...a hope... for a better world of women..."

This was, and is always present. The original community was born of hope, and this hope continues to permeate the lives of the women today. They still believe in their project of community. Their community is now comprised of aging, post-menopausal lesbian feminists, but these are the same lesbian feminists who created community over 3 decades ago, and the hope is still alive.

The “Ideal”

The ideal was born in Michigan, in the 1970s, in the form of a women’s community called Aradia. In the same edited volume cited above, Lesbian Communities, bearing Krieger’s look back at her research on a lesbian community, there is also a piece on Aradia. Women’s Studies Professor, Jane Dickie, led a research project, initiated by Nancy’s niece, Elizabeth, who was a student of Dickie’s at the time, exploring the role of Aradia in the lifespan development of its members. In the process of researching the history of Aradia, the project became a vibrant conversation between second wave and third wave feminists. I first became aware of Aradia during that trip to Milwaukee to attend the National Women’s Studies Association annual meetings, sitting next to Nancy. Along with Dickie, Elizabeth, the other student researchers and two other Aradians, Nancy was doing a presentation on Aradia at the meetings. I didn’t know it then, but that presentation was the beginnings of the piece that eventually appeared in Rothblum and Sablove’s book, alongside Susan Krieger’s work.

Aradia had its genesis in the women’s movement of the 1970s, in Grand Rapids, Michigan, home to a very influential and conservative Dutch Reform population. In this conservative climate a group of women found each other as they dealt with, each in her own way, what Betty Freidan terms, “The problem with no name.” Coming out of the isolation of the lifestyle of the Cold War era which celebrated the nuclear family, traditional gender roles, and the consumption patterns that were meant to display the virtues of the Protestant work ethic and the American Dream, discovering the women’s movement, women joined consciousness raising groups, returned to school, joined the work force, discovered feminism, found affirmation in their identity as lesbians, and

engaged in such subversive acts as becoming vegetarians, and creating women's community (Brownmiller, 1990; Crow, 2000).

Dickie et al. describe Aradia, drawing on the words of one of the founding members, and a brochure that the community published, describing its "work."

"What made Aradia an 'ideal of women's organizing,' as Alix Dobkin, activist and musician, called it? Tess Wiseheart, one of the founders, described the difficulty in explaining to people what Aradia was. 'We were a community, a larger community. People would say, "Do you have a center? Or do you own women's land?" and we didn't. We were basically urban women, and most of us had pretty straight jobs. I was an administrator with the school system; Susan was a counselor. We had lawyers; we had stockbrokers; we had women in the arts. (Additionally there were women in the trades, carpenters, electricians, and factory workers.) So, we were a community that came together when we needed to and when we wanted to.' Which was often several times a week.

The range of events was broad including cultural events (concerts, poetry readings, plays), celebrations (potlucks, parties, rituals), documentation (research, media work, photo exhibits), communication (newsletters, calendars, radio shows), athletics (softball teams), educational events (workshops, classes, conferences), and support groups (for physical, emotional, political or spiritual well being). As the Aradia brochure explained the breadth, 'Aradia work is a process of evolving and changing ... Anything that affirms our selves and other wimmin is Aradia work. We do this work alone, in other groups, on our jobs and within Aradia ... We offer women the opportunity to live, learn, and grow in company with feminist women. We are creating supportive communities and

thrive on our diversity. Any woman who is seeking a woman-centered community is welcome to join Aradia and encouraged to participate in any of our activities, functions and events” (p. 100).

My experience of Aradia came in the form of what Dickie refers to as the “remnant of Aradia,” the community many of the women established in the mid 1980s down in the Ozarks. Dickie attributes the dispersal of the original Aradia community in Michigan to changes in the larger culture, and an outgrowth of the women growing older, brooking “middle adulthood.” She states, “Aradia thrived as an urban community from the mid-1970s through the late 1980s. As the culture changed and the women moved from early to middle adulthood, they gradually moved from Grand Rapids, some to the rural community in Missouri....” Yet, the ideal of Aradia continues, “Many of the women insist that Aradia still exists, in their connections, in their continuing belief that if a certain consciousness is brought to bear, ‘all work is Aradian work.’ These are women in scattered places still creating community” (p. 103).

Though the women moved geographically, not only to Missouri, but across the country, it is very clear when talking to the women of Aradia, that it continues to be a cultural, ideological, and political reference point. While I was doing my research, Nancy and Judy were working with the interviews that Dickie, Elizabeth, and the other researchers collected, creating their own history of Aradia for publication. And every year many of the women still gather in Michigan, for the Michigan Womyn’s Music Festival – a very important cultural touchstone for them all.

The “Remnant of Aradia:” Women’s Community in the Ozarks

The establishment of the Missouri extension of Aradia can be seen as part of a larger social movement, the Back to the Land movement, in which urban people were seeking a new lifestyle in rural settings, concerned with issues of pollution, environmental sustainability, and rampant consumerism. The reasons for the urban exodus into the supposedly idyllic rurality of America varied greatly, as did the models of establishing land and lives (Jacob, 1997). Within this larger movement is the Land Dyke movement – the establishment of separatist lesbian communities in rural settings (Rabin and Slater, 2005).

When the women began to leave Michigan and settle in Missouri, many left behind professional well-paying jobs with benefits such as health insurance, determined to create a sustainable lifestyle, being as self-sufficient within the community as possible, rejecting, to the extent possible, the mainstream social and economic model of a capitalist patriarchy. Other women who have joined the community from elsewhere share this ethos. Many of the women engage in cottage industries, many of them artisans. Some of the women engage in part-time wage work, often with a social agenda attached (such as the human services or community activism). Most of the women grow as much of their own food as possible and share it with each other. Depending upon geographic proximity they share resources such as gardening equipment, tools, labor, and know-how. They also barter when possible and appropriate. An important value within this community is living in a way that leaves a minimal environmental footprint. Like others in the Back to the Land movement, the women chose to settle in this rural space with the intention of living sustainably and respecting the environment that they began to call “home.” They engage in practices such as organic gardening, use alternative waste systems, and carpool. And

last, but not least, a driving force behind their creating community was the desire to create *women's* community – the women settled their various pieces of land and homes with the general intention of each creation of space that would be designated women's space; these were the lesbian separatists of the second wave¹².

Logistically, the women live in separate homes on separate pieces of land; this is not a communal living arrangement. The women's residences are spread across 5 counties in the Ozarks – four in southern Missouri and one in northern Arkansas. Within this larger community, there are two sub-communities, determined by geographic space. One – Eagle Mountain – is in southern Missouri and is a several acre tract of land that is part of a community land trust. The other sub-community is in Arkansas and it is a several acre tract of land which is privately owned, together, by several of the women. In terms of the larger women's community, women estimated anywhere between 50 and 100 women who they would think of as being affiliated with the community. In terms of age, the women are predominantly somewhere between their late 40s and their late 70s. While the larger women's community is geographically diffuse, there is much contact between the various areas through phone and internet. The women travel to various locations within the community for different gatherings. Eagle Mountain, home to four of the women I interviewed, is often a site of such gatherings.

¹² While only women live on the land, over time, in practice, men have been allowed to come onto the land for various reasons including, as visiting relatives of residents, to attend certain gatherings such as the local permaculture group, and to provide services that are beyond the scope of the expertise within the women's community.

“...a really outstandingly conscious, together community of women”

Whenever I came to the point in the interview when I would ask the women to tell me about the support systems they had as they went through menopause, inevitably the women would bring up their community as an invaluable source of support. And it seemed that in their answers that providing support to others was inextricably linked with the sense of support they felt they received, in a larger sense, as lesbians, as feminists, as women. And as, in Neely’s words, “...a really outstandingly conscious, together community of women,” the women felt they received this support in the form of safety, both physical and psychological; strength to maintain their identity as lesbian feminists; as a buffer to a sense of isolation as part of a marginalized group; and in a sense of normalcy as they lived their lives as aging lesbian feminists in the rural Ozarks.

In my interview with Sue, she emphasized the safety and security which she received being a part of this community. She also had a keen sense of this community to which she belonged as a part of a larger social setting. She contextualized the community within the larger Back to the Land movement which brought many people to the Ozarks, many who would be described as “hippies.” Within this larger community of people who relocated to the Ozarks, Sue found “home” within her lesbian community. As Sue put it, “[The community] provides some safety and some strength, without actually having to live literally next door to one another. It’s more of a psychological [safety], but, also a very real and physical [safety].”

Sue: Well, it’s meant a sense of safety and a sense of not being isolated. It’s probably made it possible for me to live here, really. Well, I don’t know... I’ve been known to tough it out by myself in places, but I just need, I think it’s just a necessary thing to feel okay - you know, not to feel like the extreme weirdo, to feel normal, a sense of normalcy. Yeah. And you know, the sort of wider community around here, which would be more like

the Back to the Landers, and the old hippies and things like that, well I'll tell you [a] funny story. This kind of exemplifies how they look at us. You know, there aren't that many of us. You may have noticed that. You know? And in this particular community, I think I counted, it might be a larger number now, but like 25 spread out between here and Ava, say. You know, that's not that many of us as a community, but uhm, and this was some years ago – John Rivers complained – he's one of the old hippies, what was it about? You know your, I don't know if it was an Eagle Mountain party or some, you know, all women party or something we were going to have, and he bitterly complained about not being included. And he actually said that we have all, that lesbians have all the fun. He actually said that! (much laughter). It was very, I just looked at him like – You know? "Have your own fucking party, John! (laughter) I mean, C'mon! It wouldn't be a fun lesbian party if you were there! (much laughter) Get it? Get it? (more laughter)

Turning serious again, Sue continues:

Well, that's how we're seen, you know, by that particular larger community that's even aware that there is a lesbian community. Yeah, [the community is] like a contact point or just a way of having it feel normal and you know, I hate to admit it, but even to feel kind of superior because, not unfounded in my opinion - because if you look at this group of women, I was going to say with a few exceptions, but maybe with no exceptions at all - it's a very well educated group. I would guess that a number of us are in the highest percentiles as far as, you know, intelligence go, a very creative group, a self-sufficient group, innovative, all those things. It's kind of a choice pick of humans... in my opinion. I mean, I don't know how it looks to you... I mean it's certainly true that not all lesbians are like us.

Neely brought a similar strain of thought into her interview, expressing how she believed that this particular women's community was unique, set apart from other communities, and thus especially good for a research project such as mine.

Neely: I think of our experience... I think that it's really fortunate for you, that you had a connection to this community, and access [to] it, because it's a really conscious community that is really different from a lot of other lesbian communities. You're not going to find it in the cities pretty much. And judging from my conversation with many women at the Land Dyke gatherings, which are [women from] many women's lands who come together, as well as women from cities.... This is a really outstandingly conscious, together community of women.

Aradia Continues: Bringing "...a certain consciousness to bear"

Operating out of a feminist consciousness, that for many of the women was born during the heady days of Aradia and the Women's Movement, the women continue to make community in the Ozarks. This community provides tangible resources to the women who are a part of it, as well as psychological resources. Within this community, there is information sharing, a shared ideology based in feminism, and support for practices which are based on that shared ideology and identity. Many of the activities the women are involved in are practices that reflect their ideology of a consciously lived, self-examined, socially critically, women-centered feminist community. They bring these values, the "certain consciousness" to the life passage of menopause, as women supporting one another in their community, and as individual women going through menopause. And for the women, the act of community comes in many forms.

"Everything we do..." [is Community]

Ann: Who in your life would you say was an important part of your support network when going through menopause?

Neely: The larger lesbian community, yes, the lesbian connection, I would say, based on gatherings, festivals, visiting other women, visiting other lesbians. Michigan [Womyn's Music Festival] being a primary one. Midwest [Wimmin's Festival] being a primary one. There's a gathering called the Land Dyke Gathering, one I try to attend every year. And then just gatherings in this area, neighborhood... informal and formal gatherings here.

Ann: Would the pool party be an example of that? [referencing the pool party I had attended, mentioned in earlier chapters].

Neely: Yeah. I think everything we do, even if there's just two of us, just going belly dancing on Tuesday night, and [being] together in ways that feel really important to me. I think it's really difficult times in this evolution of this world, and I think the more time we can spend with each other, for me, is profoundly important. It's what's important now. It's not

important to me that I get anything done or not done. It's like (making a sound effect like dismissal)... it's more important to me to be with these women around here, than almost anything.

The Community as Source of Information: Mirroring and Sharing

Joan S. Rabin and Barbara R. Slater have been following this cultural and demographic shift within the lesbian feminist community since the early 1990s, traveling from coast to coast visiting various land settlements, including the Arkansas wing of the community of which I write. Their description of the Arkansas community fits appropriately, to the best of my knowledge, with the larger Ozark women's community. This chapter is not meant to provide an ethnographic rendering of the dynamics of the Ozark community, but it is valuable to note the aspect of which Rabin and Slater write – the combination and balance between “feminist process and individual freedom.” Feminist process is defined by Rabin and Slater as, “(1) shared decision-making, (2) open discourse with shared information, (3) protecting the rights of the less powerful, (4) power-sharing, and (5) sensitivity to minorities with a group” (*in* Rothblum and Sablove, 2005).

Through stories and example, I witnessed both feminist process and the exercising of individual freedom. In terms of feminist process, most significant to my research is number two: “Open discourse with shared information.” As I will demonstrate in the following chapter, information sharing and an open line of communication and discussion, or discourse, has been extremely helpful to the women in terms of negotiating their way through menopause. Moreover, it is a transaction in which both parties - those sharing experience and those hearing of others' experience - feel a responsibility to participate and an appreciation for the knowledge they glean through this sharing. Part of this “open discourse,” I suggest, takes place through what I refer to as “mirroring,” based

on Susan Krieger's use of the concept of mirroring in her book, The Mirror Dance. When explaining her choice of title, she writes, "Within a lesbian community, we find that individuals constantly have to deal with the mirror images they present to each other..." (p. xv), a reflection in which a woman experiences, perceives, and observes a potential sense of self.

While Krieger's project is looking at how this mirror image impacts the women's development of an individual identity within the context of a particular lesbian community, exploring both the push for conformity, to the mirror image, or "community identity," as she describes it, and the disruption that can then be felt when one begins to feel the pull to develop a sense of self-identity that is individuated from the group, I am using the term "mirroring" to illuminate the dynamic of shared information through being in close proximity to mirror images of oneself – in this case other women who have either gone through menopause, or are currently going through menopause. The women see their menopausal bodies in one another and both learn from the other, and share with the other women through modeling, simply through being. While Krieger's project has had great influence on my thinking, my exploration of the individuation process, deviating from the "community identity," in terms of menopause, really comes into play in terms of practice – what concrete practices do the women engage in, if any, as a response to the signals of menopause that they experience. In terms of ideology, I did not witness nor hear about struggles in terms of conforming to the "community identity" regarding menopause. The women presented a very cohesive picture, echoing one another's thoughts and words, in terms of rejection of the disease model of Western medicine and bringing a socialist feminist consciousness to bear on the experience.

But as Rabin and Slater articulated about the Arkansas wing of the community, within this larger lesbian community there is also “individual freedom.” Menopause is an interesting case in point. As the interviews will show, community support is invaluable and an integral part of the menopause experience within this women’s community. Through mirroring and sharing knowledge and information, the women feel supported as they go through menopause – their experience is validated and they are offered insights and support. However, ultimately, each woman’s experience is unique and in the final analysis and point of decision-making, each woman must decide for herself, how she is going to respond to menopause in practice, based upon not only information and an ideology, but also based on her own unique embodied experience of this passage. Thus it is through the choice of practices that there may be the occurrence of deviation, or the exercise of individual freedom, from the predominant response of interventions that are considered the norm – those that are “natural” and part of the alternative medicine rubric, as opposed to those that are un-natural, specifically hormone replacement therapy, promoted by mainstream, Western medicine, and its bedfellow, the pharmaceutical industry.

The Backdrop Against Which These Women Have Created Community: A Social Inheritance

Similarly to the way in which many of the women had to talk about bleeding before they could talk about *not* bleeding, many of the women seemed to need to talk first about how they were brought up in environments devoid of the sharing of knowledge and information in order to fully emphasize the importance of this aspect of their lives in their community of women. Victoria was especially articulate in doing so. Of note, our conversation took place shortly after her two older sister had just come to visit her and

her partner, Barb, at their home at Eagle Mountain. Her story is very similar to the stories told by the other women.

Victoria: And so, my sisters were just here visiting, and they're two and four years older than I am and, and one of the things that is one of the strongest issues I have with my biological family of women is that as the youngest daughter of my generation I just wasn't told about some of the main things that a woman would, I mean, save her life. I wasn't told about rape. I wasn't told about how to choose a husband. I wasn't told about lesbianism. I wasn't told about menopause. I wasn't told, you know, it was like you have your period, you're having a hard time, take 3 aspirin. You know, break the rules of the label of the aspirin bottle. But, you know, and that was it. I mean, "Just go take 3 aspirin, and shut up." You know, I mean that was just implied, that last part. And, it it's just, I felt because the women's movement and those discussions, those heart to hearts with other women in the CR groups, I felt so strongly that women should have been talking to each other about these women's issues more and that even if my mother made different choices, you know, Didn't she have observations to share with me? What about my old maid aunt? Didn't she have things to say to me? Didn't my older sisters have things to say to me about managing sexually aggressive dates or... You know, what about, like it's prom night and you're expected to deliver because they spent so much money on your corsage and stuff. I mean, it's just like, all kinds of things that you just walk into ignorant and I, and menopause is one of those many things that because of the variety of our experiences, people can argue that it's not important to have those discussions because some people with their own centeredness, and their own ease, possibly, convictions, or you know, steel will get through it on their own fine, or were happy to get through it on their own, and not have to spit out the difficult words or the difficult pieces of it.

In my generation, and with likeminded women who were, who embraced the women's movement and all of it, you know, we just... Why? Why? Why would you have to do this in isolation? Why couldn't you understand these things? Why couldn't you be given the language? Why couldn't you be given the definitions? Why, why not? You know? So, I, myself, am, was disappointed not to have the information and am so grateful to have found it, in as much time as I had to recover from some of the stumbles I made, and to be ready for some of the things like menopause that were ahead of me, in terms of my own timing and aging.

Victoria shares the mixed bag of feelings that come with having a past and a present that are in such contrast. With great acuity and anger, she remembers the absence

of conversation, the absence of guidance, the absence of information that characterized her upbringing – the social inheritance from the women in her life who were older than her. At the same time, she gratefully recognizes the social context of the community of women within which she now lives, and how grateful she is to have these women, albeit later in life, but in time to benefit from their conversation, guidance, and information about menopause. Consequently, she is able to go through menopause feeling informed, prepared, and supported.

Perhaps Not Perfect, But Providing “Enough Support”

It was within the context of a potluck picnic with six of the women that Victoria had shared these observations and feelings. It was also during this conversation that critique and self-examination kicked in. In response to a comment made by Nancy, praising the community, Victoria seems to admonish her, her community, herself, and me, not to “romanticize” this community nor aging. Yet, she clarifies, when someone in their community is in need, the “critical mass” is available so someone is always there to offer “*enough support.*”

Nancy declared,

More importantly though [the community] reinforces a [positive] attitude because the whole thing about getting older is so negative in this culture. So to have a subculture, say, it's really, it's “Embrace your old womanness and be proud that you're wise now!” I mean that kind of reinforcement you don't get outside.

