"WHAT DO THESE WOMEN WANT?"
FEMINIST RESPONSES TO FEMININE FOREVER, 1963-1980

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"The unpalatable truth must be faced that all postmenopausal women are castrates." So began a 1963 article by physician Robert A. Wilson and his wife Thelma, a nurse, which appeared in the Journal of the American Geriatrics Society. In this article, the Wilsons argued that untreated menopause robbed women of their femininity and doomed them to live the remainder of their lives as mere remnants of their previous selves. Detailing the dire consequences of "Nature's defeminization," the Wilsons claimed that estrogen depletion, the cause of menopausal and postmenopausal afflictions, led to hypertension, high cholesterol, osteoporosis, and arthritis. In addition, the Wilsons insisted that menopause frequently led to serious emotional disturbances; even women who escaped debilitating depression frequently acquired a "vapid cow-like feeling called a negative state." The authors knowingly maintained that these women see the world "through a grey veil, and they live as docile harmless creatures missing most of life's values." Indeed, the Wilsons believed that these women "exist rather than live."

Robert Wilson took his message of decay to a broader audience in 1966 with his book, Feminine Forever. Feminine Forever reiterated the grim language of the earlier article and issued a further warning. In prose designed to alarm, Wilson described menopause as a "deficiency disease" much like diabetes. But unlike diabetes, menopause did not merely rob women of their health; it also stole from women their youth, femininity, and sexuality. The Wilsons did not, however, abandon menopausal women to their dreary fate. Rather, they promised women a pharmaceutical escape route--estrogen replacement therapy (ERT). Comparing ERT to insulin, the Wilsons insisted that replacement therapy could both cure and prevent estrogen deficiency disease. By allowing women to remain “fully sexed,” long-term hormone therapy prevented the “supreme tragedy” of women’s lives.

The popular media swiftly publicized Wilson’s claims. By 1964, Time and Newsweek had published articles extolling the promise of hormone therapy to cure menopause, and women's magazines followed in 1965. Local newspapers also followed up on the story. The publicity intensified after the publication of Feminine Forever. The book itself sold more than 100,000 copies in the first seven
months after its release. In addition, it was serialized in local newspapers and excerpted in popular magazines. It had been translated into four languages by 1970. Perhaps most important, it generated an interest in menopause reflected in a flood of popular articles and books about menopause between 1966 and 1975.

Another pathbreaking publication also appeared in 1963. In The Feminine Mystique, Betty Freidan documented the growing unrest among college-educated, middle-class, white women to the demands and limits of domesticity. While it clearly did not foment the feminist revolution, the Feminine Mystique testified to women’s smoldering dissatisfaction that led, within a few years, to the women’s movement. Both the Feminine Mystique and Feminine Forever invited women to consider the meanings of womanhood and their role within American society.

This paper explores the issues raised by the convergence of Wilson’s campaign and the emergence of the women’s movement. The disease model of menopause and its hormonal cure presented several dilemmas for the fledgling women’s movement. Should feminists shun the “medicalization” of their normal physiological processes or should they demand even more medical attention? What are the social costs of regarding menopause a “deficiency disease” that requires pharmaceutical intervention? Are menopausal symptoms caused by defective physiology or a sexist society? Does medical technology help or hinder the cause of women’s liberation?

Between 1963 and 1980 some feminists wrestled with these questions as they confronted the popular characterizations of menopause and the increased popularity of estrogen replacement therapy. In the beginning of this period, some feminists embraced Wilson as a boon for aging women, while others highlighted the dangerous implications of regarding female aging as pathological. In 1975, studies linking ERT and endometrial cancer challenged the wisdom of routine prescription of hormone therapy. Although this shifted the tenor of the feminist discussion, it still did not create feminist consensus about the meaning of menopause or its treatment. Despite these divisions, the feminist discussion of menopause revealed a larger women’s health agenda. Whatever their views of ERT, feminist health activists demonstrated an unyielding belief that women should retain control of their bodies and participate fully in the decision making efforts about their health. By controlling their bodies, women could ultimately seize greater control of their lives.

This larger philosophy, then, rather than any one particular recommendation regarding hormones, represents the most important feminist contribution to the
discussion of menopause. Significantly, while the feminist discussion of menopause was limited to a fairly small number of participants, the broader agenda reached well beyond this narrow circle. The women's movement affected the experience of many menopausal women not otherwise aligned with feminism. As they demanded that their doctors provide ERT or sought out other women to talk with, many menopausal women between 1963 and 1980 were influenced by the feminist approach to women's health. This paper examines both the varied feminist responses to menopause and its treatment and analyzes the effect of feminism on the experience of menopausal women outside the women’s movement.

**Feminism and Women’s Health**

The women's movement of the 1960s and 1970s can be divided roughly into two strands, the women's rights movement and the women's liberation movement. The women's rights movement drew its constituents primarily from middle-class, professional women. Their campaign attempted to secure for women the same opportunities for professional and political advancement traditionally enjoyed by men. The women's liberation movement generally attracted younger women whose dissatisfaction with women's roles in the civil rights and New Left movements engendered a more radical, more militant approach to attacking social problems. The campaign for women's liberation, however, was not itself a unified movement. Indeed, it was characterized by internal dissension over goals, tactics, and the roots of women’s oppression.

