

# Deconstructing the cultural confinement of the Western menopausal women towards a spirituality of liberation

## Authors:

Crystal Meletiou<sup>1</sup>  
Johann-Albrecht Meylahn<sup>1</sup>

## Affiliations:

<sup>1</sup>Department of Practical Theology, University of Pretoria, South Africa

## Correspondence to:

Johann-Albrecht Meylahn

## Email:

jmeylahn@lantic.net

## Postal address:

PO Box 14885, Lyttelton 0140, South Africa

## Dates:

Received: 05 Nov. 2013

Accepted: 10 Sept. 2014

Published: 25 Mar. 2015

## How to cite this article:

Meletiou, C. & Meylahn, J-A., 2015, 'Deconstructing the cultural confinement of the Western menopausal women towards a spirituality of liberation', *Verbum et Ecclesia* 36(1), Art. #1312, 6 pages. <http://dx.doi.org/10.4102/ve.v36i1.1312>

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Throughout the ages, menstruation and menopause have posed unique challenges in the life of women. In Biblical times, much was said about the impurity of a menstruating woman. In the past century, however, the focus gradually shifted to menopause and the effect thereof on a woman's body, both aesthetically and physiologically. Freud went so far as to argue that menopausal women are neurotic and that an oophorectomy (the surgical removal of the female ovaries) should be a standard procedure for a menopausal woman. Unfortunately, this Freudian theory has not yet been completely demolished in our contemporary society. Hysterectomies (the surgical removal of the uterus) are still frequently performed on menopausal women, and all too often, antidepressants are included in menopausal women's medical regimes. The question remains: Can hysterectomy, hormone replacement therapy and antidepressants 'erase' the challenges that Western menopausal women face?

**Intradisciplinary and/or interdisciplinary implications:** Western menopausal women are under tremendous social pressure to preserve their youthfulness. Many middle-aged women live with the fear that their declining sexual appeal may result in rejection, both personally and professionally. Unfortunately, the intellectual value of these women is seldom acknowledged.

## Introduction

Menopausal women, especially Western menopausal women, are under tremendous social pressure to preserve their youthfulness. When a woman reaches her fifties, she stands the risk of being 'traded in' for a younger model, both personally and professionally. This is all too often apparent when we look at female Hollywood stars, and they are the women that many Western women aspire to be like. Middle-aged female Hollywood stars enthusiastically rely on expensive cosmetic procedures to preserve their youthfulness. However, for the average Western woman, these procedures are not always affordable. Thus, these women have no choice but to face social challenges associated with menopause. Adding to social pressure, the hormonal fluctuations associated with menopause further adds to the emotional challenges that a menopausal woman has to face. Even though this view of menopause is not experienced by all Western menopausal women, it is worth investigating why menopause is viewed so negatively in Western societies.

## (Mis)perceptions of menopause

The word 'menopause' is derived from the Greek word *pausis* that means 'cessation' and the word, *men-* (month), indicating the physiological change in the female body that is associated with the end of fertility as indicated by the permanent stopping of monthly menstruation.

The majority of women who reach midlife will experience the physical and psychological symptoms of menopause. Even though menopause is a normal physiological transition in the life of middle-aged women, the tendency, especially amongst Western menopausal women, is to conceal this transition. This could be due to a number of factors. Apart from aesthetic reasons, menopause has also been stigmatised as a period of emotional instability.

In the 19th century, Victorian physicians viewed menopause as a sign of sin and decay, and with the advent of Freudian psychology in the early 20th century, it was viewed as neurosis (McCrea 1981:111). In the 21st century, the emotional wellbeing of menopausal women is still a topic of interest. According to Dr Northrup (2006:58–60), a specialist in the field of menopause, numerous factors contribute to a menopausal woman's emotional wellbeing. To ascribe menopausal emotional pathology purely to a state of hormonal deficiency is an insular approach to this problem. According to Northrup, a menopausal woman's emotional wellbeing is greatly influenced by past experiences as well as her social and cultural background. In the Western world, the socio-cultural obsession with longevity is one of the challenges that menopausal women face.