(Long period of quiet...)

Victoria: I don't think we're uh... I think it's romantic to think that we're endlessly compassionate toward each other (chuckles). I think that, because I don't think, I mean I think it's a stress in a way, for a community of women – a loose friendship network of women, whatever – close friendship network of women – to endure pre- and post-menopausal

experiences of each other. I mean, that's a stress. I suppose every stage of womanhood is a stress, you know, hormonally speaking, mood changes, mood swings, the, just coping with the aging. I mean, what I do think is that while someone may not be up to coping with somebody else's changes or difficulties, then someone else is. That you do find understanding, and that would be a difference to the outside world that you may never find that understanding from anybody. Or you may never have the support to clean up, you know, I mean I know, I'm sure I told you this story in my interview of pre-menopausal whatever, you know like having this bizarre experience at this meeting where I just like, was so rude to everybody. And I'm the one who loves meetings and I'll last forever. And, I was just like outrageous. And I didn't know it at the time because I thought my own instincts were reliable and so I just, well, I went with them. And then, but in retrospect I could see how badly I behaved. (slight laugh) And then I could, because I had friends and could talk about it, I could go back and go to these total strangers and friends and apologize. Now if I had had no support about that, what... What? Would I have just dropped out? You know? So it's not that I think we find endless support, but we find enough support. We find eventual support. We find good support. You know we find enough support to take us to the bottom line good place with it, which is great. But I... just... it sounded a little romantic.

Ann: Well I've been accused of that!

Victoria: Well, no.. I mean I just don't even think our own aging is that positive. It's hard. It's damn hard to lose abilities and you know, and (sigh) whatever. You know? You know, features that were your best features are no longer your best features (chuckles). Yes, I think there is some wonderful validation and I think the only choice is to be as positive and whatever as you can. And I, and I think there are great rewards to it all, and stuff. But it's not to say... I don't mean to... I just think it is hard, and we aren't, we aren't perfect in being there for each other or whatever, but there is just enough critical mass of great support and information that we make a big difference compared to what I see. What I saw for my Mother. What I see in my sisters' lives. You know? What I'm sure is more of the norm.

Mirroring: Being Supportive Rather than Judgmental

Through another story, Nancy wanted to express how they do indeed support each other in the face of Victoria's qualified description of how they offer one another support. Moreover, Nancy seems to want to make it clear that while such support is "not perfect," it is highly valuable, and the fact that they are women supporting other women, adds

strength to such support. They can empathize without the danger of being judgmental. In other words, for the women who have gone through menopause earlier, they “get it.” They know menopause, and they want to help the other women by offering a mirror, a mirror that is meant to provide both insight and assurance.

Nancy: Well, I wanted to add something to what Victoria said - a little bit different angle, but the same idea. I think we do support each other even though we're not perfect, and that we don't always understand. An example for me is, you know I live with Jill, and she's starting to, finally, at the age of 55, go into menopause, or perimenopause, or whatever. She never had any symptoms before. And for a couple of months she was just like, like, bursting into tears and doing all these things that she didn't know what was going on, you know? And, and I was saying, "You're going into menopause..." , and, "No! No! No! I'm still bleeding!" And finally, you know, I said, "Look! I'm trying to cut you some slack here! You know?" (laughter). But I did really get it. And I was so much more patient with her than I would have been, when she, you know, like just lost it and went off and stuff. Because I remember doing the same thing when I was going through it. And so, I mean, I was able to be supportive rather than judgmental. So, you know, I think that kind of thing we do do for each other.

Ann: You're kind of mirrors for each other, it seems like, in that respect. And, and you offered her the reframing of...

Nancy: Yeah, she didn't know what was going on, that I could see. "Well, you know, your hormones are really screwy!" "Oh..." (said in mocked startled realization).

Ann: Yeah, yeah. I remember, I think it was in your interview, Judy, one of your friends said, what was it? "It will be over." (Laughter) I mean, it was very, it was a very simple phrase.

Judy: (In a falsetto voice), "It will not go on forever!" (more laughter)

Sharing Information: The “Gynocentric School Day” in Action

I like to think of the information sharing that takes place within this community as “the gynocentric school day” – a term coined by Bonnie Morris, whose book, Eden Built by Eves, documents the history and evolution of the women’s music festivals, including

the Michigan Womyn's Festival, that began during the height of the women's movement (1999). Morris covers various facets of the women's music festival culture. One of the "principles" which she states that the festival culture was built upon is the notion of the "gynocentric school day we never had." She states, "A... festival principle is education in the ways of the world's women. Without question, women have been written out of most history books, kept from political power, and have thus found alternative means of protest and memoir. Whether information on women's lives comes to the participant audience through song ballads, drama, political speech, or workshops on the roots of racism, festivals offer the gynocentric school day we never had." Congruent with what Judy once told me, that it had been her aim to make her whole life like the Michigan Womyn's Music Festival, I believe the women of this community attempt to make everyday a "gynocentric school day," in myriad ways. And I believe that it is a similar intention that drives the information sharing that takes place in this community, including issues related to women's bodies, such as menopause. As was demonstrated through the earlier words of Victoria, the women are very conscious of having been socialized in a very traditional way in their early lives, by mothers who held fast to gender roles assigned to them by a society that privileged the male, required the female to be compliant, and often silent, especially in regard to functions of the body, and most especially functions related to menstruation and menopause. Furthermore, in terms of addressing such functions, the dominant paradigm was that of the Western medical model, defining such functions as sources of weakness, ineptitude, and disease. These women act in defiance of such socialization and paradigms. They are determined to acquire information that will make them informed caretakers of their bodies; and they are

determined to share such valuable information with other women. They refuse to perpetuate the modeling they received via their own social inheritance. Through various ways they access new information, exchange and share such information, and support one another in implementing choices based on such information.

As stated earlier, this sharing of information happens in myriad ways, which will become evident through the words of the women. It happens both formally and informally. It happens through structured sharing of information, and it happens through subtle modeling. The women access information from sources outside of their own community, and then bring them back to the community for discussion. They also take information gleaned from within the community, and in various ways, offer it to women outside of the community. There is a strong sense of reciprocity – a natural give and take between women of various ages. They watch out for one another, always on the lookout for a sister in need of what such sharing may provide. And each woman brings her own area of expertise to bear in doing whatever she can to make manifest the “gynocentric school day.”

The “Gynocentric School Day” Happens...

...Organically

More than one woman claimed that conversations about menopause just spontaneously occurred, as need arose. Carla stated it simply: “It’s in the air.” Neely and Judy describe how this can happen.

Neely: I think it’s more informal, or, in my experience, than going to one particular woman and saying... it just kind of generically, organically happens where you’re aware of others’ experiences and you’re... I think both happens – sometimes you might say to someone, “This is happening! Did you have this experience? And what kinds of things did you do to help

yourself through this particular time? Or not?” or “This seems to be happening to so-and-so, blah blah blah...” just as kind of community thing.

Judy: I watched what other women, older than me were doing, and asked them questions. And the community, every single thing any old woman does, that's older than me, I watch her like a hawk! (laughter). That one. That one. (pointing at other women in the group). And the younger ones too because we're all learning from each other all the time.

It took me awhile to realize the power in this subtle pattern of communication. I think I had initially been searching only for concrete examples of sharing information such as those described above. However, I now see this subtlety as an indication of how successfully the women have been in rejecting their social inheritance and developing new patterns of support and communication. It was abundantly clear that menopause was an open topic for everyone, at any time. While there were structured times and means for talking about it, such structure was not necessary. In contrast to what it was like for the mothers of these women, for them menopause is an open topic and every woman's door is an open door. Perhaps conscious intentionality and planning is no longer necessary as it may have been in the early days of the women's movement, when these same women were confronting the taboo surrounding menstrual blood, because they've already done that work. The table has already been set for that gathering to happen. The women just need to come to the table to join in the conversation. The invitation is always there.

...Intentionally

These are the women of the consciousness raising groups. *“If there is something to discuss, let's get together and talk! If there is something we need to learn about, let's create a group! Let's read a book!”* They are also present at the self-help movement,

invested in self-growth and self-improvement, informed by the belief that they had the means to access the knowledge necessary for such growth or improvement to happen.

During the course of my fieldwork my reading list grew exponentially! As Sue states, this is a very educated, well-read group of women. And as readers, they are very active in processing what they read, discussing it with one another, listening to commentary on talk radio, gathering information on the internet, and reading some more. They pass along books. They initiate gatherings to talk about topics. They actively process information, both from outside of their community and from within. At the time of my fieldwork there was a burgeoning interest in non-violent communication. Some of the women were gathering together to read and discuss the book, Nonviolent Communication: A Language of Life by Marshall B. Rosenberg, Ph.D. (This book, too, sits on my shelf!)

As far as such intentional information sharing and menopause, is concerned, I heard reminiscences as opposed to witnessing it in action. I believe this is because the women were all now post-menopausal. I have no doubt that if I had been doing my research 10 to 15 years ago I would have been invited to attend such gatherings. Currently, the only structured activity involving the sharing of information about menopause is a class taught by Natasha, on herbalism and menopause. Interestingly, Natasha is perimenopausal herself. She opens the classes to the public. During her interview she describes this class as a means for both teaching and learning about menopause. She imparts her knowledge and insights as a healer and herbalist, and she learns from her students, bringing new knowledge back to the community. In this respect, the gynocentric school day takes the form of outreach, extending a feminist education to

women outside of the community. Likewise, Natasha believes there is much to learn from women outside of the community, and bringing new knowledge back to the community further enriches the community.

...At Festival

As stated previously, the women's festivals have been very important to these women in terms of connecting with a larger women's community, gathering together with other lesbian feminists to celebrate, and to learn. In a sense, the Festival setting could be said to incorporate both of the above modes of sharing information: organically and intentionally. The festivals are designated women-only space where women have the luxury of time, and the opportunity to talk to, share with, and learn from other women. The festivals are a plethora of educational offerings in the form of workshops offered by attendees. Several offerings address issues related to women's bodies and women's health. As the festival attendees have aged, the topics have evolved. While there have always been and still are workshops that address various facets of menstruation, as the women aged, workshops that addressed menopause began to be offered. The women cite these as having been sources of information while they were going through menopause. At the Michigan Womyn's Music Festival, in addition to the workshop offerings, some of the women of Aradia were involved in eventually creating a designated space for "older" women – "The Over 40's Tent." Barb was one of the founders of the "Over 40's Tent."

Barb: Well, you know, I think we were like the early generation of the Festival so we thought, we thought we were really old! No! You know, it's, like Nancy was saying... Nancy rode to Michigan with me [last year] and we were talking about Aradia, and she said, "You, and Jean, and Sherice were the elders." "The elders?" You know, we were in our 30s! (laughter). But they were in their 20s when it started. So we seemed

[old]... and so when we turned 40 we thought that was amazing.... there was something about that 40th.

The “Over 40’s Tent” became a space for conversations about menopause such as the organically emerging conversations Neely recalled.

Barb: Yeah, we used to just talk about, like, “Oh what are you doing?” Someone said, “Oh, I’m doing Vitamin E.” “I guess I’ll try that.” You know, it wasn’t, I didn’t have a group or anything, a support group or anything, but... uhm, it was just an older... I didn’t know a whole lot of older women but, some at [the Michigan Womyn’s] Festival, like they would have discussions about menopause... Sherry and I actually started the Over 40s support group. It wasn’t “The Tent” yet. And, then it just kept meeting as a group and I remember thinking, “You know, [menopause] is no big deal!” Most of the women there had no big problem with it. I thought, “This is just another one of those... You know, it’s not an illness! It’s just a natural process.” But just like some women have trouble with childbirth and need some sort of medical support, maybe some women [need some sort of medical support with menopause]... But I think the pharmaceutical companies, in particular, and also some medical people have turned it into a disease that needs treating. And I always thought that was ridiculous. Yeah. I was sort of skeptical of the medical people.... The main thing I remember was feeling like “This is not something I need to worry about, about my physical body. This is not going to do me in.” Women older than I was... they would say, “A hot flash is nothing!” I mean, unless you had you know like really exaggerated ones, like every two minutes or something. Then that could be debilitating. They would just say, “You should take a nap,” or something like that (laughter). “No need to go to the doctor!”

As the founders of the “Over 40’s Tent” have continued to age, it is now sometimes referred to as “The Old Women’s Tent,” and conversation topics have continued to expand to include larger issues of aging.

The women I spoke with also see this space as a place where they as the Elders of the festival can impart knowledge to younger women, demystifying the life and experiences of older women by inviting them into the tent for workshops and conversation. Neely describes how she sees the existence of this space, and its use, as a

way to build alliances between the generations. Once again, the women of this generation defy the practices of the generation of women who came before them.

Neely: I just see it as an avenue to develop relations with younger women, which it has been in many ways. I can see that as an important function. I mean, [young] ones will say, "What do you do in that tent?" And I'll say, "We do sex, drugs, and rock and roll! And you're welcome in at anytime, because they're like... (laughter)... "What do you do in that tent?"

Judy: Talk about menopause! (big laughter!)

...Through "Gossip"

Part of sharing information within this community, as the women described it to me, is the sharing of information within the community about one another's well-being. If they are going to be a consistent, dependable source of support for one another, there needs to be a mechanism in place for ensuring that the women are aware of those in need. Margaret referred to this mechanism as "gossip," and as a relative newcomer to the community, she describes how she came to understand the role of "gossip" in this community.

Margaret: I'm gonna tell a little story. When I first met these women, I met them on my territory [in a nearby metropolitan area] first because they would come and stay with me overnight and this kind of thing. And I can remember, I'll never forget this – the day we were all sitting in my living room and the word, "gossip" came up. And I was appalled! Gossip? Among these women? Who love each other? Well, I learned there was a new meaning to the word "gossip" that day. Because "gossip" didn't mean to run down. It meant to share information. And if you share information about so-and-so is really having a difficult time, and that is why she's gone off on a tangent... And I thought, "My word! Isn't this wonderful?" because gossip in the real world is a word with bad connotations to it. But gossip in this world was, "We take care of each other, through gossip."

Thus, "through gossip," the women are informed as to one another's status, especially in the case of someone being in need. I witnessed this in practice during casual

conversations among the women, checking in with one another, letting each other know if someone was in need, and then strategizing as to who can best meet the various needs, and how. This resonates with Victoria's claim that there is always someone available to help; ultimately, there is always "enough support." I could imagine a scenario, based on Nancy's story about observing Jill struggling with signs of menopause. If, at that time when Nancy had had that conversation with Jill, she had felt that she could not offer Jill support, that she, (Nancy), could turn to other women in the community, alert them to Jill's needs, and then someone else with the necessary resources could step in to be there for Jill.

And the Lessons Learned Continue...

Nancy told the story of going through menopause while she was away from the community. It was difficult to be separated from the women she loved and depended upon, but she carried the lessons she had learned with her. She was in Columbia, Missouri, four and a half hours away from her home and community, attending graduate school while going through what was for her the most difficult period of menopause. She recalls being surrounded by all of these very young undergraduate students, as opposed to the women in her community, who are mostly her age and older. She felt "invisible." She was an aging menopausal woman in a sea of twenty-somethings. Finances were tight so she was not able to make many trips home to her community of women in the Ozarks. She remembered, however, reading and discussing Susun Weed's books about women's health with the other women. So, while away from home she sought out support in the form of a voice whose knowledge and values resonated with her and the other women, as well as the memories of how the other women had coped with menopause.

Nancy: Well, I started going through it when I was at MU [attending graduate school], so I was away from my community. And I found that kind of distressing in some ways, because I felt like I was sort of more on my own, and I, but I went to the Peace Nook, and I got Susun Weed's book, and that was really helpful, because when I was really feeling my worse, I could read that and get some, some reassurance that I'd... Mostly what I got from that book was how much you need to nurture yourself and how that's okay. In fact, that's really good, so, that was different. As far as the community, like with Judy and Neely, I remember you two, when I was, before I started going through it, ripping off your shirts and going, "Aaaahhh!!" (laughter) and thinking, "Yeah, someday that will be me!" But you kind of were like the pioneers for that, for me.

Neely: Standing outside naked in the dead of winter! (Laughter)

Judy: I was always ripping off my socks and shoes too! (Laughter)

Nancy: You know, I never saw my mother do that! I mean she never mentioned it. I never even really thought about it until I saw my older sisters in our community doing that.

At the End of the School Day, What is Most Important...

It is clear that for these women, support, dialog and the transmission of knowledge among women and across the generations is of utmost importance. It is clear that they feel a responsibility not only to their age peers within their community, but to the younger women and girls coming up behind them. This was not modeled for them by their mothers' generations. This was created in the living rooms of the women holding the consciousness raising groups that provided the environment, the philosophy, and the etiquette for a sharing of love, support, knowledge, and validation among women. It's as though they are trying to ameliorate the impact of the constraints and oppression their mothers felt, as women not yet empowered to confront and resist the patriarchy and its rules and dictates for women. And they definitely take very seriously the task of passing on all they themselves have accomplished, the strides they have made, in the name of

feminism, to those generations of women and girls coming up in their wake, serving as mirrors and generous sources of information and support.

Romantic Relationships as Mirror: For Better or Worse

Within the context of the community, there is yet an even more intimate level of relating, yet another social context to take into consideration when exploring the experience of menopause within this lesbian community. This is the context of the intimate, romantic relationship between two women – the lesbian couple. Within my sample there were two couples: Barb and Victoria, and Jane and Natasha. While Barb and Victoria didn't really talk much about the occurrence of menopause within the context of their intimate relationship, (in fact, I believe Barb had already gone through menopause by the time she and Victoria became a couple), Jane and Natasha spoke at length about it. Again, perhaps it was about timing. As I described in Chapter 5, Jane was near the end of her bleeding when she met Natasha. And now, after being together for over 20 years, Natasha has entered perimenopause, so there is a lot of conversation between them both about what it was like for Jane, and what Natasha is currently experiencing. While Jane and Natasha did not go through menopause at the same time, they were still two women experiencing the emotional and physical intimacy of a committed love relationship, and they tell the story of how their individual processes overlapped, departed, fractured diverged, fed off one another, and informed one another.

Jane and Natasha: "It's showing me things about myself"

Jane and Natasha were introduced briefly in Chapter 3, and Jane's words were featured in Chapter 5. When they met, Jane was near the end of her bleeding. Natasha, who is 24 years younger than Jane, is now perimenopausal. As they each tell their story

about going through menopause as a lesbian couple, certain themes arise. There is the literal and metaphorical issue of synchrony. At the beginning of their relationship, they were both bleeding and their periods synchronized. Quite soon after meeting, however, Jane had her last period, but being much younger, Natasha continued to bleed. Interestingly, Jane talks of both remaining in synch with Natasha's menstrual cycles, yet experiencing a sort of breach in their intimacy. Now that Natasha is experiencing perimenopause, nearing the cessation of her own menses, Jane speaks of emotional synchrony once again. Being the younger of the two, Natasha speaks from the vantage point of having initially been the observer, as her own menstrual cycle continued unimpeded by the change occurring for Jane, when their relationship was in its nascency. Now that she herself is perimenopausal, she not only applies what she observed from Jane's experience to her own, but she is also gaining a new understanding, albeit in hindsight, of what Jane was going through early in their relationship, during her own perimenopause. Both agree that the intimacy that two women can experience together, in the context of menopause, is qualitatively different than the intimacy that would occur between a man and woman in a heterosexual relationship. However, the question remains, is this intimacy strictly about a shared biology based in hormones, or is it about common socialization, or might there be elements of both?