By the end of the 1960s, concern for women’s health in both the women’s rights and women’s liberation had coalesced into a women's health movement. In 1969, for example, participants in a women's conference in Boston raised the issue of "women and their bodies" as an appropriate focus for feminist consideration. This gathering led to the formation of the Boston Women's Health Course Collective. This pathbreaking group published their first collection of articles in 1971. Inspired by the example of the Boston organization, women in New York sponsored the first Women's Health Conference in March 1971. A nationwide survey circulated in 1974 testifies to the willingness of the women's movement to embrace health issues as an important plank in its platform. The survey found that more than 1,200 women's groups offered some sort of health service, and "tens of thousands" of individual women considered themselves participants in the women's health movement. As part of their health education efforts, feminists published books and articles, gathered and analyzed information, sponsored workshops, designed and taught courses, and supported "consciousness raising" (CR) groups.
Initial feminist health efforts focused primarily on reproductive issues including childbirth, birth control, and abortion rights. The first edition of Our Bodies, Our Selves did not even mention menopause. This reflected perhaps the youth and interests of early feminist health activists. But even within these discussions, feminists challenged the traditional doctor-patient relationship where patients relinquished control of their bodies to the more “knowledgeable” professional. As a strategy to loosen the medical profession's hold on female patients, feminist health activists urged women to be wary of the intentions of male physicians. Barbara Ehrenreich and Deirdre English, for example, claimed that misogyny was built into the medical profession and argued that medicine had been used as an agent of social control to preserve patriarchy and to oppress women.

Despite general agreement about the need for medical reform, feminists did not share a common vision of women's health care. Some activists sought to avoid entirely the male dominated medical profession and promoted female self-help and lay-controlled health facilities. Other feminists acknowledged that the medical profession had much to offer women but sought to establish health facilities that embraced feminist principles. One prominent activist even proposed that only women should be allowed to become obstetricians and gynecologists and that all research on women should be carried out exclusively by women. Feminists also disagreed about the nature of their bodies. According to Ehrenreich and English, feminists "seem to alternate between accusing the medical system of treating us as if we were sick and accusing them of not appreciating how sick we are."

The feminist discussion of menopause between 1963 and 1980 reflects the larger divisions of the women’s health movement. Nonetheless, two aspects of the larger movement provide the scaffolding for later feminist responses. Activists agreed that women must retain control of their 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. The natural childbirth movement, while not exclusively feminist, urged women to see childbirth as a natural event rather than a medical emergency. Both movements 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.
The Feminist Responses, 1963-1975

Many scholars of menopause have rightly credited feminism with challenging both the disease model of menopause and the use of estrogen therapy to treat menopause. It would be a mistake to assume, however, that feminists immediately rejected the message of Feminine Forever and the widespread use ERT. The evidence indicates that feminists did not overwhelmingly dispute either the disease model of menopause or the use of ERT, at least in print. Indeed, before 1975, very few feminists discussed menopause at all. Those who did engage the issues surrounding menopause displayed a great deal of ambivalence about how to regard menopausal bodies and how best to cope with their changes.

Far from rejecting Wilson and his ideas, some feminist health activists maintained that Wilson's model of menopause as a disease and estrogen therapy as its cure provided powerful weapons in women's fight for liberation. Research scientist-turned writer Belle Canon, for example, railed against the medical profession's general neglect of menopause and the women who suffered from it. During a trip to the public library, she tried to find helpful information about menopause but only discovered an endless stream of medical platitudes that menopause was normal and that its symptoms would eventually pass. She interpreted this to mean that it was woman's fate to feel ill at certain periods of her life. To Canon's relief, she discovered Feminine Forever and Wilson's assurance that women did not need to feel ill at menopause. She enthusiastically accepted Wilson's claim that menopause was a deficiency disease, a disease that could be easily cured.

Canon credited Wilson with providing the "first and only stimulus to public and medical discussion of menopause," but she conceded that his revolutionary treatment had engendered a great deal of controversy. She claimed that many physicians retained an old-fashioned view of menopause by insisting that women weather the storm. In the face of this medical reluctance, Canon urged women to take charge of their relationship with their bodies and their physicians. After promoting estrogen therapy as the cure for menopausal difficulties she complained: “You may or may not get it, depending upon how your doctor feels about it and depending no less on how actively involved you, yourself become to get relevant information and to demand help to be given to you.” Canon's own fight to receive estrogen therapy lasted two years, but she believed that "the results turned out to have been worth every minute of the battle."

British journalist Wendy Cooper embraced estrogen therapy even more
enthusiastically, seeing it as an important tool in securing women's liberation. Because estrogen allowed women "to control the biology that had for so long controlled them," Cooper believed replacement therapy could lead to a biological revolution. She argued that until women could control their bodies, they could not "compete on something like equal terms with men." She challenged the assertion that because something was natural it must be allowed to progress unimpeded. She claimed that this argument had been used to prevent access to contraception and thereby kept women constrained by the demands of biology.

Cooper lauded Wilson for taking menopausal women and their unique problems seriously, and she celebrated the choices estrogen provided. "No longer need any woman, unless she chooses, be fobbed off during the menopause with palliatives such as aspirin, Librium or Valium, or worse still, be dismissed with the words, 'It's just your age. There is nothing I can do. You must put up with it.'" Indeed, Cooper believed that estrogen allowed women to "age in a way that parallels that of a man."

Cooper blamed misogyny for physicians' general neglect of menopausal women. She relied on the words of Dr. Francis Rhoades, who urged doctors to reconsider their relationships with their menopausal patients.

The physician should not let inherent male resentment of female longevity and biological superiority deter him from his medical responsibility. Because men do not experience the dramatic and often devastating changes represented by the menopause, they have come to regard it as normal for women to suffer the consequences of cessation of ovarian secretion. Cooper described Rhoades' contention as "splendid ammunition for Women's Liberation."