Furthermore, the constant pursuit of youthfulness holds tremendous financial benefits for cosmetic and pharmaceutical companies. Women become so obsessed in their pursuit of beauty and youth that they forget about the joys and privileges that old age brings.

## Menopause through a social lens

The Victorian medical discourse saw women as victims of their reproductive organs. In the early 19th century, the uterus was the cause of female weakness, and the ovaries were viewed as the core of insanity (Sybylla 1997:206). Women of reproductive age were perceived as being vulnerable and unstable and were to be kept passive and dependent for their own benefit. As prophylactic action to avoid physical and mental illness, they had to adhere to the doctors' prescribed regimen: avoid everything that excites the general sensibility, including reading romances, intellectual pursuits, the theatre and too much or too little sexual activity. A woman needed a strong guiding influence, preferably from some judicious medical man, whose directions she should 'implicitly obey' (Sybylla 1997:206).

Independence and assertiveness in a woman was 'against nature', dangerous, and needed strong treatment, even to the extent of clitoridectomy (the surgical removal of the clitoris) or, more commonly, oophorectomy (the surgical removal of the ovaries) (Sybylla 1997:206). These surgical procedures were performed to stabilise, or control, a woman's hormones – the primary source of a woman's pathopsychology.

By the mid-19th century, the habitual patterns of societal structures underwent a complete metamorphosis. The sphere of the middle-class woman became constricted when machines were invented to manufacture what women used to produce manually – spinning, weaving, sewing, et cetera. Middle-class families began to limit their size, industrial work was taboo for middle-class women and working-class women tended to be either agricultural workers or domestics. In 1850, only 30% of the paid labour force was women (Formanek 2006). The primary role of women, however, was that of motherhood.

Whilst men's freedom to move became part of their self-identification, women's expected passivity caused them to doubt their own adequacy. The more men became successful, the less middle-class women were needed economically. Consequently, as men became increasingly obsessed with work and as earning money was equated with possessions, the danger arose for women to become possessions with the main function of reproduction (Formanek 2006).

As a result, most menopausal women sense feelings of inadequacy. They can no longer bear children, and the constant societal pressure to stay young and attractive often became too much to endure. Although menopause would be regarded as an intimate female experience, it has managed to become a prominent socio-cultural phenomenon that could be manipulated to suit the needs of the ruling powers.

In his book, *The birth of the clinic: An archaeology of medical perception* Foucault (1989) argues that a critical analysis of the human body is reaching a pinnacle. Through his micro-studies, Foucault not only realised the effect that the political system has on how people view the world around them, but he also highlighted people's sensitivity to peer pressure regarding values, beliefs and norms. Although Foucault argues for individual uniqueness, he cannot elude the point that all human conduct is influenced by the elements that shape our social structure. Crawford (1984) put it as follows:

The body is a cultural object. As our most immediate natural symbol, it provides us with a powerful medium through which we interpret and give expression to our individual and social experience. 'Human nature', the category of the inevitable (and often the desirable), finds its truth in the body. We live within an opposition between nature and culture, and the 'natural body' confirms our place within a more 'authentic' order. It is a vital foundation upon which behaviour and values are predicated. Conversely, as a symbol of nature, the body must be contained and transformed by culture. We invest the body with culture, thereby distinguishing ourselves from the rest of nature. Moreover, our biological being, always mediated by culture, delimits many of our most important social roles. It defines us in relation to others in kinship, sex, age groups and larger social units such as race or caste. Bodily states are key markers in which are invested the social definitions of the self – not only regarding role, but normality and abnormality. The body also supplies a universally experienced model of a living and dynamic unit, an organic whole, a prototype from which we can draw in our attempts to explain and give meaning to larger social units and experiences. It is our richest source for metonymy and metaphor. (pp. 60–61)