Jane

Like the phenomenon of mass menstrual bleeding at the Michigan Womyn's Festival, Jane described still being physiologically impacted by Natasha's menstrual cycle. She stated that she continued to "cycle," in synch with her younger, still bleeding partner, even though she herself no longer bled. And now, with her partner on the

precipice of menopause, (actively perimenopausal), she describes this as yet another loss for herself, a sort of *second* menopause. Having a lesbian partner to go through menopause with is more than having a community of affiliation. For these women, it is an intimate reference point, based in concrete experience, with definite implications.

Jane: You know, certainly you have those periods [of change] in your life, but this [menopause] just seemed like something I was driven to, and [I] embraced great change....Now each person, of course, each person I've related to, was probably a step along the way, but nobody was as pivotal as when I met Natasha. She is as dedicated to change and self-realization as I became. And I'm sure that's pivotal to our maintaining of a widely separated - you know there's 24 years between us, which she struggled with. I didn't struggle with. I think I could say I'm not ageist in the same way that you could say as a white person you're not racist. I mean, we know that we're here [at different ages] but it doesn't figure in my, in the things that I evaluate life with, and I didn't see it in myself as a teenager. You know, I was very concerned for elderly rights as a teenager, simply because I saw how they were treated... you know, for no reason other than that they were aged. So, I think that helps. She's a phenomenon to me. Natasha.

I asked Jane about the chronology of her onset of perimenopause, her dwindling periods, and the beginning of her relationship with Natasha.

Jane: I'm trying to remember that. I met her, I can only remember this because she was 24 and I was double her age which was amazing to her. And when she said [her age] to me, it was amazing to me. So, I was 48. No, I think that I - she would know this - I think I was still having irregular periods so that it didn't occur to me that I wouldn't bleed. So, when I met her I had - of course we were so excited with each other - I had a rather gushy [menstrual] period and then I didn't have one for a year! No, I think I had one more. I think that's how it went.

When I bring up the phenomenon of women bleeding in synchrony at the Michigan Womyn's Festival Jane describes an ongoing hormonal synchronicity between herself and Natasha.

Ann: “The women have talked about going up to Michigan for the Festival and bleeding after having gone, you know, almost a year without bleeding, and then they go up there and they bleed again.

Jane: Oh yeah, okay, yeah... [Remembering] so I was having periods. We were in sync with each other, so it was awhile before I stopped. And now that, you know, ever since I had the last one, I said, “Well, I guess I’m menopausal now,” I could [still] tell when I would have bled because she would. You know, I’d have all the PMS stuff, and we’re still doing it. Well now she’s starting [perimenopause] so I’m going to lose that. And then that [experience with Natasha] let me tell people, “Don’t worry about it. Even when you stop bleeding, you’re going to have your cycles so your estrogen levels will be here, there, it will help if you know that.” And I’ve been educating people to that. And I’ve been able to prove it because I know when she’s going to get her period.

Ann: What does being post-menopausal mean to you, at this point in time? At age 72, and with Natasha approaching menopause?

Jane: Feels kind of comforting that she’s coming into that. It’s like, “Oh! I know what that felt like!” “Wow! She’s doing that!” “Look, she’s got gray hair!” I’ve never seen gray hair on her, you know. Some sense of community with her in that I feel like I understand and that she understands things about me.

Jane applies her conceptualization of the body, informed by Ayurvedic medicine¹³

part of the alternative medicine discourse to her understanding of how she and Natasha have negotiated their way through the changes associated with menopause.

I think in terms of Ayurveda, you know? I’m a pitta which is fire. She’s a vatta pitta, which is probably what you are, which is air and fire, but for her, like this house would be very cold to her right now. Are you uncomfortable? (Ann: uh uh.) Okay, maybe you’re a pitta vata then. Who can say? Anyway, like now she’s having physical, emotional, mental things that I remember having that she was puzzled by, and I didn’t have

¹³ Leading practitioner of the Ayurvedic system of preventative medicine, Deepak Chopra, describes the “guiding principle” of this practice in the following excerpt from his book, Perfect Health: The Complete Mind/Body Guide (2001): “The guiding principle of Ayurveda is that the mind exerts the deepest influence on the body, and freedom from sickness depends upon contracting your own awareness, bringing it into balance, and then extending that balance to the body. This state of balanced awareness, more than any kind of physical immunity, creates a higher state of health.”

answers for. And, at times when we would be almost 180 [degrees] from each other. Like, well she had problems with her thyroid and she was this vatta, skinny, airy, and they tend to be colder. And so she would want, we didn't have central heat, but she would want more wood on the fire, and I'd be just perfectly comfortable, and I'd look at her and I'd think, "Are you sick?" And she'd look at me and she'd say, "You're not being understanding." And I'd think "True enough, but this is not right!" (laughter) So, now she's moving into that place where we're closer with the thermostat and we reminisce about it. And we'll laugh. And we'll say, "Remember when I would have wanted blah blah blah..." And she'd go, "Yeah!" And we're getting more common ground and it's just, it's showing me things about myself, ways that I tended to live, as a lot of people do, particularly untherapized people, in my own world where I would say stuff like, "It's hot in here." Instead, now I would say, "For me, it feels warm in here." And so now, I, I have achieved some, some rein on my normal narcissism and she's moved into the commonality of my, our experience – it's wonderful!

Ann: That's nice!

Jane: Oh, it is! It is so nice. And you know, sometimes she'll be really short-tempered which is a pitta characteristic and then you add perimenopause to that. And then later on she'll come, she'll say, "Gee, I was blah blah blah," and I go, "It's no big deal." "But, you know did I hurt your feelings?" And I'll say, "No." And then she looks so relieved. And I remember when we both, we were going through our therapy at the same time and my temper was terrible! And it added that I have all this fire. And she would sometimes just organically say, "don't worry about it." And I could tell she really meant it. And now, I'm able to give that back to her in another way.

Ann: That is very interesting.

Jane: Oh, it's wonderful. And I think what would have probably happened for us, even if we didn't have that distance. Yeah, we could have had less of a distance and it still could have happened. So, I think that's a way that women can be so there for each other, because really, there's nothing like experience, you know?

In spite of their significant differences in age, Jane describes ways in which they found common ground. Their menstrual cycles and menopause seem to present them with one more context for learning from one another, and experiencing the opportunity for

mutual growth and nurturance. Jane describes this experience as love between two women in action, evidence of the way “women can be so there for each other.”

In my conversation with Jane, after noting that her relationship with Natasha “sounds like a beautiful complement and mirroring,” I move the focus outward, from the context of the committed romantic relationship to her sexual orientation and being a part of a community of lesbians, in general, and its impact on menopause.

Jane: Well, because I'm a lesbian, that puts me in proximity with likeness that as a heterosexual [I wouldn't experience] ... now around here, my dear friends who are heterosexual, I mean really “Grrrrr... He doesn't get it!” “Well, how's he supposed to get it? You don't get that either!” Yeah... it's like what I think is probably true for women with daughters, daughters with their best friends, only you got it your whole life, you know, if you're lucky! You got it for your whole life!There's the celebratory aspect of sharing the feminine. Which is a reality, not as a separatist kind of thing, and I would hate to be misunderstood. But I think it's the reason guys have such a good time with their football guys – because they don't have to explain the fact that sometimes they just want to punch each other pretty hard! (laughter) And it feels good! Oh yeah, yeah. I think there are certain things that are probably, probably... oh it's just so positional, but probably there are some things that are more common in a woman and are probably hormonally enhanced, if not derivative from that entirely And then of course we socialize guys so differently. You know? Is that all necessary? You gotta wonder.

For Jane, it seems to be about an affinity, and the potential for that affinity between women as opposed to strictly lesbians, in an essentialist sense. She brings up separatism, yet this is different from the separatism that she talks of practicing during the early days of her feminism, in Chapter 5. Here, this is a biological imperative, an essential(ist) difference, not caused by, but definitely perpetuated by the patriarchy.

During our conversation about the trajectory of Jane and Natasha's relationship, over 20 something years, it became evident to me that there seemed to be a sort of seamlessness between their two processes, as opposed to each woman having separate,

discreet, individual experiences with menopause, totally unaffected by the other. Jane agreed.

Jane: And you still cycle!

Ann: I love hearing about that! I love hearing about that!

Jane: Yeah, I would not... I believe I would not have said that to you if I wasn't living with a woman separated enough from me [in years] that we noticed. First of all we noticed we both bled. We got in synchrony. Then we noticed that even when I wasn't bleeding I was absolutely cycling with her. And now, at this age and place, I'm still cycling. And I say that to people - you know I don't influence a large group of people - but I pass on what I can, and they trust me. And so now they have a new piece of information that's not written in any book that I know of. And if you write about it, then it'll start getting passed on.

In fact, in response to the cycling she experiences, in sync with Natasha's cycle, Jane uses a natural progest cream, for her mood, the health of her vaginal tissue, and for various other aches and pains. However, since she applies the cream using Natasha's cycle as her guide, Jane will face a new challenge in her self-care once Natasha has stopped bleeding.

Jane: Yeah. And one of the ways I have been using it – I go by Natasha's uh, periodicity. That's leaving us. So, I'm going to have to get a little more discriminating about when I use it and when I don't. (Ann: that's interesting) But, I can feel the effect. I can feel the effect both on my vaginal tissue, my mood, various aches that might happen. Nothing makes all these things flat. But it brings them within the range that you stay comfortable and not too bummed out.

It is clear that Jane experiences a sense of *simpatico*, of sorts, with Natasha based on their shared physiology as women, and the way in which she perceives that their bodies respond to one another. Among Kelly's sample, 46% of the lesbians who had partners at the time of the study "indicated that their partners were also experiencing changes related to menopause" (p. 167). I found the notion of going through menopause

simultaneously, with your partner, to be magical, mystical. It made me think of my own teenhood, when my best friend Tami and I were in synch with our periods. For us it was the Michigan Womyn's Music Festival every month! My memories are that we engaged in a shared secret and a mutual caretaking and commiserating. For me, it was symbolic of our closeness; it set the intimacy of our friendship above all other friendships. It felt to me, in my romantic, adolescent world, that we were deeply connected. I wondered if there was a name for this phenomenon, and the phenomenon of going through menopause simultaneously. Kelly, a researcher with training in the health sciences and a health practitioner herself, refers to it simply as, "shared menopausal experience." Themes which emerged from her research included claims of strong support because of the empathic understanding, based on experience, coming from one's partner. She writes,

"This shared menopausal experience between partners is a phenomenon unique to lesbians. I acknowledge that every woman's experience of menopause is different, however, the fact that two women experience this transition together does give rise to a degree of support and understanding that is not present between a heterosexual woman and her male partner. Regardless of how supportive a male partner might be, he cannot experience menopause."

(p. 167)

In the words of one of the women she interviewed,

"Well I think that one of the major things is that we both understand what the other is going through, that there is a similarity of experience that neither is going to be surprised or shocked or bothered or worried about the symptoms that the other one is experiencing. My partner and I are both menopausal; in fact we were in menopause when we met. Now the main symptoms are just the hot fl[a]shes, primarily, which in the night the two of us will be hot fl[a]shing simultaneously or at different times. Both of us, I mean, we are in the middle of a hot fl[a]sh... it is quite an obvious thing and we can be flinging off bedclothes completely. It can be quite amusing, really."

It does seem clear that there is a level of empathy and closeness that is thought to be unique to the lesbian couple. Obviously, in a heterosexual couple, the male partner is not going to have the experiential basis for empathy. Since a female partner *can* have that experiential basis for empathy, it seems that for the interviewee this eliminates the potential for shame, fear of misunderstandings, or unnecessary worry or anxiety. Jane and Natasha would most likely agree with the interviewee. Even though they were not having *simultaneous* hot flashes, (no one in my sample spoke of this), and they were at different stages at different times, there is still much to learn from their story of a shared experience.

Natasha

As stated in Chapter 3, Natasha was the only perimenopausal woman I interviewed. As such, she offered both corroboration and contrast. And personally, for me, at the time of our interview, hers felt like a familiar voice in the wild. I could see myself in her experience. Being of my generation – a generation different from the other women – Natasha is not only going through menopause long after the other women in the community, but she also seems to define her peer group differently, thus she has a somewhat different reference group for her experience. She has maintained close contact with friends from college, and as she described in our conversation these women, too, are part of her “community,” even though they live in another state, and have chosen lifestyle trajectories that Natasha describes as being much more in the mainstream than her own. Consequently, outside of the lesbian community she experiences some discord and dissonance with the other women she considers to be important in her life.

Like her partner Jane, Natasha is also a health care provider. She practices as a midwife, herbalist, and Reiki master, all practices considered to be part of the alternative medicine rubric. She counts among her mentors Jane and Susun Weed. Susun Weed, with whom Natasha has had a formal mentoring relationship, is a very accomplished and highly respected herbalist. She was introduced in Chapter 2 as an example of the “Alternative Medicine” discourse.

During our interview, Natasha talks first about the influence Jane had - on both her menopausal experience and her works as a healer - because both women work primarily in the area of women’s health, their experiences as healers and their own personal experiences as women seem inextricably linked. Further, as stated earlier, because of the age difference between the two women, Natasha had a number of years to observe Jane as she experienced, and addressed her own menopause. Natasha was a very astute student, but while she felt well-equipped with knowledge on how to address her own experience with perimenopause, it has become very evident to her that each woman’s experience is unique. As stated earlier, menopause is not a monolithic experience. She can draw on what she learned from Jane, but ultimately she must address her own version of menopause.

I asked Natasha who has influenced her regarding the decisions she has made as to how to take care of herself during perimenopause. She states,

Natasha: Well, without a doubt, my partner Jane has influenced me the most. She was just moving, she just had had her last few periods when we got together, so yeah. And she’s a healer, she’s a very accomplished healer so she was very deliberate about how she dealt with her menopause, and was doing that in a really focused way when I got together with her. So, yeah, I watched her - it was modeling, and also watching what a good impact [her choices] had on her.

Ann: Were there other, any other healers or practitioners that influenced you?

Natasha: I've read a lot. I mean Jane was certainly the main influence. [But] I read a lot because I've taught classes on it, and I've dealt with helping women. And because I was a midwife, I mean, you just kind of become really aware of that whole female cycle. So, I mean, the people I've read the most are Susun Weed who has been a mentor of mine for many years, and uhm, Christiane Northrup is good. Menopause... (whispered contemplatively to self). I listen to myself. I have to say that you know, yeah, (pause)... you know, because I've already trained myself to listen to my body in a very conscious and deliberate way. I would say Jane absolutely dominates in terms of influence in that particular area. Probably secondarily would be Susun Weed. There's probably other influences I'm not really thinking about, but menopause has been so woven into my practice as a healer, because I, you know, I did start as a midwife and then, you know, you're just dealing with hormones, dealing with the reproductive cycle so... and, you know, I think the whole thing as a lesbian, and a woman, and a feminist - you know there is so much focus on womanness in my life. So. I think maybe some other influences... I think Nancy actually has had some influence. She is somebody who, not for many years, but at one point shared with me quite intimately, you know, some things that she said, [and] just listening to what different people say. My mother, you know, what was menopause for her? Those kinds of personal stories that weren't really focused, but you know, as you all of a sudden you end up in menopause and it really feels... (ironic or cynical laughter), like it's not a piece of cake like you kind of hoped it would be. (laughter). And you start to access these stories that you have in your background. "What was it for my mother?" You know, "What was it that Nancy said?"

When I asked Natasha, "Do you remember what the early stories were that you were hearing? The question took her back to her childhood, but not so much about stories she heard, as her mother, like most women of her generation "didn't talk about it," as much about what she witnessed, specifically in her mother's experience. Natasha describes her mother's experience of menopause as "the most important watershed in my life."

Natasha: Well, you know, people didn't talk about it. My mother didn't talk about it. But it had an enormous impact on our lives! It's that... my family was terrifically dysfunctional. When she hit menopause, you know,

she just, emotionally, really kind of had a... she had an extremely difficult time; [she] kind of had a breakdown. Then she had a hysterectomy. And so, I mean, it was probably the most important watershed in my life because she and my father ended up divorcing. And for me, I think I very much attribute that to what was happening for her in menopause, you know. And something that I didn't exactly know what was going on at that time, but she told me about, was that her sex drive really went up at that time. Yeah, which mine has too. And so she and my... she started to be more assertive, sexually, with my father, and uhm, my father was extremely cruel about that, as he was. He was a very cruel man. And, and you know, I just think that the whole thing might have happened anyway. Us kids were leaving home and my younger brother was starting to become overtly schizophrenic. So, the whole family was destabilizing, but playing a very large role in that was the fact that my mother was quite destabilized with menopause.

Through this story, Natasha introduces a number of variables into the telling of her mother's menopause, and in so doing, provides an example of how a woman's menopause can be dramatically impacted by social context, *and* how the social context can be impacted by the woman's menopause. Natasha's mother's story reminds us that menopause can be about much more than a discreet physiological event. Interestingly, Natasha sees some similarities (e.g. increased sex drive) between her own experience and her mother's experience, but it is readily apparent that the context within which Natasha experiences her own menopause makes hers a drastically different story than her mother's. And Jane seems to be key in that she provides not only a different social context, but an entirely new frame of reference for Natasha in terms of making sense of her own experience. And Natasha's own experience has taught her that each woman's experience is unique. She can learn from the experiences of others and she can learn from the choices they made, but ultimately her menopause is indeed her own, and she must respond accordingly. She can, however, choose the social context within which she experiences it.

Ann: So you got to watch [your mother] experience it. It's interesting the way you say it, that she wasn't talking about it, but it had this really huge impact [on you and your family]. With Jane, it sounds like it was something that was explicitly there.

Jane provided a new, different, and predominantly explicit frame of reference for Natasha, while also helping Natasha make sense of the past, specifically Jane's experience, within their won relationship. But, experience has taught her that each woman's menopause is different.

Natasha: Yeah, absolutely. Yeah. Yeah. And she was really... Jane was really mostly through it when I met her. She was 48 and I think she had one or two periods after we actually got together. You know, she says looking back that, you know, it was pretty easy. And I hear the stories of what was going on in her life before she met me. I feel that a lot of what was going on had to do with, had to do with some menopausal stuff, you know. Because it does kind of, your emotions are just more like this, (hand gesture of up and down) and if there's problems already, then I think they just become bigger. You know? And I mean it. Also, one thing that was not explicit in our relationship was uhm, uh, you know, some of the mood stuff, which experiencing it now, and looking back on it, I realize it was partly menopause. And [menopause has] also been, you know, very conscious. With us, it's been kind of a fun thing in our relationship because I've gone through some changes which I'd never think of attributing to menopause, except for that she went through those same changes at those times. And so she'll say, "Well, well. See?" And I'll go, "Yeah! Look at that!" You know? So, you know, some of the personality stuff... she's much mellower now than she was when I first got together with her! (laughter). And I'm not. I don't think she'd ever describe me as mellow but, (laughter), but you know, there is, like I said, a certain quality of aggression that makes us different!