Cooper drew inspiration from Robert Wilson and Feminine Forever, but she adjusted its message to fit her needs. Uncomfortable with Wilson's obsession with keeping women young and feminine, she amended his interpretation. She placed "less emphasis on femininity and more on feminism and on the right of women to have more say in decisions, medical or social, which affect their own bodies and their own lives."

Medical anthropologist Paula Weideger did not embrace the disease model as enthusiastically as Canon and Cooper, but she similarly encouraged estrogen therapy as the best treatment for menopause. Although Weideger admitted that some problems of menopause represented "responses to society's evaluation of older
woman's status," she embraced estrogen deficiency as a more satisfying and comprehensive explanation for women's physical and emotional symptoms.

Although her widely cited 1976 book, Menstruation and Menopause: The Physiology and Psychology, the Myth and the Reality, did not explicitly recommend long-term ERT, Weideger tacitly communicated her leanings in several ways. First, she implied that women's bodies were not designed to live without the benefits of estrogen. She allied herself with Dr. Herbert Kupperman (and others), claiming that because medical science extended a woman's life span "much beyond her reproductive potential," medicine had an obligation to keep a woman healthy during her "extra" years. Weideger conceded that nature acted wisely by ending fertility at middle age, but she suggested that nature goofed by simultaneously decreasing the supply of ovarian hormones. Noting that natural selection could not shape women’s post-reproductive years, she complained that “women had to live with the results of nature's error.” As a consequence, she claimed that menopausal women needed science and medicine to step in and fix the flawed design. Weideger thus refuted the idea that because menopause was natural, it should not be treated medically. Rather than relying on women's bodies’ ability to adapt, she preferred to put her faith in medicine as a way to improve women's lot.

Weideger simultaneously scolded physicians who withheld estrogen treatment until menopausal symptoms occurred and condemned a medical system that neglected preventive medicine. She suggested that a doctor "is a participant in the culture that views 'female complaints' as women's fate," and she therefore denounced the too common practice of ignoring the problems of menopause until women experienced a "menopausal crisis." She blamed this attitude on the sexism inherent in both medicine and in society.

Finally Weideger believed that women who chose ERT challenged society’s perceptions of their bodies by insisting that menopause “need not be an infirmity.” Weideger claimed that ERT allowed women to simultaneously affirm the physiological roots of menopausal symptoms and diminish the significance of those symptoms in their lives. By taking ERT, women challenged the long-held belief that women's suffering was all in their heads and received relief from their unpleasant symptoms. Weideger saw both of these situations as empowering to menopausal women in the face of a sexist medical establishment.

Despite her generally positive characterization of replacement estrogens,
Weideger admitted that "any woman who now chooses ERT, is a guinea pig and a gambler." She insisted, however, that the risks associated with estrogen therapy were less than those younger women faced with oral contraceptives. She argued that ERT, unlike oral contraceptives, merely brought "estrogen levels back up to the hormonal levels of the fertile years." In the end, Weideger conceded that the safety of ERT was not guaranteed nor could it cure all menopausal difficulties. Therefore, women must make their own choices--guided perhaps by friends and physicians.

The views of Canon, Cooper, and Weideger reflect a feminist tradition that believed biomedical technology complemented the goals of women's liberation. These feminists denied that the natural order of things, be it women's bodies or gender relations, benefitted women. As Shulamith Firestone argued in her feminist classic, The Dialectic of Sex (1970), "humanity has begun to outgrow nature: we can no longer justify the maintenance of a discriminatory sex class system on grounds of its origin in Nature." She insisted that technology promised to help women escape from the tyranny of their biology. She believed that before the technological development of birth control women "were at the continual mercy of their biology--menstruation, menopause, and 'female ills,' constant painful childbirth, wet nursing and care of infants, all of which made them dependent on males . . . for physical survival," and she demanded more technological developments to weaken further the biological demands of womanhood. Feminists who enthusiastically embraced hormone treatment similarly denounced the conflation of “natural” and “desirable” and insisted that technology could and should sever women's dependence on the demands and difficulties of their bodies.

Other feminists before 1976 were more ambivalent about estrogen and Feminine Forever than were Canon, Cooper, and Weideger. While they rejected his negative portrayals of menopause, they nevertheless thanked Wilson for focusing much-needed medical attention on menopause and for publicizing a treatment that could alleviate the real suffering of many women. They tried to describe menopause in more positive ways while they simultaneously embraced hormone therapy as a valuable tool for menopausal women.

The position of the Boston Women's Health Book Collective reflects this attitude. As noted earlier, the first edition of Our Bodies, Our Selves (1971) did not even mention menopause. The 1973 edition of Our Bodies, Ourselves downplayed the negative aspects of menopause, condemning the popular images that portrayed menopausal women as "haggard, irritable, bitchy, unsexy and impossible to live with."
The collective extolled the value of adequate information about menopause in order to demystify (and thereby ease) the experience. Further, the authors emphasized a woman's right to demand "good medical care and advice." At one point, they chided physicians who did not offer treatment (or at least an explanation) to women who were feeling tired during menopause. They repeatedly admonished the medical profession for not devoting more research to menopause and discovering more "cures," insisting that if "every male doctor went through menopause," a more thorough research program would be in place." They noted that "some doctors have gone so far as to declare menopause 'an estrogen deficiency disease,' which they claim can be 'cured.'" While the authors noted that most physicians supported a more conservative position, the collective did not dismiss or even challenge the disease model.