Unlike in the Western world, in Eastern society, middle-age is a concept that varies in definition according to culture. Until recently, there was no word in the Japanese language that translated to 'hot flush'. The Japanese language, known for its precise detail, has many words referring to flashes of heat, depending on cause and location. They have words for fever and sweats associated with a cold or flu, a word for soaking in a hot bath and a word that describes the after-effects of drinking too much alcohol, but until now, there has been no specific term for a menopausal hot flush. Not wishing to be left behind, the globally-oriented Japanese media has recently invented new words – *hotto furasshur* (hot flush) and *horumon baransu* (hormone balance) (Mills 2001:2).

Furthermore, in the east, there no clear age distinction between young women and middle-aged women. There are however characteristics and behaviour that defines each status. The lifestyle of rural Eastern women is also much more active than that of Western women. Eastern women are depended on their physical health to maintain an income. Thus, for these women, regardless of age, their health is of great importance (Chirawatkul, Patanasri & Koochaiyasit 2002:115). However, in urban areas, many women are fearful of menopause. As is the case with Western

women, these women view menopause as a time of decay. According to Chirawatkul *et al.* (2002:117), this is due to the exposure to Western magazines and television programmes. These women also frequently rely on Western medicine to alleviate menopausal symptoms rather than on traditional medication.

According to Berger and Wenzel (2001:11), the manner in which Western women experience and view menopause, in comparison to that of their Eastern counterparts, bears witness to how a socio-cultural environment affects this phenomenon. Where Western women associate menopause primarily with loss, Eastern menopausal women are seen as valuable figures of wisdom.

## Menopause and metaphors: Descriptive of destructive?

According to Lakoff and Johnson (as cited in Dickson 1993:37), metaphors are associated with facts and are capable of containing and conveying knowledge. Because metaphors are bits of language that imply a relationship of similarity between two things, they reflect beliefs and convey attitudes, and they also describe a phenomenon in language by shedding new light on that phenomenon.

One way to oppose the dominant discourses concerning women's bodies is to produce alternative metaphors of feminine corporeality. Alternative descriptions of the female body engender different understandings, departing from the idea to compare female physiology to that of a machine. When viewed as such, the fact that menopause is described as a breakdown and failure presents itself as a discontinuous change of state. Therefore, the transitions associated with menopause appear not as a move from order into disorder but as a move from one kind of order to another. These metaphorical discourses could have an important practical impact on the medical treatment of menopause as well as on the ways in which individual woman experience menopause (Komesaroff, Rothfield & Daly 1997:4).

Metaphors also have a history. The contemporary conceptions of menopause have been characterised by significant moments of exchange between scientific, philosophical, ethical and aesthetic themes. The pathologising manner in which the aging female body has been demonised has been charted. Less well researched is the more subtle rhetorical feminisation of larger processes of decline and degeneration in the 19th century. Gardner (as cited in Komesaroff *et al.* 1997) traces the ways in which the biology, social theory and history of the late 18th and 19th centuries were preoccupied with processes of decline, invoking a much older ideal of the whole, the pure and the timeless. An ideal of the feminine was developed in opposition to what it was thought not to be – the diseased, the deformed and the disfigured.

The power of the increasingly sophisticated physiological models of the body that have developed during the course of

the 20th century has borrowed significantly from the ability of these models to accommodate and to redefine the most relentless and influential narratives of conventional and religious traditions. It is the biological narratives that present the most extraordinary accomplishments of contemporary science. On the one hand, these very representations execute the narrative role that religious traditions occupied in times of intricacy and of obscurity whilst, on the other hand, holding a promise of final revelation and a possibility of unimagined opportunities for strategic interventions. It is not often recognised that the discovery and development of the hormonal body was contemporaneous with, and in many ways parallel to, the development of psychoanalysis. However, according to Gardner (as cited in Komesaroff *et al.* 1997:5), their histories are interconnected. Similar anxieties and preoccupations are apparent, as are some important differences: Both systems are informed by images and structures derived from *fin de siècle* racial and biological anxieties, and both aestheticise complexity in terms of the 'textual' (Komesaroff *et al.* 1997:6).