Ann: Did you, when it finally clicked for you that "Ah! Yeah! This is perimenopause!" did you find yourself reaching back to your memories of Jane's [experience]?

Natasha: Absolutely, absolutely. And some of my solutions were kind of readymade. Jane took certain B vitamins at that time. She used Vitamin C, certain things that support the adrenal glands. She did certain things to support her thyroid. So, once I identified what was going on with me, I didn't really flail around very much for the solutions.... I just went, "Oh! Wow!" and then I just sort of started doing the things... in my own way,

but you know, very much started doing the things she started doing and they had an immediate positive impact.

Ann: Would you say that you entered into this process with certain expectations or assumptions about what it would be like, based on what you'd heard and observed?

*Natasha: You know, I think I did, sort of. I think they were kind of amorphous, but I think I sort of thought it wouldn't be as big a deal. Yeah, that I knew a lot about it and ate pretty well, and you know, that I really wouldn't... that it would be something that I'd be able to manage. Or you know, that I'd be in charge of it. But IT IS IN CHARGE OF ME!
(laughter)*

Ann: (with laughter)... the next question, "Were these expectations or assumptions proven to be true or dispelled?"

Natasha: (with laughter) They were dispelled!

Ann: In a big way?!?

Natasha: That's right! It dictates and I respond! (laughter)

Ann: At least you have plenty of resources! (laughter)

*Natasha: (in a more serious manner) That's right, and I feel very fortunate in that way because I do [have plenty of resources]. (laughter)
But yeah, it tells me where we're going next!*

Still, Natasha finds that Jane provides something invaluable: reassurance. She reassures Natasha, through word and action, that menopause "will pass," and essentially that change is okay and that aging is okay.

Natasha: Oh, you know what I love?! What Jane tells me! This is so great! You know, I can't think. And she'll say... and every now and then I think, "Ugh. You know, I'm getting Alzheimers!" And she'll say, "Don't worry. This will pass."

Ann: Wow.

Natasha: That's really nice! And you know, this, gosh, this need to control my diet so much... I mean I don't always do it, but you know the consequences are very immediate. It's not like you go, "Oh, I really shouldn't eat junk food." It's like, "If I do it, I'll feel crummy." And she'll say, you know, I'll watch her, and she'll say "Nah... it'll get easier." I

think that's it. You want to ask people, "Am I going to weather this okay?" And then there's changes in the body, and as much as you don't want to be invested in those things – my eyesight has gotten worse... you know, sometimes I leak a little bit of urine, you know. These things... that you go, "Oh! I really am getting older; I really am going to die someday." You know, I think you look to the people who are older than you and say, "Is it okay? Is it okay that my body is changing?" And, you know, "Can I still, can I still love myself with this change?" And you're wanting people who will say "Yes."

As stated earlier, Natasha stands out among the other women I interviewed in that her peer group, or women who she considers to be important in her life include women outside of the Ozark lesbian community as I had grown to understand it through my research. I wanted to know who, when, did she talk to about menopause, aside from Jane. So I asked, "Who, in your life currently, do you talk to on a daily basis about your experience of perimenopause?" These other women provide a contrast and in doing so further illuminate the values of the lesbian community, and what Natasha receives from this community.

Natasha: I talk to Jane. And somewhat I talk to my [herbalism] students - not, you know, not nearly... I mean, it's not like a friendship relationship. But, you know, somewhat. I will sometimes ask questions, or leading questions, or sometimes will mention a particular symptom I'm having and somebody will volunteer how they dealt with that. Uhm, my other friends... mhm... my other friends, the ones I'm closest to are A) not yet in menopause or don't recognize it, and B) are not very conscious about it, so I don't really talk to them a lot, because they actually find it quite threatening – the whole process of aging, and find it kind of threatening that I'm in it and... you know, so, yeah.

Ann: Are they chronologically younger or...

Natasha: They're the same age [as me].

Ann: That's so interesting that they feel threatened.

Natasha: But like I said I kind of took a different path. They're very, they're very much integrated into the mainstream and so, uhm, yeah.... You know, that's the hardest thing with my friends in New York.

Far from accepting and embracing it, they're struggling and... you know, feeling an enormous sense of loss, and hope that they will somehow be able to circumvent these things that are going to happen. So, that, you know, that's a little difficult for me.... I think that the whole... the whole estrogen replacement idea, which Christiane Northrup speaks on so powerfully... a lot of it is trying to keep us young. We're not! We're aging! And why should that be a bad thing?

I wanted to know, specifically, how Natasha felt she was influenced by the women who she felt understood the experience of menopause in the way she did.

Ann: With the women you have been able to talk to, how would you say they've influenced you?

Natasha: Well, there's just a lot of camaraderie. You know like, "Wow! Yeah! Woo! Yeah, but you'll get through it!" And "Have you tried this?" and "Have you tried that?" Mostly just kind of you know, just saying, "Yeah!" Like... you know it's like... I don't know, in some ways it's like my experience of losing my brother. Before you experience that, it's not that you don't understand that grief is a big deal or anything like that, but once you experience it, then there's that - you know there's a connection where sometimes not even [anything] has to be said. You just know that they understand.

It becomes apparent that for Natasha there is no boundary between menopause and aging and an acceptance of one implies an acceptance of the other. When I ask Natasha about how her sexual orientation has impacted her experience of menopause, she expands the discussion to include aging, and dying. All of the other women I talked to during the course of this research organically moved the conversation from menopause to aging. For Natasha, because she had a much older partner, making this leap was a call for deep reflection on not only her own aging, but on Jane's aging as well, and its implications for her, as the younger partner. The mirror for the process of menopause which Jane presented to her, because of Jane's age, also held the image of aging. Dillaway argues that menopause should be studied as part and parcel of the larger process of aging, and this will be explored in more detail in Chapter 7 (2005). Natasha and Jane,

in their relationship, embody this trajectory, and as Natasha describes she can't help but think about aging. And death. The recent death of her brother also seemed to loom large in the trajectory of her thought process from menopause to aging to dying. And in spite of what uncomfortable emotions her awareness may invoke, Natasha continues to choose to be awake and aware through this phase of her life.

Natasha: Well, I'm in a relationship with a woman, so I'm, you know, I'm able to discuss on a very intimate level the different changes, you know, and also watch someone very close to me who's gone through these changes and continues, you know she continues to age also. So I watch those changes with a different awareness coming, going through some of my own changes....I've actually advised people to watch nature and you know, look how life is a part of death, death is a part of life. And I guess I do that somewhat. And, uhm, yeah, I do that some. I certainly had this amazing experience on a walk recently about life and death. I think I would've interacted with it at any point in my life but now, you know, with my brother dying, concomitantly with menopause, you do become very aware that you are aging and you will die. And I think also, you know, Jane, she's much, quite a lot older than me, and you know, no matter who dies first, I really need to look at that. This is the most important relationship in my life and she's aging. You know, I mean, it, it's undeniable that we are both going to die, we're going to lose each other.

Perhaps it was an artifact of the time at which I interviewed Natasha – in the early stages of perimenopause, and on the heels of her brother's untimely death – combined with the fact that her life partner, at that point, was 72 years of age, compared to Natasha's relatively young, 48 years of age – but whatever the reason, Natasha chose to bring into our conversation the issue of loss. In contrast to prevailing research on menopause with heterosexual women which has a pronounced focus on loss, the women I spoke with, by and large, did not frame menopause that way. It was very clear that they were familiar with the use of the rhetoric of loss that has long been an assumed part of the cultural conversation about menopause. Since the latter part of the 19th century and throughout the 20th century the cultural conversation and the prevailing conceptualization

has been menopause as loss – based on and influenced by the medical definition of menopause as a *deficit* of estrogen, *failing* ovaries, a *disease* of loss – loss of the ability to have children, and the loss of the womanness that makes childbearing possible. In sum, menopause symbolized the loss of the fundamental ingredient of the essence of being a woman.

Both Natasha and Jane seem to recognize and acknowledge that there are losses associated with menopause. But never do they, nor the other women of their community to whom I spoke – describe / conceptualize menopause as the loss of the essence of what makes them women. In the social context of this community of women - this community that grew out of the seeds of resistance planted by the feminists of the 2nd wave of the women's movement – menopause is a life passage, part of the journey through life. It is literally evidenced through the cessation of one's menses, and it is a process which each woman has had to tend to, in her own way. However, this community of women has been proactive in creating an environment in which menopause is understood, given meaning, and lived as a natural process, part of the ongoing transformation of being alive. Beginning with the active rejection of the norms, conceptualizations, and practices regarding menopause and aging that permeate mainstream society, that these women would understand to be a product of a sexist, patriarchal medical system which devalues women, and especially aging women – these women claimed the right to (re)define this life passage for women. For Natasha, on this particular day, discussing menopause – her own and her partner's – lead to musings, reflections, and thoughts about loss, dying, and being alone. I'm left wondering if Natasha's feelings about being alone, in widowhood, differ from the feelings a woman in

a heterosexual relationship might have when contemplating impending widowhood. Does being a part of this larger community of women mediate such feelings?

Conclusion: Community and the Power of a Shared Embodied Experience

Through individual interviews and by spending time with the women of this community, I learned how social context has greatly influenced their experience of menopause. The community that these women have created in the Ozarks provides a number of things that impact the experience of this life passage. It provides psychological and emotional benefits. It provides knowledge. It provides physical resources. It provides a perspective on a woman's role and value as she experiences various life passages. And it offers all of these things in the context of a shared embodied experience, and that, above all else, seemed to grant legitimacy to whoever was passing along the reassurance, the resources, the knowledge, the perspectives. By joining together as a community and supporting one another, the women have created a context which achieves the hallmarks of community as set forth by Kelly: the support for resisting old norms; the means for rejecting old norms; and the perspective, innovation, and context for creating new norms and practices.

In terms of psychological and emotional benefits, first and foremost, this community provided women with reassurance from role models who were both friends and life partners. The women shared many stories about how the most valuable piece of feedback they received from the women who went through menopause before them was that "this shall pass;" "this will not go on forever." Importantly, these words were being spoken by women who knew and understood; they had already gone through menopause. The community also provided a sense of safety and security. And as Sue pointed out,

these can come as both physical and emotional benefits, but they seem to be different sides of the same coin. And alongside safety and security is normalcy. These women exist in a subculture that is marginalized within mainstream society. As a community, in their own right, they join together through identity, ideology, and practices. They look out for one another and take care of one another. Together, they battle isolation and provide one another with a sense of normalcy in a larger social context that can be alienating. All are important in terms of both the experience of menopause, and the women's sexual orientation. As a member of this community, a menopausal woman need not feel alone, either as an aging woman going through this potentially chaotic and uncomfortable life passage, nor as a lesbian, specifically, going through this life passage. The sense of isolation that can accompany both of those statuses is ameliorated by the presence of this community. The women have a readymade frame of reference in the other women in the community.

In terms of knowledge and perspective regarding menopause, it is clear that the transmission of knowledge and perspective takes place both organically and structurally. As the pioneers of the consciousness raising groups and the women's festivals, these women have honed the tradition of sharing, listening, and learning. The context for passing along knowledge about menopause is a context that already exists within the community. Menopause is just one of the myriad topics for conversation. Through conversation, and role modeling, the women learn the stories of how the other women went through menopause. They learn the physiological facts. And they learn about self-care to ensure a healthy passage. They learn about what worked and what didn't work. But perhaps most importantly, they learn about their own bodies, and that they have

agency in the care of their own bodies. The women who have gone before have reclaimed the role of women in the healthcare of each other, and through lay leaders and carefully chosen professionals, the women can experience a non-hierarchical relationship with those who provide such care and expertise. And always, the women are invited to join alongside in the own care.

Embedded in the practices of this community is the socialist feminist critique of the social structures, values, and relations of ruling that the women would attribute to patriarchy, and that result in the oppression of women, and of particular interest to this project, specifically – menopausal women. The tenets of a socialist feminist critique, as introduced in Chapter 3, as put forth by feminist scholar Alison Jagger, can be applied to menopause, and specifically to the perspectives, values, and practices of the women in this community. Menopause, a natural process, does not signify disease nor the loss of a woman's value and vitality, thus there is no need for an antidote to cure or rectify menopause and its concomitant aging. Further, a woman possesses the means and can acquire the knowledge necessary to engage in the care of her body as it goes through this natural process. She need not be beholden to those deemed “experts” by a medical model created by and influenced by the patriarchy. Nor is she at the mercy of the products, solutions, or practices dictated by such experts, all of which are part and parcel of a capitalistic economic arrangement. Finally, a woman need not be alienated from her own body as she experiences the natural processes of aging. Moreover, she need not be alienated from other women. To the contrary, she should embrace the community of all women, in their shared embodied experience. I argue that these very values and practices are what holds this community of lesbian feminist women together – they are inherent to

how the women identify with the community and feel part of the community, as they go through the life passage of menopause.

**CRONES IN KAYAKS: POST-MENOPAUSAL WOMEN,
TRANSFORMATION, AND ACTIVE AGING**

“Menopause is not about death; it is about mortality.”

Anne Herrman

Introduction

The women of this project have moved through their middle age living this woman-centered existence in southern Missouri and northern Arkansas, finding nurturance in the company of each other. As I have stated earlier, though I began my dissertation with the topic of menopause, as I continued to interview woman after woman, they seemed to be telling me that my topic was not, simply menopause – it was much larger than a story about the cessation of women’s bloods. Rather it was the story, or rather, *they had a story to tell me* that was not just about menopause, but rather about aging, women aging, women of the women’s movement aging. And they weren’t doing it passively.

Heather Dillaway, an assistant professor of sociology at Wayne State University, began researching women’s experiences of menopause for her own dissertation, and continues this work as a faculty member. In her article, “Menopause is the ‘Good Old’: Women’s Thoughts about Reproductive Aging,” published in the journal Gender & Society in 2005, Dillaway directly addresses the very disconnect I was making as a

researcher, in not realizing up front that as I was studying menopausal experiences, I was also studying aging. She writes,

“ ... Feminist gerontologists (also) note that feminist scholars have failed to confront their own ageism, in that younger women and other reproductive processes (e.g. pregnancy, childbirth, or contraceptive use) have overwhelmingly been their focus until recently (Calasanti 2004; Ray 2004; Twigg 2004). Furthermore, no research problematizes a general equation of menopause and chronological aging (Fausto-Sterling 1992; Gannon 1999). Aging scholars typically study individuals aged 65 and older (Kaufman and Elder 2002), forgoing the study of menopause as an aging process. While menopause is both a reproductive and aging experience, research on its reproductive and aging contexts is lacking.”

Reflecting on my conversations with the women and working with my transcripts, I began to realize that aging was an emerging theme. These women would not let me *not* hear about and think about aging. As I explored the concept and experience of aging, *per se*, for these women, I arrived at four main themes. All four themes have been addressed, to some extent in the preceding chapters.

- The women believe they have agency regarding their health. They have been proactive in the care of their own bodies, beginning with questioning medical authority during the women’s movement, and emphasizing the legitimacy of a woman’s own expertise regarding her body. Furthermore, by choosing to live in the Ozarks, they feel, they have chosen a healthier environment. They spend a lot of time outdoors, being very active – kayaking, hiking, gardening, walking, horse back riding.

- The women's movement and feminism provided the women with the ideological means to question negative conceptualizations of aging women, and in its practices such as consciousness raising groups, actually created a place in which aging women and younger women could come together and learn from one another – it gave both groups an alternative view of aging women.
- The women believe that their chosen social context – women's community, the lesbian community – reveres and values older women more so than the dominant culture.
- The women seek to mark aging, positively, acknowledging it through ritual. They do this through Croning ceremonies – affirming a woman's status in the community as an elder and as a Wise Woman.

As I listened to the women's stories and analyzed the transcripts their stories naturally moved outward from a narrow focus on the physiological process of menopause to a broader understanding of the experience of aging. Expanding the focus of my study by paying attention to the stories about aging that were embedded in the menopausal stories I was collecting, in hindsight, seems to be an obvious progression in my understanding of my topic. However, I defer to Dillaway's words and now reflect on my own negligence in not seeing this earlier in the project as my own form of ageism. I began to think of menopause as the crossroads at which point ageism begins to intersect with sexism. Put rather perfunctorily, Western medicine's disease model of menopause in tandem with mainstream society's elevation of youth seem to suggest that as a woman loses her function to reproduce she is saying good-bye to both her usefulness and her youthfulness. She begins to experience erasure on two fronts (Cole and Rothblum, 1991;

Greer, 1992; Lee and Sasser-Coen, 1996). The women felt this strongly, believed it was an attitude that permeated their experience of mainstream society, and saw their women's community as a buffer against this. In the following excerpt from my interview with Barb, she speaks at length about this after I ask her about her self-perception as a post-menopausal woman.

Barb: "This is not a bad time of life."

Ann: How has or did menopause change your perception of yourself?

Barb: I mean it's part, to me, of getting older, and so I perceive myself as old, (laughter), a young old.

Ann: What does it mean to see yourself as old?

Barb: Well, I can see the end. You know, it's like I think there was a sense of infinite possibilities when I was younger, and now I feel more, I mean I, it's not a bad thing... you know, it's more like "I don't have another [several years]..." You know, I just went to the thirtieth Michigan [Womyn's Music Festival]. I'm not going to see another 30 Michigans. So I feel there's a way in which I choose more carefully what I am going to do. If I really want to finish this I can't do that. So there's that sense of wanting more quality and less of just fitting stuff away. But for me, again, that quality is often in very mundane things. It's not like "Well, I could write a book," or, although I may do that too. But like mowing the grass before it gets dark! (laughter)

Barb goes on to explicate her feelings of being an aging woman in the lesbian culture, and contrasts this with her experience as an aging woman in the dominant culture.

I notice... this is a difference I notice in the lesbian culture – and there are lesbians who aren't participating in the lesbian culture, who are closeted, they don't have the culture. And I think that that is a dangerous thing because the culture is our history and our heritage and it's what's going to go on after us. Not some closeted people. Anyway, in our culture I feel like there is a respect for the older women. I mean I felt that at [Michigan Womyn's Music] Festival. I mean I don't necessarily feel that with every

individual young lesbian who might be a punk or something, (laughter), but in general there is that respect, and I really feel that. Whereas, I don't feel that so much in the dominant culture. But I think because I get that here [in this women's community] I'm able to be more confident in the dominant culture. So I think there is that. Whereas a lot of women who don't have that support are so concerned with [aging]. Like my family has [Cherokee blood], and I started getting wrinkly and gray when I was quite young, and this is sort of a part of the Cherokee... "old lady." And sometimes I think, "Oh my god, I should get a face tuck or something!" but it's just a passing fancy. But I think if you don't have that [respect for aging] somewhere in your family life or in your, in this the lesbian community - respect for elders - there is this attempt to be young in our culture that is distressing. That surgery is not simple. And then they're shooting that botox in their faces and stuff. And the women who are, like at Festival, you see all sorts of sizes and women walking around with no shirt and only one breast, or like hanging breasts down to here. I mean there isn't that stereotypical thing. So I think that that's true that the culture does impact your sense of who you are and a sense of "This is not a bad time of life. I mean it's a pretty good time."