The collective accepted estrogen replacement therapy, regarding it as a valuable tool for alleviating menopausal symptoms such as hot flashes and vaginal dryness. Moreover, they maintained that estrogen was "necessary" for other areas of women's health. They promoted estrogen to maintain "general skin tone" and to prevent osteoporosis and heart disease. Although they also mentioned the benefits of diet, rest, and exercise to prevent the difficult effects of menopause, the membership of the collective nevertheless presented estrogen therapy as a safe and effective treatment for a wide range of physical and emotional symptoms.

Despite the widespread acceptance of hormones and a grudging respect for Wilson and his work, a few feminists spoke out against Wilson’s portrayal of menopause and menopausal women. Joan Solomon, writing for Ms. magazine in 1972, provided an early feminist voice of concern and caution. Unlike most of her feminist contemporaries, Solomon challenged the idea that menopause was a disease, asserting instead that it was "as inevitable and natural as menstruation." She did not, however, reject hormone treatments. She noted that estrogens were neither a "sexual godsend" nor a fountain of youth, and she reminded her readers that drug companies "are tremendously excited by the notion of 'estrogens forever.'” She also warned that many of the claims for ERT, that it prevented osteoporosis and heart disease, for example, remained unproven; the risks, she argued, were clear. While her portrayal of estrogen therapy clearly indicated her bias against it, she in no way condemned its judicious use, declaring unambiguously that a woman must make her own decisions. "It's a decision you alone must make, keeping in mind your medical history, psychological needs, and physicians' advice."
Barbara Seaman, one of the eventual founders of the National Women's Health Network, made a similar argument in a 1972 Prime Time article. Seaman attacked characterizations of menopause promoted by Robert Wilson and others that encouraged women to believe that their bodies and minds needed estrogen to avoid debility. Although Seaman clearly believed that physicians and drug companies had the most to gain and menopausal women had the most to lose from hormone therapy, she did not explicitly recommend that women avoid it. Instead, like Solomon, she urged women to seek out physicians who treat their patients as "fully functioning autonomous adults."

Between 1963 and 1975 feminists did not promote one particular position on the disease model of menopause or the use of estrogen therapy. Feminists did, however, agree on a larger issue that affected menopausal women. Barbara Seaman voiced the opinion supported by all feminist health activists: "We cannot gain autonomy over our minds unless we gain autonomy over our bodies as well. We must reject the majority of doctors who push us around or patronize us, and take our business to the few who are willing to treat us as full partners in our own health."

**Feminist Responses, 1976-1980**

At the height of estrogen's popularity in 1975, two articles in the New England Journal of Medicine challenged its safety. Researchers at Washington University (Donald Smith, et al.) and Kaiser-Permanente Medical Center (Harry Ziel and William Finkle) independently discovered a link between post-menopausal estrogen therapy and endometrial cancer. The Ziel/Finkle study demonstrated an endometrial cancer rate fourteen times higher in women who had used conjugated estrogens for seven years or longer than among women who had never used them at all. Smith found that ERT posed the greatest risk to women with no other predisposing conditions, such as obesity. Although researchers had proposed a link between estrogen and cancer since the 1940s, these landmark studies supplied the best evidence at the time that ERT posed a cancer risk in humans and sparked further research.

These studies awakened an increased feminist interest in menopause and a more critical examination of hormonal therapy. Alerted to the ideological and physical price of considering menopause a disease, more feminists condemned the widespread use of long-term hormone treatment after the cancer disclosures. Feminists
remained divided, however, over the benefits of short-term treatments. Although feminists on both sides of the estrogen divide continued to affirm a woman's right to decide her own coping strategy, they urged women to think more broadly about the consequences of treatment.

Despite this continued ambivalence about the prudence of ERT, after 1975 feminists emerged newly united on the need to consider carefully the meaning and significance of menopause. Feminists realized that menopause marked a social as well as a physical transition; as a result, they insisted that the real solution for menopausal difficulties required changes in women's relationship with their aging bodies and women's role within society. In particular, feminists united around three alternative approaches to menopause and the problems faced by menopausal women. First, they denied that menopause was a disease, portraying it instead as a natural transition. Feminists believed that characterizing menopause as a normal life event eased women's symptoms by dispelling apprehension. Second, they urged women to break free of their socially sanctioned roles and establish lives beyond home and family. Third, feminists insisted that individual choices would not eliminate the larger problems faced by menopausal women. They claimed that only women's liberation would solve the ultimate problems of menopausal women. In short, many health activists interpreted the difficulties women faced at menopause as symptoms not of physical illness but of social pathology.

The feminist reconsideration of ERT emerged after a series of medical episodes that disproportionately affected women. In the early 1970s, for example, researchers began publishing startling findings about the increased incidence of an extremely rare vaginal cancer. A Boston physician Arthur Herbst, for example, reported eight cases among adolescent girls in his Boston practice. Eight cases of this cancer among women would have gained attention, but the cancer was previously unknown in girls; the evidence shocked the profession. Cancer experts quickly connected vaginal cancer in girls to the use of diethylstilbestrol (DES) to prevent miscarriage in the girls' mothers.

DES was initially prescribed as a treatment for menopause in the 1940s, but it gained popularity in the late 1940s and early 1950s as a preventative for miscarriage. Although the exact number is unknown, experts estimate that physicians prescribed DES to more than 3 million pregnant women, making the potential scope of the problem huge by epidemiological standards. Further research linked the use of DES in pregnancy to other abnormalities in daughters, and more recently, in sons.
1975, enraged that the FDA still allowed the administration of DES as a post-coital contraceptive, feminists urged the FDA (unsuccessfully) to withdrawal approval of DES for all women.