Consequently, the objectivity of the body and its contrast with the mental realm of experience is not so fixed. The body's opposition to the psyche is unhinged, undermining its ability to be scientifically quantified independent of considerations of subjectivity, experience, representation and discourse. The body can also not be sustained as an object that transcends history and culture.

The historical constitution of menopausal bodies implicates relations of power, knowledge and the achievement of particular forms of biomedical supremacy. These elements of power pertain both to the bodies of women who experience menopause and to the bodies of biomedical knowledge that are able to define and to treat menopause.

## Menopause: A profitable 'disease'

In 1966, Dr Robert Wilson, author of the book *Feminine forever: The amazing new breakthrough in the sex life of women* and founder of the Wilson Foundation, received a \$1.3 million endorsement from the pharmaceutical industry by stating that menopause is a deficiency disease that can be 'cured' by oestrogen. Wilson's writings were crucial to the large-scale, routine administration of oestrogen replacement therapy (ERT). Suddenly, women all over the world demanded hormone replacement therapy (HRT). As some physicians campaigned for HRT, there were those who warned against it. Throughout the late 1960s and the early 1970s, Wilson's book was quoted widely in women's journals and more than 300 articles promoting ERT.

Prominent medical authors in the early 1990s continued to define menopause as a disease in need of therapy. Menopause was now viewed in the same category as chronic diseases. According to these authors, numerous other diseases were caused by menopause, and it was believed that if a woman would take HRT, these conditions would be rectified

(Murtagh & Hepworth 2007:277). According to Utian (1990:7), some of the secondary diseases caused by menopause included coronary heart disease and complications due to bone fractures caused by osteoporosis. However, 7 years later, Utian (1997:5) changed his terminology and refers to menopause as a 'normal physiological transition' that varies within cultures. One thus gets the impression that Utian acknowledged the criticism of feminist authors and as a result changed the manner in which he refers to menopause. Nonetheless, menopause, according to specialists, was still a 'condition' that posed alternative medical risks. Interestingly, Cobb (1991:26–29) notes that physicians frequently refer to the diseases associated with menopause, like coronary heart disease and osteoporosis, but very little is said about the health risk associated with HRT, such as the increase of breast, uterine and ovarian cancers (Mickelson 1991:33–39). The reason for this is due to the financial greed of pharmaceutical companies who manufactures HRT. According to Chwastiak and Young (2003:544), these companies 'prevent' women from experience ageing as a time of potential growth and development of the human spirit.

Over the past 50 years, the perception of menopause as a period of decay became firmly rooted in the minds of women. During a study conducted on 24 menopausal women in Denmark, the majority of these women referred to menopause as 'a period of decline and decay' (Hvas & Gannik 2008:177). Many of these women previously consulted doctors with regard to menopause, and the majority of these doctors referred to menopause in a disparaging manner. It is thus important for doctors to consider carefully how they refer to menopause as women see them as specialists and are greatly influenced by their opinions. Murtagh and Hepworth (2003:1645) argues that it is the duty of doctors to provide extensive information to menopausal women, not only with regard to hormonal replacement therapy but also in order for them to make informed decisions regarding alternative treatment and lifestyle changes.

Although it is impossible to define menopause in a manner to which all women can relate, a common perception in Western societies is that menopause is a negative event. According to Daly, this negative and harmful indoctrination will inevitably affect the body, both physically and psychologically. Daly (1978) puts it as follows:

How does one go about to impress anything on that partly dull, partly flighty human intelligence – that incarnation of forgetfulness – so as to make it stick? ... 'A thing is branded on the memory to make it stay there; only what goes on hurting will stick' – this is one of the oldest and, unfortunately, one of the most enduring psychological axioms ... Whenever man has thought it necessary to create a memory for himself, his effort has been attended with torture, blood and sacrifice. (pp. 109–110)

Daly viewed this as 'mind rape' that did not merely occur as a *tête-à-tête*. It also included the general enforcement

of patriarchy through various structures in society upon vulnerable women (Daly 1978:110).

