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### Abstract

Menopause and methodological doubt be gins by making a tongue-in- cheek comparison between Descartes' methodological doubt and the self- doubt that can arise around menopause. A hermeneutic approach is taken in which Cartesian dualism and its implications for the way women are viewed in society are examined, both through the experiences of women undergoing menopause and through the commentary of several contributors in *Feminist Interpretations of René Descartes* by Susan Bordo (1999). This examination is located inside the story of the paper, which was written over the duration of a university hermeneutics course, and reflects the author's evolving understanding of hermeneutic interpretation within qualitative research.

### Keywords

Alethia, Cartesian, Descartes, Doubt, Emotion, Experience, Feminist, Gadamer, Hag, Hermeneutics, Hormones, and Menopause

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## Menopause and Methodological Doubt

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*Menopause and methodological doubt begins by making a tongue-in-cheek comparison between Descartes' methodological doubt and the self-doubt that can arise around menopause. A hermeneutic approach is taken in which Cartesian dualism and its implications for the way women are viewed in society are examined, both through the experiences of women undergoing menopause and through the commentary of several contributors in *Feminist Interpretations of René Descartes* by Susan Bordo (1999). This examination is located inside the story of the paper, which was written over the duration of a university hermeneutics course, and reflects the author's evolving understanding of hermeneutic interpretation within qualitative research. Key Words: Alethia, Cartesian, Descartes, Doubt, Emotion, Experience, Feminist, Gadamer, Hag, Hermeneutics, Hormones, and Menopause*

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Poor Descartes, imagining that everything on which he had built his life was coming under doubt. Every footing that he had held as solid foundation on which to base thought and decision was disintegrating. It may seem hard to relate to that, but maybe I do have experience that can, in a small way, reflect his. Of course, he had to deal with impending torture of the body and damnation of the soul if his thought did not meet with approval from his audience.

Descartes was attempting to find a solid basis for knowledge by supposing that everything he had learned, or was able to observe through his senses, was doubtful. As he descended further and further into this progressive, methodological doubt he rejected layer after layer that which he had previously held to be true. Eventually, he remained sure of one thing, the famous phrase, *cogito ergo sum*, I think therefore I am. In his *Meditations* (Descartes, 1641/1901), he came out of his doubt by ascribing the only possible proof of knowledge to mathematics, and the reduction of any problem to its smallest possible piece. His meditations also sought to prove the existence of God through this process; if he had not, he would have had to face the Inquisition and excommunication that in those times insinuated his eternal damnation.

My damnation or salvation, I believe, is more in the consequences of my own choices than in the judgement of some other mortal, so although my thought is freer, it is still "Falling" (Heidegger, 1927/1962) and subject to the gravity of tradition and historicity. The guardians of theological and traditional thinking in Descartes' time (1641/1901) caused the philosopher to recount the course of his doubt within his meditations. In the course of this essay, I engage in conversation about aspects of women's lives that relate to menopause and juxtapose these with parts of Descartes' *Meditations* in order to examine, from a hermeneutic stand point, the phenomenon occurring in the daily lives of middle-aged women. Specifically I ask to what extent has

Descartes influenced the way we think and talk about this experience? To answer this question a hermeneutic approach is taken in which Cartesian dualism and its implications for the way women are viewed in society are examined; both through these experiences and through the commentary of several contributors in *Feminist Interpretations of René Descartes* by Susan Bordo (1999). These ideas are then compared with views of menopause as a general phenomenon. In this way, the implications of each experience are inserted into the experience as a whole, enabling the hermeneutic process to shed light on both individual experience and the broad phenomenon of menopause.

### **The Hermeneutic Standpoint**

Taken for granted and usual phenomena are examined from the hermeneutic standpoint in order to cast them in a new and unusual light, often through a "deep attentiveness to language" (Smith, 1991, p. 199). This approach accepts truth as *alethia*, which originates from the Greek word for "uncovering." In the process of a hermeneutic perspective, phenomena encountered in everyday, lived experience is subject to new and/or continued conversation around the phenomena. In other words, hermeneutic inquiry attempts to enrich conversation around taken for granted events through examining them from differing angles and perspectives. Gadamer (1960/2000), arguably the father of hermeneutics in the way in which it is followed in this paper, alludes to conversation around phenomena that exist in the world. He writes that it is not so much a method that is applied as a process that arrives out of the particular phenomenon under study, "the thing itself" as it is often referred to in both phenomenology and hermeneutics. Partly as a reaction to the reduction and reliance on mathematics as applied to discrete parts of an experience and to the experimental process of trying to control variables, the European philosophers attempted to consider experience in a more holistic way. Husserl (1929/1960) described immersing oneself in the experience while acknowledging one's presence as part of it. Gadamer (1960/2000) purported that it is only through prior understanding that one can understand new experience, but that one should always stand ready to be transformed by the new.