At roughly the same time, the dangers of the Dalkon Shield caught the attention of the women's health movement. In the 1960s and 1970s, the IUD (intrauterine device) emerged as a popular form of contraception among American women. Unfortunately, manufacturers of IUDs were not required to test their products for safety or effectiveness since the FDA did not consider "medical devices" part of its jurisdiction. Although complications appeared with several models of IUD, the Dalkon Shield proved particularly dangerous. By 1974, thirty-six American women had died and 3,500 women had been hospitalized as a result of complications from the Dalkon Shield. Feminists, angered that women were being fitted with such potentially dangerous devices, lobbied the federal government for intervention. Partly in response to feminist efforts, in 1976 the FDA added medical devices to their list of products that must be proven safe and effective before being put on the market.

These events prompted feminists to reconsider their relationship with medical technology, and while most health activists did not reject all medical developments, they learned to keep "a watchful eye" on the industry. As a result, some feminists were primed to condemn ERT at the earliest sign of danger.

In her 1977 book, Menopause: A Positive Approach, feminist health activist Rosetta Reitz presents several of the feminist positions that emerged after the cancer studies. First, Reitz denied that menopause was a disease, insisting instead that it was a normal and natural process. "I accept that I’m a healthy woman whose body is changing. No matter how many articles and books I read that tell me I’m suffering from a ‘deficiency disease,’ I say I don’t believe it. I have never felt more in control in my life than I do now and I feel neither deficient nor diseased.” Consistently, she downplayed the significance of both physical and emotional effects of menopause. She claimed that only 50 percent of menopausal women experienced hot flashes at all, and she insisted that even at their worst, hot flashes were "harmless." She maintained that "the worst thing about them is that they may be uncomfortable, but they are unaccompanied by pain." Reitz urged women to accept "yourself and your hot flashes" rather than looking for a drug to treat them. Reitz approached depression at menopause the same way she viewed hot flashes: she urged women to accept it.

You don't have to run for help from a pill. Go along with the feelings; do not
try to deny them. By allowing ‘uncomfortable’ feelings their full range, you are experiencing a fuller range of yourself. That is a way to get in touch with yourself.

Because Rosetta Reitz denied the severity of menopausal symptoms, she easily condemned all but "natural" approaches to their relief. She began her chapter on ERT with the bold statement: "Estrogen replacement therapy is dangerous. It will raise your cancer risk. It may lead to vascular disease. It may even kill you." Just as Weideger saw choosing ERT as a revolutionary statement, Reitz viewed rejecting ERT as political. "If our refusal to tolerate carcinogens could become universal, we would shake the very fabric of this culture."

Feminist publications widely promoted Reitz's position, and many health activists adopted her views. Nevertheless, other feminists acknowledged that some women suffered greatly at menopause and insisted that medical intervention was an appropriate decision. Although they refused to condone the routine use of estrogen therapy, they nevertheless wanted tools to relieve menopausal symptoms. The 1976 edition of Our Bodies, Ourselves reflects the continuing ambivalence some feminists felt toward estrogen. While the 1973 version embraced ERT, the 1976 version was more circumspect. The authors in both editions hoped to "reduce the anxiety that results from a lack of knowledge," but whereas the 1973 edition indicted physicians for not taking their menopausal patients seriously, the 1976 edition denounced

“doctors who put every woman on medication and, equally, . . . those who tell us that our symptoms are “only in the mind.” There are situations when severe symptoms may require treatment, and we have a right to medical help that will provide such treatment.”

This edition shared with the second a belief that women should exploit what medicine has to offer, but the 1976 edition acknowledged the risks of ERT and advised women to proceed with caution.

Other feminists took an even bolder position, condemning Reitz and others who dismissed as trivial the real suffering of some menopausal women. Irma Levine, a founding member of a menopause support groups, for example, agreed that menopause was natural, but she argued that many women suffered severe symptoms nonetheless. She insisted that for these women, it is no more helpful “to say they should just take calcium and vitamin E than it is helpful to say if they just keep busy it
will all go away.” Levine denied that women should feel guilty for feeling bad at menopause or for turning to the medical profession for relief. She resisted the notion that right living guaranteed an easy menopause.

Although feminist health activists did not promote one particular position on ERT after the cancer revelations, they did agree that social factors contributed to women's experiences at menopause. The 1976 edition of Our Bodies, Ourselves, for example, contended that the "most unpleasant aspects of menopause" might be social rather than physical because menopause arrives "at a time in a woman's life when her relationships may be changing." Maintaining that social problems demanded social rather than pharmaceutical solutions, some feminists proposed women's liberation as the ultimate solution to women's menopausal difficulties.

Marriage and family counselor and part-time college instructor Vidal S. Clay argued that women's troubles at menopause were not primarily medical but social.

A woman does not go through the climacteric . . . in a vacuum. How she deals with this continuing development of her life is determined by her feelings about herself as a woman at this time in her life. These feelings will reflect society's notions about women, about women who do not reproduce, about women who are middle aged and growing older.

In order to address the dilemmas of middle age, Clay called for a feminist revolution that would improve life for middle-aged women by improving life for all women. She insisted that "women must work together to continue to exert pressure for social change," and she considered the Women's Liberation Movement the "most significant social force working for women today."