Community Context: Having a Role

And I think part of that comes from not wishing to be younger, you know, having a role as an elder, and taking that on. Even when I was teaching [as a college professor in Michigan], I realized that often my students were mimicking me in a way because I was the professor. I mean that's a normal thing. But the thing was, I felt like we were cutting a new path. We were making a new way. And I said to my students, "I realize I am a role model for you, and I'm willing to be that way." Although I've always said, "I'm just an asshole like everybody else!" (laughter). I mean that's sort of our basic tenet, part of our church beliefs. But that I'm willing to [be a role model] because I'm taking it seriously, you know, and you can challenge me. But I want you to see that I'm a role model and you're going your own way and you're choosing to be the way I am, in some way. And so I think taking that on is a responsibility but it's great to have someone who wants you to do that, you know. And I think it reminds me of old European families and stuff where the elders are, or Native Americans where the elders are respected. And I think that's true in the lesbian community. So, sometimes when I'm out in the dominant culture, I feel invisible as an old woman....I believe that's how the dominant culture treats old women... men too. Old people.

Barb eloquently speaks of the qualitative shift that has taken place for her as she has aged. She also highlights how important her own social context has been in terms of

resisting the ageism of the dominant culture. From her own community she receives messages of value, and continues to find herself as an important, integral part of the world around her in her role as elder. She finds acceptance within her aging body. In fact, not only is she not invisible, it seems as though she is suggesting that there may to some degree be heightened visibility for the aging woman in a lesbian feminist community because of the newfound role as elder and role model. Interestingly, as Barb describes this responsibility, she does not negate the agency of those younger than herself. Rather she recognizes and accepts that she is a role model, however, she adamantly makes transparent that should those younger than herself choose to follow in her footsteps that they are doing so of their own accord, with their own sense of consciousness in choosing to do so. All have agency – both the young and the old. As Chapter 6 argues that social context profoundly impacts the experience of menopause for these women, so does it impact aging (Winterich and Umberson, 1999).

The Old Woman in the Mirror

The women are very reflective and frank in talking about the changes they see their bodies go through as they age. Paving the way for this frank discussion was feminist Barbara MacDonald in the book she first published in 1983, with her partner, Cynthia Rich – Look Me in the Eye: Old Women Aging and Ageism. In this very important, groundbreaking and candid look at aging, ageism both within and outside of the feminist community, and her own aging, MacDonald began with an unflinching description of her own aging body, a narration of change.

“My hair is grey, white at the temples, with only a little of the red cast of earlier years showing through. My face is wrinkled and deeply lined. Straight lines have formed on the upper lip as though I had spent many

years with my mouth pursed. This has always puzzled me and I wonder what years those were and why I can't remember them. My face has deep lines that extend from each side of the nose down the face past the corners of my mouth. My forehead is wide, and the lines across my forehead and between my eyes are there to testify that I was often puzzled and bewildered for long periods of time about what was taking place in my life....

My hands are large and the backs of my hands begin to show the brown spots of aging. Sometimes lately, holding my arms up reading in bed or lying with my arms clasped around my lover's neck, I see my arm with the skin hanging loosely from my forearm and cannot believe that it is really my own. It seems disconnected from me; it is someone else's it is the arm of an old woman.... I wonder now, how and when these arms I see came to be my own – arms I cannot turn away from,” (1983: 13-14).

As I look down at my own hands I see the two brown age spots that have appeared on the top of my left hand during the time I've been working on this project. I feel the dull aching in my right hand that has seemed to slowly creep into my body like an uninvited guest. There is both fascination and concern; harbingers? I wonder. As Judy put it so well in Chapter 4, there can be both a “WooHoo!” and an “oh my god,” response to one's aging body. Like Barbara MacDonald, many of the women talked about not quite being able to get used to their aging bodies, that their aging bodies, when they would catch an unexpected glimpse in a mirror, or in the reflection of a window, or in a photograph, seemed to belong to someone else. On one of my last research visits Neely showed me a collage she had created – it was made of various portrayals of old women, a visual homage to aging women. She also told the story of how she had decided to put up several mirrors in her home, hoping that seeing her reflection more often would help her to get used to this “old woman” she found herself startled by in those unexpected glimpses into the mirror. Who is that old woman in my house, she wonders?

To me, these seem to be gestures that reflect both the shock of an aging body and the attempt to accept and love it. In their book, Blood Stories: Menarche and the Politics

of the Female Body in Contemporary U.S. Society, Janet Lee and Jennifer Sasser-Coen capture this startling sense of incongruity experienced by aging women in their research project exploring the embodied experiences of women and the stories they tell about their menstrual years, and for a select group of post-menopausal women within the project, their post-menstrual years. They refer to it as a “strange and painful paradox that captures many of us as we age.” They then quote Simone de Beauvoir in asserting the origin of such incongruity as “the insoluble contradiction between the inward feeling that guarantees our unchanging quality and the objective certainty of our transformation” (1952:290). De Beauvoir does seem to zero in on the very crux of the dilemma: the internal sense of oneself as “unchanging” hitting up against the inevitability of physical “transformation.” I would suggest that the women of my project recognize this disconnect that occurs. And they have no desire to negate nor alter either experience, internal or external. However, they are well aware that mainstream society begins to negate women as they begin to show physical signs of aging. In the particular social context of the Ozark women’s community, the aging woman not only continues to be of value, but indeed she is held in high-esteem. The public ritual of Croning is the outward gesture of this esteem. It is also a statement made by the woman herself that she is ready to take on the responsibilities of being held in high-esteem; she is ready to be an elder to those women younger than herself. It is a covenant made by all in attendance.

Croning: The Crone

While all the themes introduced at the beginning of this chapter have been touched on in previous chapters, and will be addressed to a degree once again in this chapter, the last theme, in particular, is the focus of this chapter: the women want to mark

aging, positively, acknowledging it through ritual, specifically with Croning ceremonies - an inherent critique of mainstream society's dismissal of older women. In this chapter I will explore the sense and experience of aging as these women experience it, as a part of what it means to be a post-menopausal woman. I will share the women's stories of Croning - a ritual that is a means of validating the aging women within this community - exploring how the women use this ritual to validate aging women within their community, and thus combating the ageism they see as very present in mainstream society.

“Through the rituals we create and share, may we enter the mysteries of woman with wonder and awe, always expanding the possibility for deeper meaning in the daily sacredness of being alive.”

(Barret, p.xx)

For the women of the Ozark community, ritual is very important. As described in Chapter 5, they were of a cohort of women who created ritual surrounding their monthly bloods. So, I assumed it would only make sense that they would create ritual to mark the cessation of the monthly bloods - menopause. What I found, however, was not a ritual marking the cessation of monthly bloods, per se, but rather a ritual to mark their *aging* - their arrival at a certain age characterized by the acquisition of wisdom - the age at which they felt ready to embrace elder status in their community, ready to share that wisdom. Further, I learned that this age was not solely determined by the cessation of their menstrual periods. Rather, following cessation, each woman would determine for herself when she had reached this age. It was a sense that came from within, not from one's biology or physiology, nor from an authoritarian expert outside of one's self. However, it

is commonly understood that a woman must complete her passage through menopause before being able to participate in this ritual.

This ritual can be understood as a simultaneous affirmation of the aging woman and a rejection of the ageism the women describe as being pervasive in mainstream society. Inherent in this ageism is the element of sexism (Gentry and Seifert, 1991; Boston Women's Health Book Collective, 2006). An aging woman is deemed of even less value both socially and economically, than her aging male counterpart (Gullette, 2004, MacDonald and Rich, 2001). I suggest that through Croning, the women continue to exemplify Kelly's model of community-making, introduced in Chapter 6. Confronting the conflagration of ageism and sexism, the women are resisting the messages of both sources of oppression through a vigilant, critical consciousness regarding such messages. In particular regard to menopause, the women consciously reject the medical model and the pharmaceutical companies who, in words that have varied through the decades but the meaning has not – place value on youthfulness and use the youthful, bleeding body as the ideal, and advocate using products (e.g. hormone replacement therapy) which mask or manipulate the menopausal process, and thus offer the panacea for the ailment of aging. As has been demonstrated through preceding chapters, the women of this community actively reject such messages and have been engaged in the creation of an alternative menopause story. Moreover, this alternative menopause story is also an alternative aging story. Through the honoring of the Crone – the embodiment of the wise Woman, the honored Elder, that can only be present in a post-menopausal woman – these women are creating an alternative narrative of aging using Croning - the positive affirmation of the aging woman.

The term “Crone” has been much maligned through the ages. According to pre-patriarchal times, the Crone was heralded as the highly respected elder of the community. However, according to the Oxford English Dictionary, the term has carried a negative connotation as far back as c1386, attributed to Chaucer. For the women of my project, reclaiming the term “Crone” as a positive affirmation is a political act, rejecting the negative connotation borne of a patriarchal society whose very discourse can be seen as a weapon used to denigrate and oppress women, especially older women (Greer, 1992; Gullette, 2004).

The understanding of the Crone as a post-menopausal “wise woman” who takes on the role of “honored elder” within her community permeated all of my interviews. There seemed to be the assumption that everyone, including myself, understood what a Crone was. For the sake of this text, in reviewing literature in search of a succinct, salient definition of Crone, or the ritual known as Croning, as I understood it to be used by the women I interviewed, I landed on the text, Women’s Rite, Women’s Mysteries: Intuitive Ritual Creation, written by Ruth Barrett. According to the biography on the back of her book, Barrett is described as “...a Dianic High Priestess¹⁴ with over twenty-five years of experience in teaching and creating ritual.” Barrett is also a well-known and respected participant in the Michigan Womyn’s Festival, leading women in ritual during the festival, specifically the ritual of Croning. According to Barrett, Croning as it is

¹⁴ As a Dianic High Priestess, Barrett describes the tradition, “The Dianic Wiccan tradition is a goddess- and female-centered, woman-identified, earth-based, feminist denomination of the Wiccan religion (also known as Witchcraft_, revived and inspired by Z Budapest in the early 1970s. A visionary by nature, Z realized that the feminist movement needed a spiritual foundation. She knew that through goddess ritual, women would be able to connect with, honor, and heal the deepest parts of themselves, bringing their inner strength and wisdom to conscious awareness.” (2007: 2)

understood and practiced among feminists comes out of the vision and work of Zsuzsanna Budapest, a feminist activist, author, and also a Dianic High Priestess. The ritual harkens back to pre-patriarchal times. Barrett writes,

“...Z realized that the feminist movement needed a spiritual foundation. She knew that through goddess ritual, women would be able to connect with, honor, and heal the deepest parts of themselves, bringing their inner strength and wisdom to conscious awareness. This remains true today. As we create and participate in ritual with other women, we are empowered by witnessing and supporting one another in our path of healing. Ritual allows us to evaluate and validate the physical crossroads and emotional transitions of our lives.” (p. 2)

Z’s statement, “Ritual allows us to evaluate and validate the physical crossroads and emotional transitions of our lives,” speaks of such liminal spaces as menopause. Recalling from Chapter 5, Jane spoke of working with women as they move through places of liminality, life passages. Menopause is such a liminal space – it is the physical transformation from the bleeding years of childbearing to the non-bleeding years beyond childbearing. As has been shown through the words of the women, it is much more than a “physical crossroads;” it is also an “emotional transition” marking the passage of years and a shift in identity. For the women of my project who conceptualize the stages of a woman’s life in terms of goddess spirituality, recognizing the three aspects of the Triple Goddess – the Maiden, the Mother, and the Crone - it is the passage from the Mother to the Crone. The ritual of Croning marks a woman’s full arrival into Cronehood. As the stories will demonstrate, one does not become a Crone immediately upon ceasing to bleed. It is much more than a biological state; it is an achieved status. Furthermore, no one but a woman herself can determine when she has reached this place, has passed through the emotional transition from Mother to Crone.

The Crone in the Alternative Medicine Discourse

The image of the Crone appears in some discourses addressing menopause, primarily alternative medicine texts. Susun Weed, the feminist herbalist first mentioned in Chapter 2 as an example of the Alternative Medicine discourse, and mentioned by many of the women as a source of knowledge and guidance in matters of women's health, and especially menopause, invokes the image and power of the Crone throughout her book, addressing menopause, New Menopausal Years: The Wise Woman Way. In the Preface of her text, the reader is privy to Susun's own journey into menopause through her "conversation" with Grandmother Growth, who tells Susun, "I, my plant friends, and my stories have come to guide you on your menopausal journey, your metamorphosis to Crone, woman of wholeness." In writing of her own experience, Susun begins,

"Modern Western doctors and the media tell me I'm on my way over the hill; that I should prepare for the inevitable downhill slide. 'Your ovaries are calling it quits,' they tell me. "Soon you'll be a useless old woman. Your bones will break, your heart will fail, and all because you're lacking estrogen. Of course, we can supply you with it... for a price. And any price is worth paying for your share of estrogen. It may cost you your breasts and your uterus, but at least you'll still be a woman'."

Susun, in turn, addresses Grandmother Growth, who has promised to guide her:

"Grandmother, what is happening? Everything seems so strange. I thought I was comfortable with myself in many forms, but I don't know who I am anymore. What is overcoming me? What am I becoming?"

Grandmother Growth responds:

"Sweet child, the wise woman achieves menopause, it does not overcome her. Through the gate of menopause the wise woman steps into her final

glory; her crowning as Crone. Daughter, sister, listen well: the time and place in which you live seeks to deny you your last crown. Few leaders and healers of your day honor the Crone. Instead, they try to beguile you with the flowery wreath of the Maiden or the Mother's lush harvest headdress, telling you that growth into your deep maturity, into your Cronehood, is not worthwhile, not desirable; you must stay young. They hope to scare you away from the powerful Change, to convince you it's a deficiency state, of all things. Come with me and learn the true nature of your metamorphosis to Crone, woman of wholeness." (p.xxii).

The Crone is the vision a woman can hold as she develops her own vision of her aging self as a vital, post-menopausal woman. And, whether it is explicit ritual or not, without exception, the women in my project honor the crone, in an ideology, in themselves, and in each other. They conceive of her as a post-menopausal woman who has determined for herself that she has reached the point of embodying the wisdom of the Wise Woman. She is ready to wear the mantle of Elder within the community, and is willing to accept the responsibility of this role within the community, and to all younger women.

Contrasting Menopause and Croning

In an effort to understand how this community differentiated between menopause and Croning, or how the two were connected, I asked women to contrast the two. I knew the difference was not just about chronology, but also about the intention that accompanies each. I was wrestling with the notion of these women rejecting and challenging the negative conceptualization of menopause, on principle, as part of a larger critique of the medicalization of women's bodies and the accompanying message that women's bodies are inherently flawed and imperfect and need fixing by the prescribed remedies of this model, and the notion of the Croning ceremony as *the* solution, the affirming replacement, substituting Croning for menopause as a response, as an act of

resistance that might gloss over the whole experience. But, even with Croning, there is still the issue of menopause. And when I asked one woman in particular - Carla, introduced in Chapter 5 - to contrast the two, while she eschewed the medical model and its patriarchal construction of menopause as problematic, neither does she glorify menopause. It can be uncomfortable. It can be unpleasant. In fact, she unequivocally declared menopause as “boring!” Croning, on the other hand is...

About Menopause?

“Who cares?! Yeah! Boring! I had hot flashes. It was a pain in the neck. I had hot flashes and energy jolts. Oh my god – I’m lying in bed. I’m just about asleep... (she makes a sound of exasperation, being startled awake) you know and then I have to go through the whole process of trying to go to sleep all over again. I didn’t find menopause particularly interesting... So, I think menopause is boring! I want to talk about a Croning. It means exciting! Life affirming!”

As described in Chapter 5, I interviewed Carla near the end of my time in the field. The interview had been arranged by Nancy, giving me an opportunity to talk to the first woman in the community to have a Croning ceremony. She continues,

“Well, menopause feels like the end of something, the closing of a door. And doing a croning feels like, “Yes, you’re closing that door, and you’re opening another one.” With much community support and enthusiasm, and a spiritual connection and you know, you’re celebrating moving into a different part of your life. And so, in that sense, it did not feel like a door closing. And I had such, people were so wonderful, I had such a wonderful croning. You know, they did dances and they did all kinds of surprise things and then four women got together and did a little rap about my life and all my girlfriends, and my past!” (much laughter)

Carla’s words take me back to Susun Weed’s analogy of menopause as a gate – a gate opening onto Cronehood. And embedded throughout the experience of both menopause and Croning is aging. Menopause is the natural physiological process of

aging and a Croning is the socially constructed affirmation of that same aging, post-menopausal woman. Of the 12 interviews I conducted, four of the women had actually formally opened that gate and had been recognized through Croning ceremonies. Is a formal ceremony even necessary? This, too, is up for debate. But one thing is not up for debate, and that is the recognition that a woman ultimately decides for herself when she is ready to claim the title of Crone. Of the four women who had Cronings, two lived on the land in Arkansas, while the other two lived in Missouri. Only one of the women was a member of the original Aradia community. Three of the women were 60 years old, and one was 50 years old. Two held their ceremonies outdoors and two of the women celebrated their croning indoors, but all included elements of nature.. As each of the four women tell the story of their particular Croning, it becomes clear that each ceremony was a unique celebration of that particular woman's life and passage into Cronehood. Moreover, each celebration seemed to serve different purposes for each of the women while at the same time serving the common purpose of demonstrating the validation of the aging woman. What follows are the stories of three of these four Cronings. The first story is that of Carla, the community's sort of Spiritual Matriarch, and the first to actually have a Croning ceremony. The second story belongs to Scout, Carla's partner. Scout's ceremony was created to a degree in opposition to Carla's, therefore it offers a very different perspective not only on how the ceremony can be carried out, but also the intention behind the ceremony. Last, I will outline Margaret's Croning ceremony. Margaret's ceremony is unique in that it also seemed to mark her coming into the women's community itself.

Carla: The Croning of the Spiritual Matriarch

Carla is a sort of spiritual matriarch for this community of women. She is a writer, and she has written their lives into published works of fantasy fiction telling the stories of strong, independent women. Her protagonists include a Crone. In her own life, Carla has seemed to live a number of lives. She was a self-described “beat-nik” in New York City where she studied Art and participated in Vietnam war protests, being arrested after setting pigeons loose in Grand Central Station, and upsetting the PETA folks (as mentioned in Chapter 5). She eventually wound her way west to Kansas City where she was part of a thriving counter-culture in the 70s, working especially hard at organizing the women’s art community. Finally she headed south, to the Ozarks, just outside of Fayetteville, Arkansas, and settled on women’s land, built a house into the side of a mountain, and then built a gentle but lively life, centered around her writing, her art, her spirituality, her love of the outdoors, and the other women on the land.