A second, though related aspect of hermeneutics is that through it one attempts to relate parts of an experience to the whole, and the whole to the part, also with a view to possible transformation of the reader. Some forms of qualitative research refer to themes within a question, which are then saturated with many examples in a fashion akin to the quantitative demand for replication. A hermeneutic approach, however, takes into account topography, that is, a general region of experience of which one case, being a part of that experience, can shed light on the whole experience while being influenced by the whole region of experiences. This process may be analogous to geographical reference. For example, the discovery of a new mountain takes into account what is understood by the concept, *mountain*. At the same time, this particular mountain adds to and changes the whole concept by virtue of its own, unique characteristics. Similarly, a particular experience depends on a foregoing understanding or "prejudice" (Gadamer, 1960/2000) of what that experience might be, yet also adds to the concept, changing what is now understood as the realm of similar lived experience. A hermeneutic approach thus shifts constantly between the experience as a whole and particular cases of that experience in what is known as the hermeneutic circle.

Whereas some qualitative methods of exploration adhere to specific methodologies, Gadamer (1960/2000) challenges the idea that method should be the first concern of the interpretive researcher. He emphasises that both methods of investigation and of analysis should arise out of the phenomena under investigation – that the question should lead the way. My question became, "What might the experience of menopause mean when viewed from varying perspectives?" The often pathologised experience of menopause is viewed by some doctors, whose research depends upon science and experiment, as a collection of symptoms to be medicated under a modernist umbrella. The ensuing article attempts to confront this mind frame with a hermeneutic approach. The topography of the question stated above also allows for a juxtaposition of the modernist view of menopause born of Cartesian reliance on mathematics and reduction as a research method with a more holistic view of lived experience that may be represented by an interpretive approach such as hermeneutics. With the uncovering of various voices, especially those of women experiencing menopause, a space for deeper and wider conversation is opened, and with such space and opportunity for further *alethia* to develop.

The article itself was born out of a hermeneutic experience. It was conceived during an introductory course on hermeneutics. In one of the first classes the professor, Dr. David Jardine, paraphrased Gadamer, saying that understanding begins when something addresses us. When Dr. Jardine gave us the *Meditations* (Descartes, 1641/1901) I was addressed by a curious similarity between what, I supposed, Descartes might have felt and the kind of feelings I was experiencing. My doubt, though, was emerging both as a result of menopause and as a result of being confronted with a paradigm of research that was very unfamiliar to me, since I was used to quantitative methodologies. As the course progressed, and we learned more about the hermeneutic approach, I began to explore this strange kinship using the process that was being revealed to us, that is, of listening to various voices involved and writing about their interconnectedness. Gadamer (1960/2000) posits that writing is itself a form of thinking, and that often the meaning in a piece is not completely revealed even to the author. The process of writing this paper was then part of an effort both to understand the experience and the view points described within it. In such a way, through enhancing the space for conversation about menopause as a phenomenon of lived experience, voices which might not otherwise be heard may join the conversation through which further truth as *alethia* becomes possible .

### **Doubt and Doubting**

While not suffering the dire consequences possible for Descartes, I do, however, suffer through doubt that arises from the lived experience of menopause. While perhaps not methodological doubt, my time of life brings with it doubt of many taken for granted aspects of life. My senses now come under doubt. Is my environment hot or cold? I cannot now tell, for I can go from shivering and goose bumps to a pool of sweat in a matter of minutes. "Whether I will or not, I feel heat" Descartes (1641/1901) declares in Meditation III (p. 17). He refers to doubting his senses as things "not perhaps exactly such as we perceive by the senses" (Meditation III, p. 36). "If I feel heat, I have all along judged that these sensations proceed from objects existing outside myself....But I may ...come to be of the opinion...that they are all factitious [made by myself]" (p. 17). "But

with regard to...heat, cold, and the other tactile qualities, they are thought with so much obscurity and confusion, that I cannot determine even whether they are true or false" (Meditation III, p. 19)