Other feminist health activists agreed with Clay. Sociologist Pauline Bart and her part-time collaborator Marlyn Grossman, for example, denied that "individual solutions" could ultimately improve conditions for menopausal women. They insisted that the real remedy for menopausal depression depended on the "organized efforts of many women working together to structure alternatives for themselves and others." Only women's liberation, they argued, could improve the lot of menopausal women by supporting alternative lifestyles and deviations from ascribed roles. Women's liberation would help all women discover and develop their own potential. The authors of the Ms. Guide to A Woman's Health similarly recommended that women turn to the feminist movement. They claimed that "it is preventative
medicine for the awful feeling that you are suddenly in the denouement before the end of the play."

After the 1975 cancer revelations, more feminists turned their attention to menopause, and they increasingly discouraged women from seeking a pharmaceutical solution for a natural process. Nevertheless, health activists did not unanimously adopt this position. For the most part, feminists continued to support short-term estrogen use for women whose efforts to find relief from severe menopausal symptoms had failed. But the feminist discussion of menopause did not focus exclusively on treatment options. Instead, they examined the difficulties many women experienced at menopause against the social backdrop. These women claimed that women's social roles as wives and mothers led to emotional depression and physical ailments after menopause, which forced women into "retirement." As a result, feminists saw changing women's role in society as a critical strategy to improving the lives of menopausal and postmenopausal women.

**The Women's Movement and Menopausal Women**

The feminist discussion of menopause between 1963 and 1980 was limited to a small group of women writing primarily in feminist publications such as Our Bodies, Ourselves, Prime Time, and Ms.. The influence of the women's movement on menopause was not limited, however, to the women who read these periodicals or who participated directly in feminist organizing. Indeed, feminism empowered a wide spectrum of American women to examine their relationship with the medical profession and with their individual doctors. It also affected how many women viewed themselves as consumers of medical knowledge and allowed women to regard the doctor-patient relationship as negotiable.

The women’s movement affected many women’s experience at menopause in at least four ways. First, feminism encouraged women to take control of their bodies and their health care decisions. As a result, some menopausal women demanded both respectful treatment and specific therapies from their physicians. If their demands were not met, they took their business elsewhere. Second, prompted by the feminist critique of patriarchy, women began to articulate their dissatisfaction with their medical providers in terms of misogyny and male chauvinism. Third, women rejected the “suffer in silence” approach to menopause advocated by their mothers and grandmothers and turned to each other for support. And finally, 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.

My understanding of menopausal women’s experiences relies primarily (but not exclusively) on two sets of documents. Most importantly, I depend on the records of Women in Midstream (WIM), a support group and informational clearing-house for menopausal women sponsored by the Seattle YWCA. In 1973, a nationally syndicated advice column mentioned that Women in Midstream was seeking volunteers to complete a questionnaire about menopause. Through their letters and completed surveys, hundreds of women from across the country shared their experiences with menopause. Second, I rely on the files of the American Medical Association. After Wilson and his supporters championed hormone therapy as a cure for menopause, menopausal women and concerned physicians flooded the AMA with requests for information on Wilson and his methods. These letters, ranging from 1964 through 1970, provide clues about the reach of the women’s movement on menopausal women. In addition to these archival sources, I depend on evidence gleaned from published sources.

By 1973 doctors, particularly obstetricians and gynecologists, began noticing a change in their patients. Physicians, exhibiting in turn hostility, perplexity, and acceptance, wondered what had come over their once pliable patients.

What is behind these demands that threaten the staid orderliness of the doctors' office? What is it that has caused many patients--even the more docile, soft-spoken ones--to suddenly start questioning every procedure, every prescription; to come out with shocking statements on pre-marital sex, lesbianism, and childless marriage. . . . What do these women want?

Physicians realized the far-reaching influence of the women's movement on women as medical consumers. "The philosophy has permeated far beyond the activist movement. Women who don't regard themselves as liberationists are embracing the new health care goals much as they have the right to equal pay." Many physicians came to understand that "today's woman wants considerate respectful treatment from her physician, wants complete information about her bodily condition, and wants a voice in medical decisions that affect her." Indeed, the actions of many menopausal women reflected these very demands.

After 1963, women experiencing menopause had a great deal of information at their disposal. Books and popular magazines publicized the issues surrounding
menopause, Robert Wilson, and hormone replacement therapy. As a result, many women contacted their physicians at menopause primarily to secure a prescription for hormones. If a physician refused, some women took their demands and their pocketbook elsewhere. One woman claimed, for example, that she changed doctors at menopause because both her gynecologist and general practitioner resisted treating menopause as "a deficiency disease." Another woman endured "six years in hell," before she finally tracked down a doctor who prescribed hormones. A Women in Midstream survey respondent advised women to find a physician who would provide hormones. She admitted that it "takes a lot of patience to find the right help . . . but after you find the right Dr., it is well worth all your effort, time and money spent."

The demanding nature of their menopausal patients caught the attention of physicians. One doctor noted that it was “not unusual for a woman who is told she doesn't need [hormones] to go to one doctor after another until she finds one who will prescribe the medication." Exasperated by her patients’ unrealistic expectations, another physician reported that "she had been besieged by women patients who [brought in] Dr. Wilson's book with paper clips attached to various pages."

This occasional reluctance to prescribe hormones should not be interpreted as evidence of widespread resistance to the judicious use of hormone therapy. By the end of this period, most physicians willingly prescribed hormones for some of their menopausal patients. Physicians, however, did not believe that all menopausal women needed estrogen. Further, physicians insisted that medical judgment rather than patient desire or demand should dictate therapeutic decisions.