As stated earlier, Carla’s interview was arranged by Nancy for the explicit purpose of adding a focus on Croning to my project. As mentioned in Chapter 5, both Nancy, and my friend and colleague, Bridget Murphy accompanied me on this particular leg of the research. Our journey originated in Douglas County, Missouri and our destination was women’s land just outside of Fayetteville, Arkansas. As we made the trek deeper into the Ozarks, traversing windy, hilly roads, Nancy regaled us with stories about Carla. For me, before even meeting Carla in person, she became this larger than life woman, an icon of the aging second wave feminist, having braved a patriarchal society and the elements of nature in order to live her radical feminist life among women down in the wilds of the Ozarks. The story that stuck out most in my mind, and became

emblematic of Carla's spirit and her approach to aging, was the story of how she marked her 70th birthday – kayaking down the Buffalo River. By herself! I began to imagine this tanned, muscular, physically imposing presence of a woman loudly heralding the virtues of all things woman, defying anyone or anything to challenge her strength and spirit – least of all Western medicine's medicalized rendering of her aging body! Apparently I had yet to feel uncomfortable with engaging in assumptive stereotyping of the women I was interviewing! I think I alternately revered her and feared her, before even meeting her. In fact, Carla, perhaps of all the women I interviewed, most defied stereotyping. She was diminutive in stature, for starters. When I met her she was walking with the assistance of a cane. She was indeed tanned, and strong, yet petite. Her finely boned face was framed by her thick, wavy long black hair, streaked with fleeting strands of silver that only served to highlight her suntanned skin, her warm yet penetrating brown eyes, and her welcoming smile.

The women's community here in this part of the Ozarks is in a very remote, wooded area. A sign that requesting that strangers honk their horns marked the boundary of the land, and alerted the women to their arrival. Carla arranged to meet us at the land's community house. She was concerned that my Toyota Corolla would not be able to negotiate the ruts and mud of the dirt road leading up to her house so she wanted to drive us in her four-wheel-drive Subaru, ensuring our safe arrival. We piled into her car, and began our ascent up the mountain. As we rounded a corner, spread out before us was a clearing, showcasing two houses – one belonging to Carla, a two-story wooden and glass structure tacked into the mountainside, and the other was a two-story, sparse wooden Shaker style structure bordered by a welcoming wooden porch. This house belonged to

Scout, Carla's partner. Both houses overlooked a somewhat expansive garden. Overlooking the garden were several solar panels, the power from which both houses benefitted. The whole tableau overlooked a lush green valley, a stunning view to a woman such as myself who grew up surrounded by the flatness of farm fields full of sugar beets and corn. Later during our conversation, looking out her kitchen window, Carla would point out several structures nestled down in the valley. A CAFO: confined animal farm operation – belonging to Tyson. According to Carla, Tyson was a shameless abuser of animals, but a welcomed provider of jobs. This perspective of being able to see and simultaneously hold contradictory thoughts emerged as a particularly salient characteristic of Carla's, and one that permeated our conversation about women, aging, menopause, and Croning.

We talked over lunch, sitting along benches at her rustic wooden dining table. Perched at the end of the table was a small-framed photograph of Carla and two young men. I eventually learned that these were Carla's two sons, both of whom live out of state. The photograph was taken at the party that had been held for Carla's 70th birthday here on the land. Like Judy, Carla began adulthood identifying as heterosexual, married, and had children. However in the midst of the women's movement she began to identify as a lesbian as a political act. She believed it was the truer path for a feminist, rejecting the heterosexual arrangements and privileges of the patriarchy. In an "equal" world, she says, she'd be bisexual.

As I stated in Chapter 5, Carla agreed to our conversation with the understanding that it would be predominantly about Croning. The above interview excerpt provides the reader with a sense of the interest and energy that Carla brings to the topic of Croning, as

opposed to menopause. However, as will be evident in her interview, I suggest that Carla's real passion is for creating the means for keeping the aging woman visible and vital to society.

Within this community of women, Carla is noted for being the first to introduce and be at the center of a ritual marking her crossing of the threshold into the realm of the wise woman, to wear the mantle of Crone. As featured in Chapter 5, Carla had described feeling quite disappointed that neither she nor the women with whom she was living in community at the time, had had the wherewithal to mark the cessation of her bloods that accompanied her hysterectomy. Carla had described being especially disappointed in that they all were feminists too, and looking back she would have expected that their feminist worldview would have lead them to mark this passage. She did remark, however, that that particular community had not been a strictly lesbian community, implying perhaps that a strictly lesbian community may have had a more active consciousness and activism surrounding the cessation of a woman's bloods.

Celebrating the Crone

For Carla, there was great importance in marking all of the significant life passages for a female, not just the passage into Cronehood. Like using the celebration of Croning as a means for redefining aging as a positive thing, she describes how she thinks the onset of menstruation should also be celebrated in hopes of changing it from a source of shame and embarrassment for girls to an exciting change in life to be welcomed.

Carla: The idea of celebrating coming of age, I mean it doesn't get celebrated on the other end either. We don't have first blood ceremonies for girls, which I think would be really important, and to deal with that blood, you know? As a sort of coming of age and to celebrate that instead of it being, "Oh god, I got the curse." You know? I mean, have blood on

your forehead, or be painted up with it, or whatever. To see it as [positive], because I remember, “how embarrassing!” What if you got a spot of blood on your skirt, you know? Shameful, embarrassing, instead of “Oh! A rite of passage!”

I shared with Carla that one of the other women I had spoken to, Jane, had also brought up celebrating the onset of menstruation, which then led to a conversation about celebrating menopause. Jane suggested a party to celebrate that too. To which I asked, “Well, what would a menopause party look like then?”

Instead of Carla, Nancy supplied a response to my question which frankly surprised me. She proclaimed, “Mourning or Durge!” She then laughed. In my mind I was on a thought trajectory of transforming menopause from a symbol of loss and decline to a qualitatively positive experience to celebrate. Carla’s response, however, provided a more nuanced read of the meaning of menopause and the intention of Croning. Carla engaged in an act of reframing – menopause is not what is to be celebrated. It can be acknowledged as a “door closing” – a less bleak read on menopause than Nancy’s - but still that does not have the spirit of celebration behind it. A woman aging and arriving to the place of Cronehood, however, is something to be celebrated.

Carla: See, that’s why I keep saying that menopause is the least of it. You know? It’s not... it’s not the focus. I mean if you were going to do that, yes, you could do a door closing ceremony. But it really, that’s not how... all of the celebrations that we’ve done have been very celebratory and very personal to that woman, or at least the ones that I’ve designed.

Trying to better understand how Carla defined “Crone,” and working to understand the differentiation between Croning and menopause, (my earliest conceptualization of a Crone was simply a woman who had ceased bleeding, therefore I would have assumed that a woman became a Crone as soon as the last day of a woman’s

twelfth blood-free month had passed), I attempted to get a sense of at what point Carla had begun to embrace the notion of her own Croning.

Ann: So how did you reach the point that you wanted to do this?

Carla: You know, you've asked me that and I think it was sort of in the air. You know? People may have asked me even to do a Croning, or urged me to. But I do think it's the first Croning that we all had here. ...But it was being written about and thought about and talked about, but several of us had been involved in women's spirituality and all of us were feminists, you know?

For Carla, it seemed that doing a Croning was a logical conflagration of feminism, spirituality, and an increasing awareness among the women in her community as aging women. As we learned in Chapter 5, Carla was part of a group of women who were interested in reclaiming the word, "Crone," from a pejorative use of "old Crone," to a usage that suggests, as she says, "...a person of wisdom that you go consult with-" a woman of an age to have the benefit of life experience and wisdom who is seen as a person available to the other women for guidance. Now they just needed someone to step forward and put herself in the center of the circle to be recognized as the first Crone. Carla – the eldest, though reluctant to always be thrust in the position of being the first, being a "role model -" obliged. Since then she has been recognized not only as a Crone, but an authority on creating Croning ceremonies for other women.

Carla chose to do her Croning close to her 60th birthday. Imagine 60 women all gathering together, in a grove of trees, amidst the autumn colors of October. As she tells the story the ceremony began as a formal goddess-centered ritual, with the women holding hands and saluting the four directions. There was chanting and drumming. Carla herself, was adorned in a long red robe and a crown, both common elements in a Croning, and was accompanied by her dog. A sacred space was created in the grove, and

the ceremony began. She didn't give particulars on what was said during the chants, nor what they were meant to invoke. Neither did she belabor the "ceremony" of the celebration. Rather she emphasized that such "ceremony" is not what is really important, and will vary from Croning to Croning. What is important is the spirit behind the gathering – the validation of the woman being Croned, the celebration of her life up to this point, and the public acknowledgment that she has indeed crossed over into this new status. For Carla, this validation was done through gifts – gifts of words, gifts of song, gifts of dance, gifts of nature, and gifts of art. On an alter, women placed token objects which had personal meaning to them, as offerings to the Crone. For example, Carla said, a woman might leave a ring or a necklace or something found in nature as an offering and then take it back home when she left. Also on her alter was a sculpture of the goddess that Carla herself had made. During the ceremony she was led to a "throne" – a chair adorned with leaves and flowers, and some of the women performed for her. One woman in particular did a dance in which she portrayed the "three ages of woman" – the child, the mother, and the Crone. Someone played the flute for Carla. A little girl brought a bouquet of flowers to her, in her throne. There was also group drumming. And there was humor. As we read in Carla's words earlier, four of the women did a rap about her past, all of her girlfriends, and her life in general. And there was seriousness and reverence. Carla shared, "Every woman came up and said what I had meant to her in her life, which was pretty intense. And then luckily the weather got cold and stormy because I couldn't take in anymore!" Then she laughed at her own shying away from such attention.

The Crone in the Kayak

I learned that Carla, while living this life full of adventure, was also hesitant to engage in the myth-making surrounding her life. As she told the story of her Croning, the focus really seemed to be much more on the ceremony as a community gathering honoring one of their own who has reached elder status as opposed to telling a story that focused on herself and the particulars of her life and the gifts she bore as a Crone. This same reluctance was present when I brought up the story Nancy had shared with us about Carla's 70th birthday kayak float down the Buffalo River. Having heard the story of her Croning, I now had a mental context for hearing Carla tell the story herself, of the Crone in the kayak, floating by herself down this wild river in the Ozarks.

Ann: Well, you sound incredibly physical and active. What did, what was the story you told us, Nancy, about Carla's... was it your 70th birthday, what you did, for your 70th?

Nancy: When you went on the kayak and camping trip in the wilderness by yourself? Was that your 70th birthday?

Carla: Yeah, but it wasn't... I mean it was no big deal. (laughter). Well, it wasn't wilderness. It was just on the Buffalo [River].

Nancy: WELL... I mean you were by yourself and you were camping!

Carla: I was by myself but it was just an ordinary hike. (laughter) You're making it sound like I did this walkabout, you know... for 20 days! And I knew women were coming the next day!

Nancy: But Carla, there's just not that many women that do it, even when they're in their 30s let alone, you know, when they're older. You know?

Carla: Well, we were all going to camp on the Buffalo and do a 2 day kayak trip. And I decided, and if we do a kayak trip this fall when I'm around I may do the same thing [for my 76th birthday] – I decided I wanted to go a day early and just go by myself. And it was very interesting. It was mostly wonderful, and a little anxiety. When I went to camp that night, uhm, the Buffalo winds and twists and there are great big high bluffs and I had been in a really beautiful sunny area but it seemed

too early to be camping for the night. So, I went around another couple of bends and all of a sudden I was in a valley of shadow. And I paddled and paddled and could not get out of it. It was too late. And the place, you know, that was sunny that might have been in shadow soon too. Somehow stopping to camp in that shadow felt creepy. But mostly it was fine. And I met up with people the next day, so it was just a day, and a night, and a morning.

This woman who floated down a major river, by herself, for her 70th birthday, and wanted to do it again for her 76th birthday, embodies the spirit of the Crone. She fears not going into the unknown, reflects on the life around her, embraces her community and shares her gifts with them. As I read over the transcript from my interview with Carla, I am struck by the way in which she is able to still find awe in the life around her while acknowledging its inevitable end. Perhaps what illustrates this best can be found in the Croning ceremony itself: the ritual of the birth canal. Imagine a 60 year old woman being *born*. As Carla describes the ritual, she does so with wonder and reverence. And I remember listening with wonder and reverence at the notion of a 60 year old woman, being transformed, being made anew, so to speak, being birthed into Cronehood.

Carla: You stand opposite somebody and hold their hands and then [the woman] lies down on all of those hands and you just kind of pass them, pass them along. And we've done it, we've done it sort of as a rebirthing thing where you say, "Oh, look at the beautiful baby!" "Oh, look, she's about to be born!"You know, it's intense. You shut your eyes and you lie back on all these hands...it felt like it took so long. I mean it's only minutes, but it's a real out of time experience... "Oh, she's about to be born." (said in a whisper) "Isn't she beautiful" "Oh, here she comes" "Oh, look at this." And you set her on her feet and you lead her to her Crone chair.

The birth of a Crone, a Wise Woman – she has been delivered by the hands of her sisters. The women in attendance are the midwives for this birth. Together they lovingly bring her into this next incarnation in the three ages of the woman. It is indeed a community birth.

Scout: “If there was only one way to be a Crone, I couldn’t do it.”

Scout is Carla’s partner. As described earlier, she occupies the two story wooden house just up the road from Carla’s house. She is an artist, working mainly as a painter, and she practices Jungian therapist. It is unclear from either interview exactly how long they’ve been together, but it has been several years, and very possibly, at least since Carla’s Croning 15 years earlier and Scout is 15 years younger than Carla. Whereas Carla was petite, but formidable in spirit, Scout was tall and broad, but soft spoken, almost sparse with words. I left our interview with the impression of Scout was that she was significantly taller than me (I am 5’ 8”) but Bridget and Nancy both corrected this impression on our trip home, acknowledging that she was indeed tall, but not significantly taller than myself. For me, she was a mountain and I was at the foot of it! Like Carla, she was tanned and muscular, clearly having spent time outdoors. She was dressed very casually in loose summer shorts and a tank top, of muted colors. Her very short whitish gray hair was topped by a little fountain spray of hair held in place by a tiny hair band. It surprised me – a seemingly dainty and feminine touch atop an imposing self-described “butch.” I liked it. I liked Scout. Very much. In her quiet manner she quickly brought me and Bridget into her very lively interior world, the world of a Crone, as she understands it.

Scout’s Croning ceremony was held when she was 50 years old, 5 years after arriving on the land. Her story of reaching the point of feeling that she was ready was prompted by her diagnosis of Hepatitis C at age 45. The onset of this disease and menopause seemed to happen simultaneously, and Scout describes having initial difficulty discerning what changes in her body were due to the hepatitis and what changes

were a natural occurrence associated with the onset of menopause. Exact etiology unclear, her periods ceased shortly thereafter. As she tells the story,

Scout: Uh, probably a major obstacle was that when I stopped my bloods, I was about 45, but at the same time I was hit with hepatitis C. And so part of the obstacles and challenges were that I couldn't [tell], uh, a lot of the symptoms overlapped and so I couldn't always tell what was what until later on. Maybe 5 years later, or something, I started being able to differentiate better between [the two]... So, so it was complicated because I developed symptoms and stopped my bloods all about the same time. And, so, that made both experiences more difficult.

While Carla's story illustrated the celebratory tone of a Croning ceremony, Scout's story delves into the meaning of becoming a Crone, and opening herself up to the energy of the Crone. Like Carla, she moved down to this rural community from the busyness of Kansas City. And also like Carla, she wishes she had made more time for ritual to mark her bleeding. Making this transition to a slower lifestyle has meant taking more time for ritual, which included her Croning, er, "Boning," as she chose to call it.

Scout: Well, mine came on pretty suddenly. Like I said I was 45 and so I don't know if my illness brought it on more suddenly, more, quicker than I would have if I hadn't been sick. But I had used my bloods for fertility, for, you know, gardening and other things like that. But I hadn't used it in ritual. And, And I, And I, and at that time I was aware of cultures that really set aside that time for the bleeding time, the monthly period. And I remember thinking I would have liked to have done it that way and not be, you know, caught up in a world that went too fast for me to take care of myself, and had looked at that aspect of [that] process of my body, in more ritualistic [way]...

Ann: So it sounds like once you moved here, and reached menopause and had the croning, boning, (Scout: Yeah, boning! Laughter), the boning, that you've been able to do that then, with the second half of your life (Scout: yeah, yeah.)

Scout: There's much more ritual in my life. I practice more. I meditate. And then whenever we celebrate here there's a grove down the hill, so we do ritual there at all of the [phases of the] moon, you know, major seasonal changes.

I asked Scout at what age she decided to have her ceremony, and why then.

Scout: It was about 50. And it was also, you know my mortality was an issue too. And, uh, I would say that had a lot to do with it. My mortality and wanting to be in deeper into ritual, especially in the second half of my life, so it was sort of like, it was just opening a door that I felt I needed to open, even though I didn't really know what I was opening. But just being willing to, you know, step forward, again, with intention. You know, with, with positive intention. And so, you know, I know, I know that when you ask for positive intention you really get tested and I would say that's, that's come true too. You know, the negative certainly has loomed up and been there at times. But I think the intention is to keep working that through and, and getting to a more positive place....It's a celebration of what was and what is to come. The unknown. And it's willingness to go into the unknown, I think, really, which is what that Crone does.

So while Scout chose to have her Croning at a relatively young age, she was still facing the issues that women who were older were facing: mortality and the unknowns of the last chapters of life. For Scout, being younger, it was the second half of her life she was contemplating as she approached this ritual, whereas some of the other women who were older, such as Margaret whose story I will share next, refer to the Croning as a time for contemplation of the last third of their life. Also of note is Scout's feeling that she "didn't really know what [she] was opening..." This suggests that she was open to learning the meaning of being a Crone as it unfolded in front of her, allowing for the experience and meaning to be unique for her, as opposed to simply adopting Carla's conceptualization of the Crone.

Like the ponytail sprouting from the top of Scout's head, her Croning ceremony may seem somewhat incongruous with the notion of a ceremony acknowledging a woman's arrival into the status of elder and wise woman within a community of women, and especially in contrast to Carla's which had soft images of crowns and gowns and flowers and dances. But Scout was very clear that if the only way to do a Croning was as

Carla did it, in Scout's words, "invoking the Crone spirit," as a "femme kind of thing," she couldn't do it. And she felt certain that she wanted to participate in a ritual that marked her crossing over into this next stage of life. She just needed to figure out a way to do it so that it validated her sense of herself as an aging woman as opposed to someone else's definition of what that needed to look like. So she created her own version and transformed a "Croning" into a "Boning." I asked how she had gotten to the point of re-imagining the Croning ceremony. In her own words, Scout states,

"Crone" didn't fit me. It didn't fit. I didn't have my image of myself as a "Crone." I had an image of myself, and the Crone, I think, probably in terms of, it was a butch and femme kind of thing, and it was just a little too feminine for me. And so, I (laughter), it just didn't, it didn't quite fit. Even when I think about, you know, like I think about Carla and her wildest, you know, embodiment of Crone spirit. I see it there. But I, I couldn't see it in me. So I changed it and I had a "Boning!" (subtle laughter), which seemed more uh, relevant.

Scout went on to describe her Boning.