Descartes (1641/1901) subsequently attributes the heat to an object outside himself, the fire. I have no such reasonable recourse, for I will feel this heat in the middle of a snowstorm. Someone may advise me to check the temperature for a "clear and distinct" answer to my question (Descartes, Meditation III, p. 28). But if my purpose is to be comfortable in what I choose to wear, the scientific measurement will not help. Whereas Descartes declares, "I reckoned among the number of the most certain truths those I clearly conceived relating to figures, numbers, and other matters that pertain to arithmetic and geometry, and in general to the pure mathematics" (Meditation V, p. 29); my lived experience is not affected by a number.

My experience of emotion is similarly doubtful. Up to now I have been reasonably sure that my emotions were affected by external events in a roughly correspondent manner. At times now, though, my emotions can be completely out of proportion. It is difficult to think through them, or to have intellect dictate what is reasonable. Descartes (1641/1901) suggests, "It is now manifest to me that bodies themselves are not properly perceived by the senses nor by the faculty of imagination, but by the intellect alone" (Meditation II, p. 15). I may attempt to subscribe to the Cartesian dualism, separating mind from body and to link this ungrounded emotion with the function of my amygdala (LeDoux, 1996; Sylwester, 1994) as I can link my erratic experience of hot and cold to oestrogen levels. Neither of these "clear and distinct" explanations, though, helps the experience.

So I am left doubting my experience. I do not doubt that it happens: it "is what it is." I learn to cope by doubting my feelings, either sensorial or emotional, dealing with extraordinary mood changes that have others labelling me as "irrational." In some ways the necessity of suspending judgement creates a space for living through, for suffering through this phase of life in what Caputo (1987) frames as "original difficulty" (p. 97). Could this be akin to the process of recognising, yet attempting to suspend one's prejudice as a researcher? How far can one really apply doubt to become "objective?" How far does one's past experience and presence within the research colour the results?

Here the experience of menopause, the knowledge of the process of methodological doubt and my experience as a student come together. Up to the point of entering doctoral studies, I had belonged to a camp that recognises number, measurement, and experimental methodology as the only real research. I had avoided philosophy, thinking that such study unnecessarily clouded the world with shades of grey. Through courses in philosophy, especially those alluding to hermeneutics, my firm and mathematical ground began to give way to a feeling of being immersed in quicksand, the *flux* to which Caputo (1987) refers. My belief that one could find an answer to most of the problems in our lives if only we could find the correct methodology to research them began to be shaken. Questions in class alluding to the impossibility of controlling the variables in everyday life had me reeling. I was beginning to see the cost of a regression to a mean, namely what was happening in outlying, particular cases and I was moved to consider alternative means of research. At the same time, what was happening to my body emphasised the importance of the particular case. What might be a statistically significant treatment might not work for me. The fact that a doctor could prescribe a drug

with a 95% degree of confidence would mean very little to me if I was one of the 5% for whom it was ineffective, or even harmful. Whereas Descartes saw mathematics as a way out of doubt, my learning, academic and experiential, was causing me to doubt mathematics as the only language of research and to view the world in all the murky greys of its "original difficulty."

### Finding a Place

This murky experience of menopause, this phase, this pause, stop, or break with some element of time, (meno-Greek, combined form meaning month), gives pause for reconsideration of life. In Celtic mythology, a woman's life is divided into threes, virgin, mother, and hag, each for about 25 years. Among the functions of the hag is to cure or teach. Maybe this has something to do with the transition from mother to grandmother. The menopausal Evelyn in *Fried Green Tomatoes at the Whistle Stop Café* (Flagg, 1987) visits and forms a close relationship with Mrs. Threadgoode, a much older lady in a nursing home. Through recounting the narratives of her life and giving wise advice, Mrs. Threadgoode helps Evelyn both in managing her menopausal symptoms and in coming to terms with her own life. In many an ancient culture, there is a respected place for the wise older woman, female shaman, or medicine woman. Strange, or coincidental maybe, that many of us seek career changes, moving towards teaching or advising roles at approximately these times as we transcend middle age (Sheehy, 1992).