Some feminist scholars have attributed women’s demands for hormones to the dire depictions of menopause in the popular media, claiming in essence that these women were duped. Although women were obviously encouraged and perhaps inspired by the publicity surrounding hormone therapy, it would be a mistake to assume that all women rushed directly to their physicians after reading about hormone therapy and demanded the femininity pill. Perhaps some did. But others proceeded more cautiously, researching both the treatment and the doctors supporting it.

Many women turned to the AMA for advice. A New York woman found the promise of hormone therapy appealing, but after talking to several local doctors about it, she discovered "a lot of controversy and division concerning its safety and effectiveness." She didn't want to take an unsafe product but since she was a widow and had to "work for [her] support," she needed relief from the "headaches, fatigue,
depression . . . and general imbalance." Because she thought Wilson’s claims sounded "marvelous, fantastic, and scary all in one,” another woman sought further medical advice before she sought out hormones. Even women utterly convinced that they were ideally suited to Wilson's treatment nevertheless appealed to "experts" for further information. A 39 year-old Minneapolis woman described her situation. Seven years earlier she had had a hysterectomy after being diagnosed with a malignant uterine tumor. After the surgery, her surgeon refused "to give [her] any female hormones because he says, 'We do not want to stimulate any activity in the area.'" Frustrated by his position, she found in Wilson an attractive alternative.

Last week I read a book ‘Feminine Forever’ by Robert A. Wilson M.D. I related immediately and directly with virtually everything written in the book and felt as though I had been robbed of seven years of estrogen treatment and its resultant positive effects. I spoke to my doctor about it and he tells me Robert Wilson is a fraud . . . but doesn't give me anything in the way of direct positive answers. Would you tell me, please, what you have found in regard to the effects of administration of estrogen and female hormones to ex-cancer patients.

These examples challenge the idea that women, frightened by the specter of losing their womanhood, reflexively rushed to their doctors for treatment. Although they were undeniably influenced by Wilson, some women sought further information to better weigh the benefits of ERT against the risks.

It may seem peculiar to argue that feminism led women to demand a treatment promoted in part for its potential to keep women “feminine forever.” My reading of the evidence, however, suggests that menopausal women rarely sought hormones solely to maintain their femininity. Instead, women turned to hormones at menopause to relieve the more mundane but potentially debilitating symptoms: hot flashes, insomnia, headaches, genital atrophy, nervousness. Feminism, particularly the women’s health movement, encouraged women to trust their perceptions of their own bodies and refuse to be dismissed by patronizing physicians who regarded hot flashes and other menopausal symptoms as temporary inconveniences. Further, the women’s health movement urged women to view their physician as a hired consultant, with valuable skills but not mystical powers. As one health activist advised: “view him as you view your accountant or TV repairman, or the seller of any other service.” Many women seemed to take this message to heart as they negotiated for the treatment they thought best met their needs.
I am not claiming that before the women’s liberation movement women eagerly turned over complete control of their medical care to their physicians. Indeed, as Judith Walzer Leavitt and Elizabeth Watkins have demonstrated for twilight sleep and oral contraceptives respectively, women have frequently demanded particular treatments. Further, the feminist critique of the medical profession coincided with a larger consumer movement that similarly recommended a healthy distrust of all so-called experts. In the case of ERT, however, feminism provided the theoretical foundation and social momentum that encouraged women to challenge the authority of their physicians to control all medical decisions.

The women's liberation movement also influenced women's experiences at menopause by providing a political framework for women to understand their relationships with the medical profession. Feminism invited women to have expectations for their treatment and to express dissatisfaction when those expectations were not met. Unlike women of previous generations, menopausal women during this period expressed a great deal of dissatisfaction with their physicians. Even more significantly, women began expressing their dissatisfaction in terms of misogyny.

A few women claimed that male indifference to women's needs or men's inability to empathize with female patients led to unsatisfactory care at menopause. One of the Women in Midstream survey respondents blamed her perceived mistreatment to male physicians' lack of interest in things female. She believed that "if more doctors were of the female sex, they would have been more interested in solving these problems." Another menopausal woman complained that her "male doctors simply felt I should grit my teeth and bear it." Another survey respondent reported that two weeks before she attempted suicide, "a male chauvinist doctor" belittled her distress by insisting that she was "psychoneurotic and narcissistic." Although their specific complaints varied, women during this period began to believe that their physicians' "maleness" compromised their ability to treat female patients with sensitivity and respect.

Lynn Laredo, writing in the feminist publication Prime Time, articulated the grievances of many menopausal women. She admitted that she experienced some physical and emotional difficulties at menopause, but she nevertheless sensed a misogynist agenda behind much of the popular literature on menopause. Consequently she claimed that menopausal women were set up by the medical
profession: women were expected to fall apart at menopause because they are unable to adjust, and simultaneously expected to "bear up and keep smilin'." "I begin to smell a (m.c.) pig," she said, one who punished women for "daring to outlive" their fertility. Another woman discovered misogyny where she expected it least. Annette Henkin Landau's menopause rap group had invited a woman gynecologist to provide a medical point of view. Landau soon realized that "the doctor believed we were entitled to know only those things about our bodies that she thought we should know." The gynecologist refused, for example, to list common symptoms of menopause, claiming that menopausal women were "so suggestible that they might produce symptoms simply by knowing them." The experience with this gynecologist led Landau to conclude that "male chauvinism is a point of view, an entrenched attitude not always related to the sex of the chauvinist." Clearly then the language of the women's liberation movement gave women both the conceptual framework and the language to articulate their dissatisfaction with their medical experiences.