Essentially what it was, I sort of told my life story in a public sense, in a gathering on this land. If you know me, I've been collecting bones, there are bones all over the place. There are bones outside. There's bones upstairs (which is her studio). I collect bones and have since I was a kid. So, that's why it was a boning. And, uh, it spoke to my spirit that way. And I asked everybody to bring a bone with them, to the gathering, which they did. And a woman here, Louise, made this, kind of this harness kind of thing. And so, what happened was, [wearing the harness], I was raised up on a beam, on a hook, and people came up and put bones all over me and I just rattled my way into my, the next half of my life! (Ann: gasp of wonderment).... Yeah, I was upright. And then they came up and they tied bones on these, all of this, kind of had a webbing to it and then, uh, they attached bones to all that so I became like a human rattle.... And then I just shook, and think did some whoopin' and hollerin'. We all did. I think that's really what happened. Yeah. And I think people did come up and say loving things as they put the bones on. I remember, because each one brought one and had something, a way to tie it on and... yeah, it was very special, very.

As Scout told her story it was very apparent that, like Carla's Croning, it was a community celebration. Other women were involved in the planning and preparations, and of course, in the celebration of escorting, or birthing Scout into this next phase of life.

Scout: Louise made [the harness]. And then she also made like a crown, kind of out of leather with bones sticking up out of it. It was pretty neat....so I just created [the ceremony]and there were women who worked with me, there was a team and I just worked with them in terms of making it happen. And it was a really good thing. Kind of told my life story publicly, and we feasted. People brought things. It was just a really good day.

It became clear that Scout was not rejecting the spirit of the Crone, but rather creating a ritual that felt "authentic," that spoke to the spirit of the celebration for Scout. As the symbol of the bone was central to the ceremony, I asked what the bones represented for her.

Scout: Core. Structure. You know, and within, you know it's the marrow of the bone that makes blood. And blood is life, so it's, you know it's not like bone is all hard. It is hard on the outside. But it's got a complicated system. It's constantly making red blood cells from the marrow. So it has that more soft in[terior], uh, kind of the opposite of bone, the hardness of the bone. It has a feminine...a life-producing element to it too.

Scout was not rejecting the feminine – rather she sought a way to, through symbol, illustrate how she experiences the feminine within herself. Similarly, while she rejected what she referred to as the "feminine energy" of the Croning as she described seeing it in Carla's ceremony, she was not rejecting the Crone. In fact, her interview stood out in that she carefully articulated how the full realization of the Crone manifested itself through her experiences of herself as an aging woman. She speaks of a philosophy, a practice which is aware of opposites, disparate parts, and an openness to their eventual

integration. For Scout, embracing the Crone does not mean leaving the Maiden and the Mother, or as she refers to them, the Maid and the Maiden, behind, but rather having all three aspects finally present at the same time.

Scout: I think it's Maid, Maiden, and Crone coming together. I don't see the Crone as without the Maid and the Maiden, you know? They're all, they're all together. And she holds them all. And it is that meeting, you know? And you can't hold them all until you get to be, until you come of that age of being Croned, because you're still, you're still walking forward, trying to... reaching for that. But once you're there, then the other two, because you've experienced them, are there with you.

Ann: So they aren't parts of yourself you leave behind? (Scout: No. No.) How, how would you say those, the Maiden, the Mother, manifest themselves at this point?

Scout: Uh, well, hopefully it's play. I mean that, to me, is the union of the opposites. It's like when they come together, what is the third thing that comes up? And most often, for me it is about play. So, at that point the child is, you know, has a Crone to play with as well as a Maiden and so they dance together, and I mean they can certainly fight and not get along too. (Ann: mhm. Mhm.) But uh, I think they're very... for me, they're very aware of each other and they're glad to have the third aspect there.

As I listened to Scout, I was so aware of her sense of the Crone as a real presence in her psyche, in her life. In the context of that integration, I was very curious to know specifically what the role of the Crone would be. Why invite the Crone to the party? So I simply asked, "What does she do? What does the Crone do for the Maiden and the Mother?"

Scout: Well, she kind of holds the container of all that experience, of all those years before, I would say. She is, you know, she represents wisdom so she's taking on what the child and the Maiden have told her in story form through the life as her story, as her life story, and she's holding that. And she's translating. So, it's like what would, at one point, maybe have been devastating to the Maiden is not so devastating anymore because there's a wise one there that's translating it and saying, "Well, you know, there really isn't any aspect of your life that you need to, you know, regret, or anything, because this is what got you to this point. And this is where

you made that choice, and you could have made other ones but you made the one you did, and you can see how it helped you by looking at this.” You know? I mean, she’s kind of a translator of, I think, the experience in a positive way, is my sense. It’s not, it’s not negative. You know, I think that some of those earlier years that the angst came. There’s more angst when you’re younger, I think, than when you’re older. At least for me there was. [Now] there’s more acceptance. She’s very, you know, she’s very accepting. Not that there still aren’t things to work on, and incomplete experiences, or statements or whatever. But, that’s what her job is, to help work things through, as a strong ally.

As I listened to Scout, I was aware of a slowly surfacing sense of being known. I was astounded. Lately, I, myself, had been experiencing this compulsion to reassess my life. And as Scout spoke, I realized that not only had I felt the *need* to reassess, but I felt the *ability* to reassess. Something had shifted within my interior world. I was able to be more judiciously critical about my past and present in a way that was new to me. It wasn’t clouded with self-incrimination, self-blame, or insecurity. Rather, it was a way of seeing the world that insisted that I begin making choices that ensured that I was taking care of myself, to ensure that I was putting myself in situations that were no longer self-destructive, but rather nurturing, life-giving. Was this my Crone... I now wondered. Since it is up to me to decide when I am ready for Cronehood, I venture to say, Yes, I think this is my Crone. Is she ready to take up full residence yet? Well, my still bleeding body answers with a non-negotiable “No.” My sense of self that is in process, that is in that world of the ambiguity that Nancy and Carla spoke of in Chapter 5 suggests that perhaps this new compulsion is yet another harbinger of her arrival.

In our conversation, I returned to Scout’s rejection of the “feminine energy” because it didn’t fit her sense of herself as a butch as opposed to the femme that she saw so clearly in Carla. I wondered what energy, then spoke to her. Her answer offered one

more glimpse into how the Crone manifests herself in Scout's sense of herself as an aging woman, making sense of her past, and embracing the present and the future.

Ann: When you mention initially how Croning didn't fit because of the butch/femme piece (Scout: mhm) and so when you thought that the feminine energy didn't speak to you, (Scout: uh huh), how would you describe the energy that did speak to you?

Scout: Well it would be, it would be more like a Kali, kind of, I would see myself more in a Kali kind of aspect of the Great Mother. And in that way, that would be the Goddess aspect that speaks to me the most. I think it's Kali, and Hecate, and any of those fierce warriors. You know, it's that thing about you know, destroyer I think really what Hecate and a lot of the destroyers are really about - destroying illusion rather than just creating mass destruction, like George W. Bush. It's not that kind of goddess, but it's about destroying illusion. And so, that's more where I connect.

Ann: And that, that fits with the whole looking back on the years of maiden and mother and seeing it in a new way (Scout: Right) translating, without the illusion.

Scout: Right. Right. And to keep healing along the way, which I think I'm still involved in. It's just a lifelong process, as far as I can see.

So, for Scout, a one day celebration served to formally welcome into her life, into her interior world the presence of the Crone – a presence that will help her accept her past, make sense of her past, serve as translator, so to speak. And further, she brings clarity, “destroying illusion,” enabling Scout to accept past, present, and future in a way that is ultimately healing. When I reflect on the role of the Crone within the community as an Elder who offers consultation and wisdom to the other women within her community, I imagine these are all gifts – the gifts which the Crone gives to Scout – that she then in turn shares with the community.

Margaret: An *Older* Crone

The last Croning story that I have to share is Margaret's Croning story. I introduced Margaret in Chapter 6. As described in that chapter, Margaret is a relative newcomer to the community. Prior to joining this community of women, she led a fairly conventional life in a nearby metropolitan area where she had a very successful career as a professional at an institution of higher learning. At the time of our interview she was 75 years old. Being one of the oldest in the community, she brings a slightly different history to her experience in the community. She was not actively involved in the Women's Movement, and she readily admits to being a product of more conventional socialization, still finding it hard to even utter the word, "menopause." Further, in terms of her own aging, she also readily admits that she would prefer to be called "older," as opposed to "old," believing the latter is a derogatory descriptor of an aging woman and not buying into the political activity of reclaiming the word¹⁵. She realizes that these positions make her somewhat of an anomaly within the community. Still, she is who she is. And at the same time, she readily claims great love for the women within the community, and for the community itself. For Margaret, the Croning celebration seemed to give her an

¹⁵ This conflict over terminology – "old" vs. "older" – refers back to a conversation about language and ageism in the 1970s, first brought to the attention of feminists by Barbara MacDonald. In the reissue of Look Me in the Eye: Old Women Aging and Ageism, Leise Weil describes MacDonald's stance, "Barbara embraced the word 'old.' She rejected the terms 'older woman' and 'elder' not only as the euphemisms they obviously are, but because both assume youth as the measure. She saw our avoidance of 'old' as the clearest sign of our shame around aging, and she understood that shame as political, an internalization of our culture's message that [citing MacDonald, herself] 'old is ugly, old is powerless, old is the end, and therefore that old is what no one could possibly want to be,' " (MacDonald and Rich, 2001: x). Interestingly, this community of women freely use the term "Elder," as a term of respect, but Margaret is the only woman who held fast to the self-descriptor, "older."

opportunity to consciously write a new script for the last third of her life. And as I stated earlier, it also seemed to mark an entry into this women's community. Thus, this new script is also an opportunity to create a life among the women of this community, among women who are engaged in reclaiming words such as "Crone," and "old," and have no trouble uttering the word, "menopause." True to the spirit of the Crone, however, Margaret determines for herself whether she describes herself as "old" or "older." The Crone is self-determining.

At the time of Margaret's Croning, she was involved with Nancy who was 17 years her junior. Margaret was near 60 years of age. When getting to know each other Nancy asked Margaret how old she was. As Margaret tells the story she was embarrassed to admit to her age, fearing that Nancy would be uncomfortable being with someone so many years older. Much to Margaret's surprise, Nancy was delighted with Margaret's age – she was of the age for a Croning!

Unlike Carla and Scout's stories, and in contrast to what Barrett asserts is a hallmark of claiming the mantle of the Crone, Margaret did not decide entirely for herself to do a Croning. Nancy provided the initial impetus. However, as is evident in Margaret's story, she herself embraced the notion and used the opportunity to engage in an inventory of her life, in a celebratory context. As she says, she sees a Croning as a "celebration of a woman's life, experiences, relationships, everything." She also used this as an opportunity to create a vision for how she wanted to grow and change, and what she wanted to prioritize in the last third of her life. Moreover, the celebration served to integrate her current community, in the city, and her new community from the rural Ozarks.

Margaret's Croning celebration was held in her house in the city. Nancy was highly involved in the planning and the hosting. She created the invitation that was sent out, featuring an abstract image of the goddess to be used as a theme for the celebration. Nancy also made a sculpture of this image as a gift to Margaret and it was featured on the alter that was set up. The goddess had a little bowl on the top that, according to Nancy, was meant to hold "whatever kind of spiritual thoughts," Margaret might have. Even though the ceremony was held indoors, there was still a circle, and while there was not a crown for the Crone, there were handmade hats for all of the women. There was drumming led by Judy, and other gifts of song, dance, and poetry. A potluck dinner followed the ceremony.

Like Judy, featured in Chapter 4, Margaret is also an archivist. And she kept a file from her celebration. Within the file was a list of the gifts that the various women brought for her. Margaret described the various gifts and said that during the ceremony each woman shared her gift and talked about it and its connection to herself and to Margaret. The gifts varied widely from found "gifts" from nature, to books, to homemade things, to a framed photograph of Margaret and Nancy, to plants, flowers, and flower bulbs, to volunteer hours to a local AIDS project that Margaret was involved with at the time. From Eagle Mountain, Barb, being a massage therapist brought the gift of a massage; Victoria brought some of her homemade salad dressing; and Judy brought drums and did some drumming as well as a rock which she had wrapped in a rainbow sock. As Margaret went through this list with me she shared the social context within which each gift originated. Clearly the women put much thought into choosing gifts that would have special meaning for Margaret, solidifying their particular relationship with

her and validating her importance within their lives. The gifts seemed, in some way to represent a covenant between Margaret and the giver of the gift – a covenant to honor their past together and in so doing promising to accompany Judith, this woman of great importance to them, into this next chapter of her life.

Margaret's Words: "To enlarge that family of kindred spirits..."

Along with her list of gifts, Margaret had also saved another list that she had created for the occasion – a list of the goals she was setting for herself, changes she wanted to make in how she lived her life, now that she was a Crone. She shared selections from the list during our conversation.

Margaret: Well... here's a thing here, "Turn loose of the control of linear time has on my life." I'm still working on that one. I talked about the barriers that I've set up to put, to keep my friends and associates from doing things for me. Which is something that I've learned since I've been down here, but it's been a struggle to learn it, you know, to say, "I need help." Or somebody offering help and accepting it. So that's, you see the growth is still going on at that point. "Intellectually to take time to read some of those books that I've been collecting for all those years." And what I said about it is, "My life, like these books, represents the closed areas of my life. They're all sitting there waiting, but they haven't been opened, in interesting covers which have not been explored." You all want me to go on with this? (Ann: Yeah, Yeah! This is fascinating!) "Get in touch with my right brain." Well, people keep telling me, "You've done that," but it's not in the way that I want to do it, in the sense to see if there is still a creative spirit in my body, and so on. "Spiritually – commune with nature." And of course, that is exactly what I've had since I've been here. It's been wonderful – to connect with my spiritual stuff. "Physically to awake and spend most of the rest of my days without stress." And I've done that pretty well, actually. "To turn loose. To remember to breathe. Enjoy my body, and be aware of its needs, its pleasures. To return to the physical activity of my youth and recent years," which I was very physical, you know, baseball, sports, all that kind of stuff, which of course out here you don't do that, but you do it in a different way. And "Emotionally as I've reached this place in my life, I have little family and we are not connected on any level, except by the blood of our ancestors. And during this past year I have experienced the beginning of a new family, a new way of creating family with women who are connected by spirit, by love,

by common purpose, and I want to enlarge that family of kindred spirits to be there for you as you've been there for me." So, those were some of the comments I made during [my Croning] ... But it was so great in the sense that when I knew this was going to happen, it became a time of reflection and being able to think about it.

As is evident from the excerpt, Margaret used our interview as an opportunity to also reflect back on her life since her Croning, and do a sort of check-in with how she has implemented those changes in the intervening years. Her words provide a glimpse into the role that the women's community was playing in her life at this time, and the ways in which she envisioned them being a part of her life in the future. In the years following Margaret's Croning, she retired, left the city behind, built a house just down the road from Nancy, and became a permanent resident of the rural Ozarks. At the time of our interview, 15 years after her Croning, Margaret was once again contemplating another move – this time back to the city – as she faces the potential for physical problems with her aging body. The city offers easier access to health care. The Ozarks offer her community. It was a dilemma that was causing her to really pause and once again, reassess her situation. There is always the reality of the aging body.

Conclusion

The women of this community, lesbian feminists of the second wave, have made a vocation of challenging mainstream society's cultural messages regarding their bodies, since the early days of the women's movement. Now, as old women, they are continuing to question and challenge the cultural messages mainstream society disseminates regarding the bodies of old women. With the likes of Barbara Macdonald and Cynthia Rich as their role models, these women are living vital, active lives as they age. They are not shying away from the mirrors, nor are they seeking filler for their wrinkles. They are

not attempting to fool themselves into thinking that their bodies can defy the signs of the passage of time. To the contrary.

In the lifestyle choices they have made – exercising agency regarding their health; choosing a physical and social environment which provides them with fresh air and myriad opportunities for outdoor activities; and by placing themselves in a social context that values and empowers women – they are being very proactive in leading lives that are validating of old women. For these women, to move beyond the bleeding years has not meant a qualitative diminishment in either their intrinsic sense of their own value, nor in the vitality they bring to life, their own and other's. At the same time, they have not sought to deny what Simone de Beauvoir referred to as "...the objective certainty of our transformation." Through the ritual of Croning they offer one another validation, a covenant of respect and support, and a means for constructing a positive, active image of themselves as women facing the last chapters of their lives. They do not, however, offer false security, nor the false belief that aging will be easy or painless. Often it is neither. And like the years of perimenopause it can be rife with ambivalence and uncertainty. Jane might suggest that at this point in their lives the women are approaching another point of liminality – another betwixt and between. Still, as this last passage from my conversation with Carla indicates, one need not be passive (nor without humor) during this time.

Initially I hesitated to end this chapter with this exchange as it may be read as nullifying a main thrust of this chapter – that Croning is a means in which the women can embody validation and fight sexism – as in this passage she, the aforementioned "spiritual matriarch" of this women's community, denies the mantle of the Crone. Near

the end of our interview, I asked Carla about her self-perception and her Croning. Her candid response belies some ambivalence.

Ann: When you think of yourself as a Crone, now, or when you had your Croning, how would you describe yourself?

Carla: I don't think of myself as a Crone.

Ann: You don't?

Carla: No. I'm still a wild kid in some ways. I mean, I'm not... it totally puzzles me that I've gotten to this age. It's like, "What?" And then people do treat me somewhat with that respect or whatever (said in a whisper, with laughter). You know, yesterday I went kayaking and I took out my splash ball and started playing with it, you know? So, that's, that's more where my head is at. I'm not... I liked celebrating getting to this age, because I think it could depress you otherwise. I liked our making it a positive thing. There are enough negative things about aging. Not just in the culture, but just about you do have a certain amount of wisdom which just comes from living and "okay, it's not so bad. I've lived through that and that and that." You know? No need to get so excited about this or whatever. The other thing is you do see the end of your life coming. And in terms of not getting my books out there, it's very upsetting. It's very painful. But I could live into my 90s. And I could die in my late 70s. You know? I mean, I'm really in that space where people start dying. So, you get to look at your mortality a bunch. And go through different stages of fear and acceptance and fear and then acceptance. You know, I'm not going to be around here forever – that's when you start hearing that voice. So, do I feel like a Crone? Am I going to sit in that big chair and give people advice? No! (chuckles) No! I might just as well pinch them or wrestle with them.... I wrestle with my dog, you know! But I kid around a lot about being an old lady, an old woman, you know? We all do, those of us who are getting older. We sort of joke around about it.

Ann: what does that do, to joke around about it? What purpose does that serve?

Carla: It's a way of accepting and acknowledging and keeping it light, you know? Maybe we go out kayaking and everybody's skinny-dipping, and what if some man comes around the corner, "Oh! You think he's gonna want to see all this old butt hanging out of here?!" (much laughter) "Well, he's gonna get thrills from this bunch of old women, huh?!" So, it's an acknowledgment, and it's a way of keeping some sense of control.

With all due respect to Carla's claim of not feeling like a Crone, I'd like to suggest that through this story she illustrates the very essence and strength of the Crone: an old woman, full of spirit, and in control of her life.