Middle age for some appears to precipitate mid-life crisis (from Greek: *Krisis*, meaning decision). For many women, such as those interviewed by Ballard, Kuh, and Wadsworth (2001) this time of uncertainty brings self-doubt and fracture between what has been "known" and that now experienced. At the same time major decisions that call previous beliefs into question may have to be made concerning older parents and adolescent children. Evelyn finds that doubt and uncertainty bring fear both of living and dying, undermining confidence to make decisions and influencing her to accept other people's perspectives, "She could never forgive herself for not having the courage to go back over to the hospital and be with her mother. She still woke up crying over the guilt, and there was not a way in the world she could ever make up for it." (Flagg, 1987, p. 61). Is this time of crisis one of those folk truths that has something to it, or has it been spoken into existence, given birth by a sophistication of cultures akin to how adolescence was contrived (Aries, 1962)? Is this crucible of the hot flash a mid-life purification right of passage, a transformation within the hag's cauldron, a spell cast at midnight with hot and cold clammy shivers? Descartes (1641/1901) writes, "I will suppose...that some malignant demon, who is at once malignant and deceitful, has employed all his artifice to deceive me; I will suppose that...things are nothing better than the illusions of dreams by means of which this being has laid snares for my credulity" (Meditation I, p. 10). Is this a spell cast through such rites to cover and deceive, or to lay bare a truth that lies behind the experience?

The witch or hag in Western fairytales casts spells, makes powerful concoctions, is dangerous, but teaches a lesson, much like the mythological monster (Jardine, 1998). Perhaps the hag-like mood swings and witch-like transformations indicate the path to a new opening. Gail Sheehy (1992) writes, "Menopause is more properly seen as the gateway to a Second Adulthood" (p. 41). This pause, juncture, or gateway, though, is a

space perhaps guarded from within by a fire-breathing dragon. The mythology around this form appears to have an East/West separation. In the East, elders are revered. Descartes (1641/1901) also recognises the importance of maturity, delaying his *Meditations* "until I had attained an age so mature as to leave me no hope that at any stage of life more advanced I should be better able to execute my design. On this account, I have delayed so long that I should henceforth consider I was doing wrong were I still to consume in deliberation any of the time that now remains for action" (*Meditation I*, p. 8). Conversely, in the modern West youth is prized. There are names for women before menopause that are acceptable, but after menopause there are none that suggest maturity without derogatory overtones, except for "grandmother," which depends on one's offspring having their own offspring. In the East the fire-breathing dragon is good luck. In the West this same "monster" is one of ill omen, to be banished or destroyed, in the same way that this phase of life is to be pathologised or banished through the correct concoction of medication, by modern, white-coated knights out to rescue their women.

Whereas Merriam-Webster (2002) has "rescue" meaning to deliver or set free, *The Oxford Concise Dictionary of Etymology* (Hoad, 1996) traces this word back to Romance languages, importing a meaning of shaking out or discarding. The impulse to rescue thus harbours an underlying connection to the baseball coach's unsympathetic remonstrance to the error-beset player to "give your head a shake and snap out of it."

The same lack of sympathy and doubt about menopausal symptoms further reflects Cartesian thinking. In interviews with women quoted by Ballard, Kuh and Wadsworth (2001) some told of doctors who would refuse help on the grounds that blood tests did not indicate the correct numbers for the doctor to "know" they were menopausal and thus eligible for treatment. Clarity and distinctness thus obscured the doctors' ability to decide to help these particular women gain control in a way they might have chosen, thereby throwing them into increased doubt about themselves and their perceptions. This clinical and unfeeling treatment of women's health concerns appears to contrast with the original Cartesian's thought. Karl Stern (1999) writes that Descartes attributed his own ability to cope with health problems to an "optimistic spirit" (p. 40). Stern remarks: "It is as though Descartes himself, whenever he let wisdom and intuition speak, skipped a few centuries of mechanistic thinking and became utterly non-Cartesian - less Cartesian at any rate, than a great many physicians still are today" (p. 40).

Some physicians' mechanistic view of menopause contributes to feelings of being out of control, at the mercy of internal malfunction and external mechanical treatment. Descartes (1641/1901) (*Meditation II*) writes, "just as if I had fallen all of a sudden into very deep water, I am so greatly disconcerted as to be unable either to plant my feet firmly on the bottom or sustain myself by swimming on the surface" (p. 11). This metaphor compares with Caputo's (1987) own in which he writes, "It is always a question of wading into the flux and doing the best one can not to drown" (p. 262), thus describing the lack of control that he feels is part of the human condition.