In the Western world, and in Christianity, patriarchy has had a tremendous influence on social structures and values. Many Christian leaders proclaim that patriarchy is part of Christian order. However, patriarchy was never part of Jesus' teaching.

## Women in the 1st century

The current Western practice of gender roles is largely determined by Biblical texts that have played a normative role within Christian society. Seeing that Christianity has played a dominant role in the birth and history of Western society, it is important to revisit these normative texts in an attempt to make sense of our current understanding of womanhood in totality.

Apart from Jesus, the apostle Paul is regarded as the most prominent figure in Christianity. However, his prominence is not always associated with popularity. Whilst some Christians embrace his teaching, others reject it.

Throughout 1 Corinthians 7, Paul emphasises that each obligation of the wife is balanced by that of the husband and *vice versa*. He focuses on mutual and reciprocal rights and duties. The deliberate balancing of female and male and male and female throughout this chapter is clearly notable; wife and husband are equal in the family (Borg & Crossan 2009:50).

Furthermore, Roman men were not supportive of Paul's opinion regarding celibacy (1 Cor 7). This caused heated disputes, not only within the family but also within the assembly. Equality and celibacy were now in opposition within the marriage contract (Borg & Crossan 2009:50–51).

Paul further continues to preach equality in the apostolate (Rm 16:1–16). Here, Paul commends Phoebe, a deacon of the church at Cenchreae, and urges the Christians to help her in whatever she requires from them. Of the total of 27 individual Christians that are mentioned in this chapter, ten are women. However, it was not only Paul who supported gender equality. Jesus also took a firm stance against sexism.

## Jesus' view of women

Jesus associated with marginalised women in a patriarchal society. Women were part of Jesus' followers (Mk 15:40–41; Lk 8:1–13; 10:38), and several women were healed by Jesus (Mk 5:21–43; 7:24–30; Lk 7:11–17; 8:1–3; 13:10–17). Jesus did not differentiate between men and women in terms of gender. Jesus saw women neither as sexual objects nor as symbols of impurity (Mk 7:24–30). Jesus also revealed respect for female sexuality (Mt 5:28). Furthermore, women were often used as examples of true faith and discipleship (Mk 7:24–30; 14:41–44). He allows a woman to anoint him (Mk 14:3–9), speaks to a woman at a well (Jn 4:1–20), ate in the presence of prostitutes (Lk 7:34–50) and often uses



women as examples in his parables (Mt 13:31–33; Lk 15:4–10). Jesus' family register includes the names of women with precarious reputations (Mt 1:1–17; Lk 3:21–38). He refuses to differentiate by means of gender, and he repudiates being associated with androcentric humour involving a woman who has been married seven times (Mk 12:18–27). Jesus' inclusive, non-sexist and equal treatment of women clearly implied his disapproval of a patriarchal society that excluded and marginalised women (Van Eck 2007:503).

It is evident that Jesus' teachings and actions toward women were that of love and quality. One can imagine the empowerment that his female followers must have experienced in his presence. For these women, Jesus became the mirror through which they longed to see themselves.

## The passion of Christ and the liberation of Mary

The narrative of the passion of Christ presents a unique alternative perspective to women's cries of tribulation inflicted by patriarchy. At the foot of the cross, women's emotional scars are not concealed from God's sight. Not only do they weep at the sight of Jesus' suffering, they intertwine their own narratives of abandonment and suffering into this scene of ultimate anguish (McDougall 2012:173).