CONCLUSION: TOWARD A FEMINIST HEALTH ACTIVIST DISCOURSE

Second Wave Feminism as Social Context

Through this project, I've come to a clear understanding of menopause and aging as a process, a becoming, a knowing, experienced and understood within a woman's particular social context. The women who have the embodied experience of menopause have their own stories to tell, originating from this embodied place. Texts and discourses, as sociolinguistic influences, are part of this social context. And a dialectic can develop between all three – the women, texts, and discourses – within the larger social context characterized by a particular historical and cultural moment. In this last chapter, I return to social context and discourse.

Throughout this dissertation I have argued that the women I interviewed put forth a new menopausal story. They did not follow in their mother's footsteps, adhering to a code of silence, suffering this "disease," compliantly swallowing the prescribed antidote and the notion that, as women, they were now washed up. Rather, these are the women who came into young adulthood during the second wave Women's Movement and that is the sociohistorical context which they brought to their experience of menopause. In reading histories of that moment in time – the late 1960s through the mid 1980s - one might get the impression that the menopausal woman was a silent presence, if a presence at all – that the activism of the times was not speaking to her experience, but rather focused on youth and the reproductive rights of women of childbearing age. In her book,

“Hot and Bothered: Women, Medicine, and Menopause in Modern America,” historian and women’s studies professor, Judith Houck, suggests otherwise. Houck suggests that feminism and the Women’s Movement actually impacted the experience of the menopausal woman, in the midst of the movement, in at least four ways.

1. *“It encouraged women to take control of their bodies and their healthcare decisions.”*
2. *“...Prompted by the feminist critique of patriarchy, women began to articulate their dissatisfaction with their medical providers in terms of misogyny and male chauvinism.”*
3. *“Women rejected the ‘suffer in silence’ approach to menopause advocated by their mothers and grandmothers and turned to one another for support.”*
4. *and “...realizing that their reaction to menopause was influenced by their limited social options, some women saw women’s liberation itself as the cure for menopausal difficulties.”(p. 223)*

Though Houck is writing about women who were actively menopausal during the Women’s Movement, and the women in my project largely did not come into menopause until the mid 1980s or later, I suggest that her assessment is still accurate and relevant and readers can see her assertions in the lives of the women in my project. As Hunter and O’Dea argue, “A woman’s subjectivity is... positioned between her perception of biological changes and the discursive constructions of the menopause, which are influenced by social, political and cultural practices” (1997: 199). The women of my study experienced a traditional gender socialization as girls. But, as young adults, each experienced an awakening into feminism through the Women’s Movement. And in finding feminism, they found women’s community. This community, as an act of resistance to the hegemonic values and practices of mainstream society – what they defined as a “capitalist patriarchy” – embodied the creation of a subculture with its own

“social, political and cultural practices.” Within the context of this subculture, borne out of the social movement known as “women’s lib,” these women developed their own “subjectivity” in their experience of menopause.

As members of the women’s lesbian feminist community, these women engaged in a socially conscious critique of the medical establishment, which they saw, in many ways, as an instrument of patriarchy – male centered, perpetuating social control and oppression of women, especially through their bodies. They consciously exercised agency in their own healthcare, and did not passively accept the recommendations or constructions of medical experts. Rather, they sought out knowledge and validation from one another through the advent of consciousness raising groups. In doing so, they began to reclaim a woman’s expertise in regards to her own body. Furthermore, in doing so, they began conversation. They began talking about women’s bodies and the processes of women’s bodies, heretofore, taboo subjects, consequently banishing the shame historically projected upon these processes. And finally, through their feminist ideology and their experience with feminist activism they developed a framework for analyzing, critiquing and responding to society’s script about menopause. They rejected it, and in turn, rewrote their own – at its center is the woman’s embodied experience representing change and transformation (as opposed to decline and devaluation). Above all, this new script acknowledges, honors and affirms the aging woman - the Crone. I call this new script, or following up on Coupland and Williams’ framework - discourse, the Feminist Health Activist discourse.

Revisiting Earlier Discourses: Coupland and Williams

In Chapter 2, I introduced the discussion of discursive constructions of menopause through the work of Coupland and Williams (2002) in which they introduced three textual discourses on menopause: the pharmaceutical discourse; the alternative therapy discourse; and the emancipatory feminist discourse. Throughout my analysis I have used these three categories as reference points and my interviews provided examples of all three. What follows is a brief summary of how the women's stories from this project either aligned with the aforementioned discourses as constructed by Coupland and Williams, or diverged from them. In the case of divergence, I propose the construction of this new discourse, a description of which follows the summary of Coupland and Williams' three discourses.

The pharmaceutical discourse, as defined by Coupland and Williams, constructs menopause as an inherently problematic and degenerative process that is manifested through certain symptoms that call for a specific antidote. Moreover, within this discourse, power is assumed to lie with medical authority and their expertise in diagnosing and prescribing. This discourse was present in the stories the women shared about seeking out medical expertise. I heard about visits to the doctor by various women which resulted in seemingly unexamined prescriptions for hormone replacement therapy. Judy's story in Chapter 4 most vividly illustrated the tension between patient and doctor, and the conflict that can develop between the two when the patient steps out of the role of passive recipient of services and questions the "ambiguous authority" projected upon a prescribed medication. When the physician wanted to prescribe hormone replacement therapy for Judy, Judy protested, based on her knowledge about drug contraindications and her own medical history. Underlying Judy's unease with the prescription was also a

concern for the nature of production involved in the drug. In spite of Judy's protestations, the physician still insisted upon prescribing HRT. The doctor's authority and the assumed virtues of the prescribed drug trumped Judy's questions, assertions, and concerns.

Ultimately, Judy rejected the prescription, as did all of the other women who described seeking out the expertise of a medical practitioner and being prescribed HRT. No one ever left such an appointment without either a prescription or the suggestion of a prescription for HRT. And after careful examination, no one chose to continue with the prescribed regimen.

The alternative therapy discourse was woven throughout the women's stories whenever they felt the need for some type of relief or intervention, but chose to reject pharmaceutical products, specifically HRT. (Interestingly, the reverse never occurred). Within the alternative therapy discourse, like the pharmaceutical discourse, according to Coupland and Williams' construction, menopause is still framed as being problematic (though not necessarily a disease or illness) and in need of intervention. Also like the pharmaceutical discourse, the prevailing underlying belief is that menopause is a degenerative process, rendering this discourse an ageist position. In terms of power, Coupland and Williams frame power as lying in the hands of the woman experiencing menopause, "taking control" of her menopause, but still dependent upon the assistance, knowledge, and expertise of the deemed expert, be it an herbalist, a nutritionist, or a chiropractor. The stories the women in my project tell of accessing alternative treatments are punctuated with an intention to seek out an intervention that strengthens the body, working in cooperation with the naturally occurring processes and changes within the women's bodies. Furthermore, the mode (e.g., herbs, vitamins, or chiropractics) seems to

be portrayed as complementary to the body, benign, and non-obstructionist. Jane's story, in Chapter 5, is especially interesting in that she, being a health practitioner herself, brings a scientist's mind to her response to menopause and seeks out the expertise of a fellow scientist, Adelle Davis, albeit one who promotes alternative therapies. Jane adopts Davis' prescribed nutrition regimen. Furthermore Jane, as did Neely and Judy, framed her approach to menopause as a lifestyle decision as opposed to an isolated act for a limited amount of time. Such lifestyle choices that one makes in one's life, such as living environment, diet, and physical activity, are believed to have ramifications for how one can expect to experience menopause, according to Coupland and Williams' alternative therapy discourse. The women I interviewed also held this belief. This most clearly resembles a model of prevention, taking a proactive stance to the changes one can expect one's body to experience.

When describing these two discourses – the pharmaceutical discourse and the alternative therapy discourse – as stated earlier, according to Coupland and Williams' formulation both accept “degeneration” as part of the menopausal experience, thus the need for intervention. In their framework, the main distinction between the two discourses is the mode of intervention: “pharmaceutical” or “natural.” While all of the women I interviewed were critical of a pharmaceutical means of intervention (though some had tried it, and Barb stated that if her “symptoms” had been severe enough and she had had insurance, she would have been open to using HRT) what they seemed to most strongly reject is the notion of decline or “degeneration” which they understood to be associated with the medical model that is the undergirding of the pharmaceutical discourse. In contrast to Coupland and Williams' conceptualization of the alternative

therapy discourse, the women did not seem to associate an underlying belief of “degeneration” with the use of alternative therapies. Rather, they seemed to frame alternative therapies, as previously stated, as a complementary means to the body’s natural inclination to seek balance or homeostasis. The women held a certain trust in the body to do this for itself, and that trust seems to extend to alternative therapies which are regarded as working *with* the body’s natural ability to reach homeostasis. The alternative treatments can function to maximize this ability in one’s body, as opposed to disrupting, masking, or manipulating heretofore, inevitable changes that a woman’s body naturally executes. In Chapter 5, Neely speaks most eloquently about having this sense of trust, in both her body, and in alternative therapies. In sum, the disconnect between Coupland and Williams’ definition of the alternative therapy discourse and the way in which the women I interviewed conceptualize the role of these therapies in relation to one’s body is in the initial framing of the body, pre-intervention. In other words, the difference lies in the “why” behind the intervention of choice. In Coupland and Williams’ construction, an alternative therapy is assumed to, like a pharmaceutical intervention, be solving a problem – that problem being the symptoms of menopause and its degenerative properties. For the women of my project, an alternative therapy is an assist, a complement to the body’s inherent strength and wisdom to proceed through the physical transformation that is menopause.

While, according to Coupland and Williams’ model, both the pharmaceutical discourse and the alternative therapy discourse accept the assumption of menopause as problematic in nature, and the body as going through a degenerative process, the discourse they label as the “emancipatory feminist discourse” does not. In fact, the

emancipatory feminist discourse is a discourse of “regeneration.” It frames the menopausal woman as moving toward a transformed self, menopause being a significant stage in her total lifespan development, which facilitates a woman’s metamorphosis into a “different, stronger, older self.... A new way of being” (2002: 439). Further, for Coupland and Williams, it is the emancipatory feminist discourse which frames the body as able to be self-regulating, capable of attaining its own balance without assistance from any sort of intervention – either pharmaceutical or alternative.

In contrast, as previously stated, the women I interviewed held such trust and belief in their bodies to reach a state of balance and homeostasis, but they did not reject the notion of accessing assistance, preferably of the alternative therapy mode, but if necessary, in extreme cases, pharmaceutical intervention, in order to assist the body in this process, and again, in extreme cases, to minimize discomfort. Accompanying this differentiation from Coupland and Williams’ emancipatory feminist discourse (the openness to intervention) is the demand for responsible science regarding said interventions, as opposed to the anti-science and anti-empiricist stance of the emancipatory feminist discourse.

The Emergence of a New Discourse: The Feminist Health Activist

If I were to consider only the labels of Coupland and Williams’ categories of discourse, I would have assumed that the women of my project would have outrightly rejected the premises of the pharmaceutical discourse, and been strongly aligned with both the alternative therapy discourse and the emancipatory feminist discourse. However, as the above analysis reveals, it is not that clear cut. There is congruence, overlap, and conflict between these three discourses as defined by Coupland and Williams and the

beliefs, ideology, and practices of the women I interviewed. Having said that, and acknowledging that there is always a caveat when attempting to capture discourse in discreet categories – they are useful as a hermeneutic tool, but there will always be inconsistencies and exceptions – I propose one more category of discourse, based on the stories told by the women in my project, their practices of feminist activism, and some of the feminist activism and popular literature that has emerged since 2002.

As stated earlier, these women were heavily influenced by the sociohistorical context of second wave feminism. It was within second wave feminist ideology, influenced by the “discursive constructions” informed by... the “social, political and cultural practices and traditions” (Hunter and O’Dea) of this movement, that the women began to build the foundation for what would be their future response to menopause. This movement influenced their perceptions of menopause, the ways in which they defined their experience of menopause, and their sense of agency and available options in responding to it, both physically and emotionally. Their response is what I refer to as the Feminist Health Activist response, coming out of the Feminist Health Activist discourse. The menopausal stories shared within this text by the women of this project demonstrate, support, and advocate the various stances represented within the feminist health activist discourse.

The feminist health activist discourse is characterized by the following:

- It embraces menopause as a natural life passage;
- It explicitly acknowledges and supports the agency of women in their own healthcare – power and authority resides within women themselves;
- It advocates self-education and the education of all women; knowledge = empowerment;
- It promotes a proactive engagement in social critique of the systems of power, or in the words of Dorothy Smith, the relations of ruling at work in the “business” of women’s health care that may be sources of oppression

and control, such as the Western medical model, the pharmaceutical industry, and the “Menopause Industry”¹⁶;

- It demands responsible science practiced in the spirit of transparency that does not serve to exercise either oppression or control over women;
- It believes in the transformative power of aging, and holds aging women in high esteem;
- It allows for and respects an individual woman’s unique embodied experience, and her wisdom in listening to it to guide her in terms of response (including the option of intervention).

At the foundation of this position is the belief that menopause is a natural process that offers the opportunity for personal transformation as a woman engages in an examined journey through the process, emerging as a valuable, still vital member of society as an aging woman. As in all facets of her own healthcare, a woman carries within her the ability to be her own “expert,” regarding her own body. Through education and learning and paying attention to her own body, a woman can access the knowledge and information necessary to make responsible, healthy self-care decisions. As a feminist health activist, a woman does not outrightly reject all science but is called upon to actively engage in social critique, vigilantly questioning the origin of not only new scientific, but also social, and cultural information, and those responsible for the byproducts of this information. This includes policy makers and the entities (both individuals and corporations) engaged in the development of new technologies and practices arising from new information. In other words, mindful of the history of the medicalization of women’s bodies, and the legacy of exploitation through harmful and misused technologies that lurks in the long shadow cast by this medicalization, women must be vigilant, educated, and critically engaged as consumers of new information and

¹⁶ The term “menopause industry” refers to the title of a book by Sandra Coney (1994) in which she investigates “medicine’s discovery of the midlife woman and... [the associated] industry in all its manifestations and the vested interests it serves.... [She] calls it an industry because it is managed, marketed, and makes profits” (p. 20).

technology. Finally, the feminist health activist actively creates a social space that allows for and respects an individual woman's unique embodied experience, and the wisdom borne of this experience, leading her to make the best decision for herself in her response to menopause and aging.

The Voices of the Feminist Health Activist Discourse

As I return to the voices of the women whose rich stories filled the previous pages, I hear them speaking from the vantage point of the feminist health activist, built upon the legacy of the Women's Movement. First, I hear Victoria, in Chapter 6, telling the story of angrily rejecting the social inheritance of silence handed down to her by her grandmother, mother, and older sisters. In contrast, Victoria boldly engaged in open conversation with other women, in pursuit of greater knowledge and connection with other women, refusing to experience menopause in uninformed isolation. I recall Jane, in Chapter 5, reverently and responsibly providing health care to the women of her community, striving to do so in the nurturing, safe context of a non-hierarchical relationship. Moreover, she diligently strove to embody healthiness in herself, consciously engaging in the same practices of self-care that she recommended to the women she cared for. I remember Judy, in Chapter 4, bumping up against the pharmaceutical discourse and the medical model, asserting her legitimacy as a rightful bearer of knowledge regarding her own well-being. In assertively engaging in dialogue with her young female health practitioner, she acted out of a sense of responsibility not only to her own healthcare, but also to the education of another woman. Barb, even as a practitioner of the alternative therapy of massage, was able to admit in Chapter 5, that if the physical manifestations of menopause had been severe enough, and if she'd had the

benefit of health insurance, she may very well have considered trying HRT. Within this admission is the implication that a woman retains the right to decide for herself what course of action to take in her own care. While there was a prevailing critique of the medical model and the medicalization of menopause among all of the women, including Barb, her story reveals that within this social critique there still exists the opening for accessing the technologies of science should conditions warrant. Illustrating that critique in Chapter 5 was Neely, delighting in a wry observation, “Good discovery, Boys!” in reference to the medical community’s “discovery” that Vitamin E could be of benefit to menopausal women, long after the women in her community had “discovered” this and been using it. The ripple effects of the mutual, supportive education practiced within the community manifested in Nancy’s story of being alone and lonely when beginning her process of menopause. In Chapter 6, Nancy tells the story of being away from her community, and in the youth-oriented context of a college town when she first became aware of signs of menopause. Building upon the foundation of the education she had previously received within her community, she reached out for resources in the form of an author she knew to be highly respected among the women for her expertise in women’s health care. Even when geographically separated, Nancy still reaped the benefits of the support, education, and role modeling she had previously been privy to. And finally, as the stories moved from a focus on menopause to a larger examination of women and aging, Margaret’s story stands out in Chapter 7 as she speaks with wonderment at being accepted into this community of women who introduced her to a heightened feminist consciousness, part of which included a new sense of value of herself as an old(er) woman, stemming from being highly regarded, valued, and celebrated by

the community as an elder. Finally, in Chapter 7, Carla's story fills the pages with the joy that accompanies engaging in the ritual of Croning – the community's formal response to the ageism in mainstream society. Still, even in the joyful telling of the story of her own Croning, within the social context of this women's community which encourages taking an honest, steady look in the mirror as one ages, Carla is able to engage in the candid disclosure that in the midst of the joy of Croning come disconcerting feelings of ambivalence regarding aging.

Conclusion

Through Carla's surprising disclosure, I am reminded of the multilayered nature of all of these stories, and the inescapable complexity of the experience of menopause and aging. Furthermore, there is no escaping the fundamental truth that there is no monolithic menopause story. All research shows that each woman's experience is unique and not all women experience menopause in the same way, nor understand it in the same way. Going through the exercise of distilling the stories of my research into a "discourse" allows me as a researcher to, in a sense, package these stories and offer them to my readers as one tidy entity that can represent a certain stance. To be sure, certain themes emerged throughout the stories. However, while gleaning the benefit of intellectually pondering the themes and considering the discourse as a tool of analysis, I am brought back to the very sensually-oriented experience of meeting Judy at the beginning of my research, taking in her aging body with my forty-something year old eyes, noting the "feathers" of time, the crepe nature of her cleavage, revealing the subtle yet pervasive vertical indentations – the tracks and trails of a life lived, imprinted on this particularly vulnerable part of this strong woman's body. What I had then seen as a symbol of

vulnerability and weakness, through the process of this research, has emerged for me as undeniable symbol of strength, borne of the courage to age with a certain feminist consciousness.

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VITA

Ann Detwiler Breidenbach was born in Detroit, Michigan to Onalee Adams Detwiler and Tom Stuart Detwiler, who soon moved to the hinterlands of Michigan where Ann would grow up in a rural community. She graduated from the same rural high school as her mother, and her two older siblings. Eventually she wound her way to Central Michigan University where she earned a Bachelor of Arts degree in Language Arts, and a certification for teaching elementary school. After teaching upper elementary and middle school students in both California and Michigan, Ann began a new career trajectory with a Master of Arts degree in Counseling Psychology, earned at Western Michigan University. She worked in the mental health field for 12 years, during which she began her doctorate in Rural Sociology. Having finished her doctorate, she now aspires to make a teaching home at a community college and engage in writing projects including the publication of this dissertation and a book on her experience as a birthmother, having given her son up for adoption in 1982. She also looks forward to making her own way through menopause, healthily and happily, eventually embracing her Cronehood. May it be full of a rich community of women.