Having challenged the absolute authority of physicians, women in this era rejected another medical position, that menopausal women should keep their difficulties to themselves. Whereas earlier in the twentieth century, menopausal women believed (or said they believed) that menopausal distress was best born in silence, women in the 1960s and 1970s eagerly sought out other women to share their experiences. The variety of topics women hoped to discuss testified to the range of social and physical changes occurring at menopause.

Not surprisingly, some women wanted to know how other women coped with the physical symptoms of menopause. One woman, for example, wanted to hear how other women "weathered menopause and were able to work and be with people without becoming very nervous." She hoped to discover how other women kept their "self confidence" and avoided "panic." Cathy Smith, suffering from "the worst part of my life so far," sought other women for "any information" that would ease her suffering.

But many women who sought emotional support from other women understood that their experiences with menopause were not exclusively biological, and they sought guidance for their changing social niche. Several women noted that they wanted to discuss their feelings of uselessness that emerged after their children left home. One woman, for example, wanted help "adjusting to life when home and children [were] no longer [her] main interest." Another wanted to "talk to other
Women also sought advice for coping with the dissolution of marriage at mid-life, either through divorce or death. One despondent woman wrote to Women in Midstream seeking guidance. Her husband had recently "decided to live elsewhere." She had never lived alone in her life and "would like to know about going back to work . . . how to master my emotions, how to begin establishing a social life." Another woman had recently lost her husband and therefore wanted information on "finances, home care, car care, job training, making new friends, etc."

One woman experienced mounting anxiety at menopause and regarded "contact with other women" as the best way to understand her feelings and their origins. She called self-help centers in her area looking for a menopause "rap" group. When she found none, she started her own. Although the group initially focused exclusively on menopause, the discussions quickly moved on to the "middle-age syndrome and problems of the older woman in our society."

The influence of feminism can be seen here on at least two fronts. The Rap or Consciousness Raising group that some women sought at menopause was an integral tactic of the women's liberation movement. Consciousness Raising taught women to recognize their oppression, providing the first step to overcoming it. Further, the women's health movement stood on the belief that women themselves were a legitimate and valuable source of information about their bodies. Classic texts like Our Bodies, Ourselves shared women’s experiences in print and urged women to do the same in person.

Finally, the influence of the women’s movement on menopausal women can be seen in women’s understanding of the roots of their menopausal problems. While some women sought a hormonal fix for their deficiency disease, others blamed their difficulties on broader social ills. In particular, some women blamed their constricted roles in American society. One woman explained the context for her menopausal depression.

I worked until I was 37 in outside employment--mostly offices, then stayed home with two small children. This seemed like a forced confinement to me--like being a shut in. However, this was considered being a good mother.
and my kids have 'turned out well.' Yet I feel I've missed the whole boat. . . . If our whole life is bent toward procreation without satisfaction--then we should change our thinking toward enjoying what we can while we can.

Another woman wrapped up the situation more succinctly, claiming that menopausal problems were "caused by the role of women in our culture--over-emphasis on youth--fear of aging--lack of meaningful occupation."

Taking this understanding one step further, one woman claimed that the Women's Movement cured her menopausal symptoms. She had read about menopause before she reached it and came to fear the "desperation and foolishness" she had learned was inevitable. She believed what she read and found herself at menopause severely depressed. She called upon a psychiatrist who told her she should be happy because "you still have a husband, a lovely home, three beautiful children and soon you can look forward to being a grandmother." Unfortunately neither husband, home, nor children relieved her depression, and she didn't look forward to becoming a grandmother.

On the eve of her fiftieth birthday, her daughter told her about the Women's Movement. "I got so excited that I called my friend Sylvia (also menopausal and not looking forward to being a grandmother)" and they visited a Women's Center in New York City. Although they needed a couple of stiff drinks for courage, they made it to the center and "have been in the Women's Movement ever since." Now "I never think about my lack of estrogen, tragedy of declining breasts, loss of youth and beauty. . . . But best of all since that day Sylvia and I made it to the Women's Center, I have never again been depressed."

**Conclusion**

The feminist movement and the feminist critiques of menopause influenced the experiences of menopausal women in various ways--even those women not explicitly allied with feminism. Feminism encouraged women to expect respectful care from their physicians and publicized the presence of misogyny and chauvinism. As a result, women began seeing their relationships with their physicians differently. Further, feminism urged women to talk about their experiences and sometimes provided formal structures to promote the exchange of information among menopausal women. Finally, at least one woman considered women's liberation as the perfect antidote to her menopausal symptoms.
Between 1963 and 1980, feminists did not share a unified goal. Feminists championed several efforts and attempted various strategies to relieve women's oppression. It is not surprising then that feminists were not of one mind about menopause and menopausal treatment. Before 1975, feminists interested in menopause (and there weren't many) advocated different positions in reaction to Robert Wilson and the hormonal revolution. Some feminists lionized Wilson for taking women’s menopausal complaints seriously and for publicizing the wonders of hormonal treatment. They believed that medical advances could further the feminist cause. In contrast, other feminists reacted more skeptically, carefully considering the risks of regarding aging women as diseased and the wisdom of relying on a medical “cure” for a natural process. After the cancer revelations of 1975, health activists increasingly rejected long-term hormone therapy, but many still acknowledged the relief a short-term regimen provided. Significantly, however, the cancer studies sparked a broader reconsideration of the significance of menopause and the need for a social solution to the dilemmas of aging women. Rather than considering estrogen replacement therapy as a key to women's liberation, feminists increasingly argued that women's liberation was crucial for improving the lives of menopausal women.