While walking to the grave, Mary Magdalene, Mary the mother of James and Salome started to contemplate how they were going to remove the stone at the entrance of the tomb. To their surprise, the tomb was already open, and the stone had been removed. Without them having to confront this heavy obstacle, it was now possible for them to embalm the body of Jesus with a mixture of expensive preserving oils (Mk 16). However, to their despair, his body was no longer there. Mary Magdalene started to sob bitterly. At that moment, from inside the tomb, two angels asked; 'Woman, why are you crying' (Jn 20:13). 'They have taken my Lord away', Mary cried out 'and I don't know where they have put him' (Jn 20:13).

Overwhelmed by her sadness, Mary at first did not recognise the voice of the Lord when he addressed her in the garden. Could it have been that she was blinded by the image of Jesus as she remembered him prior to his crucifixion? Then, as Jesus calls her name, Mary recognises her saviour. At that moment, Mary understood that what she thought was taken away from her for ever returned to her – merely in a new dimension. Even though her Lord was scarred and his physical body was no longer unblemished as it was prior to his crucifixion, he was still the same Jesus.

## Conclusion

Even though menopause is a natural hormonal transition that occurs in the lives of most middle-aged women, the medical and social sciences still tend to refer to menopause as a period of decay and emotional tribulation. These negative

perceptions of menopause have become a tremendous emotional hurdle that menopausal women have to overcome whilst already being challenged by the biological and psychological challenges associated with menopause. When one reflects on the slow progress that has been made in the past 50 years, one can assume that it will take some time before the Western world substitutes its current negative outlook on menopause for a more positive one.

Seeing that the majority of Western cultures are Christian, it is plausible to seek a Biblical example through which menopausal women can possibly draw strength while trying to cope with the emotional challenges associated with menopause. However, to find a perfectly suited Biblical example of female empowerment that can be associated with menopause requires imagination as well as individual interpretation. For me, a good example of such newly discovered empowerment is found in the narrative of Mary's encounter with the risen Christ.

For Mary and the rest of her female companions, the absence of Jesus symbolised the loss of their identity. Without him, they would once again become invisible in the eyes of society. In the same manner that these women depended on Jesus to establish their worth, menopausal women depend on their youthfulness to establish their value.

However, Mary's exaltation was not only ascribed to her encounter with the risen Christ. More importantly, it was the revival she felt in her heart that empowered her. After Jesus told her to go and teach his word amongst the nations, Mary realised that Jesus' teachings regarding women were not only intended to chance the perspectives of society towards women. More importantly, it was intended to change the manner in which women view themselves.

Mary could have argued that, without the physical presence of Jesus who constantly encouraged her, she would not be able to fulfil the task that he entrusted to her. However, Mary came to the realisation that, although Jesus was no longer physically present, she was capable of completing the task with which he had endowed her. It is to this emotional transition of Mary that menopausal women can relate.

Although women tend to rely strongly on their youthfulness, the absence of physical appeal does not symbolise worthlessness. As with Mary, menopausal women have a choice to make an emotional transition through which they shift their worth from being predominantly sexual to that of being figures of wisdom.

Even though the contemporary Western world is in the process of demolishing sexual discrimination, the current view of aging is not likely to change in the near future. The financial implications of supporting aging will have a devastating effect on cosmetic and pharmaceutical companies. As long as there is a longing for beauty, there will be a product or procedure to support it.

Ultimately, the manner in which each woman view menopause is her own choice. Although feminist authors are still fighting for the rights of women, it is unlikely that society will change its view regarding aging any time soon. Thus, if menopausal women feel the need for emotional support, it will be up to them to initiate support groups. However, these support groups do not only have to provide emotional support. They can also initiate ceremonies to celebrate the different stages of womanhood. These celebrative ceremonies can play a vital role to support women from all ages as they experience the different transitions of womanhood. Thus, until society starts to realise the worth of older women, these women are likely to find the most authentic support amongst themselves.

## Acknowledgements

### Competing interests

The authors declare that they have no financial or personal relationship(s) that may have inappropriately influenced them in writing this article.

### Authors' contributions

This article was written by C.M. (University of Pretoria), based on the research for her MA degree. J-A.M. (University of Pretoria) was her promotor.

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