Lack of control, as Shirley Fisher (1996) writes, is a major contributor to feelings of stress. She outlines ways in which various people's understanding of control can result in differences in the way they experience the stress that arises in this stage of life. Women in the interviews cited above spoke of several ways in which they felt control had shifted from themselves to outside circumstances: children growing up, parents ageing, uncertainties about the way they felt, and how the future would resolve. These

feelings became more pronounced when contrasted with the inevitability of that which is certain, "I now have this strange feeling most of the time when I realise I only have this one life and I haven't made the most of it. Death seems only just around the corner" (Amanda in Ballard et al., 2001, pp. 416-417).

Not only as a mark of advancing age and a reminder of the end that every living thing has, this stage brings death to the ability to produce life. Perhaps it brings one closer to death so that death is no longer perceived as, "*not yet present-at-hand* ... and is therefore no threat" (Heidegger, 1927/1962, p. 297). Fannie Flagg (1987) in *Fried Green Tomatoes at the Whistle Stop Café* investigates, through Evelyn, how death is a recurrent thought at this time. Evelyn is both scared of and drawn to death after her mother's demise. Her menopausal experience has her scared also of life, withdrawing behind a barrier of food. Could such a confrontation with "authenticity" as against the normal "everydayness" of existence exacerbate the feelings of interruption that many women experience?

Such interruption in the regular flow of life, interacting with particularly stressful situations, can work "to deform under stress without cracking or rupturing," which is one meaning of "flow" from Merriam-Webster (2002). Here the sufferings of a menopausal woman seem to be captured in Descartes' (1641/1901) description of the melting ball of wax, "the colour changes, its figure is destroyed, its size increases, it becomes liquid." I relate to this as my girth increases, the size of problems which I face daily seem to be magnified, and I am prone to dissolving into tears. "It grows hot," Descartes (1641/1901, Meditation II, p. 13) continues, and my mood swings to rage and I cannot sleep due to internally produced hot sweats. Descartes declares, "it can hardly be handled" (Meditation II, p. 13). Family members would agree, and yet their advice to not "get all bent out of shape over it" is useless! Deeper examination reveals that part of "interrupt" is connected with the Old English word "reave" which refers to breaking, tearing away, or robbing. In such interruption of identity, confidence is torn away, "Reverting back to depression and periods of crying and loss of confidence, sweating, weight gain. Altogether I feel very different and feel resentful" (Lesley in Ballard et al., 2001, p. 408).

This lack of confidence, loss of self-possession, and increased self-doubt has some women seeking a "clear and distinct" answer to difficulties in medication through HRT. One consultant gynaecologist, quoted by Annona Blackwell (2001) explained HRT as "Hormone Replacement Therapy, we use it for women who go mad at the menopause" (p. 1632).

Gail Sheehy (1992) refers to the connection between madness and menopause within popularly held conception. She quotes an extract from a letter from Elise, a writer responding to her article about menopause in *Vanity Fair*, October 1991, "I understood it was the time in a woman's life when she went batty for a couple of years and slowly but surely lost it upstairs" (p. viii). She also quotes Joanna Poitier's response to a "How are you doing?" greeting. Joanna replied, "I'm a lunatic; I'm going through menopause and empty nest at the same time" (p. 43). Referring to many women's fear expressed to doctors that they are going crazy, she infers, "They feel, and, in fact, they are, out of control of their bodies. They may also feel at the mercy of erratic moods. Is it all in their minds?" (p. 43). Certainly, the character of Evelyn wonders about her mental capacity, telling her friend, Mrs. Threadgoode, "maybe I should go and see a psychiatrist or something" (Flagg, 1987, p. 69). Some doctors, in their adherence to the rule of integers,

define the onset of menopause through numbers on a blood test. If the numbers do not make the case, they discount menopause from being the cause of suffering. Women so treated (or untreated?) often infer that they are indeed subject to some form of madness. Descartes (1641/1901) also expresses fear of being perceived as insane, "But how could I deny that I possess these hands and this body, and withal escape being classed with persons in a state of insanity, whose brains are so disordered and clouded by dark and bilious vapors as to cause them perniciously to assert...that they are clothed ...when destitute of any covering; or that their head is made of clay" (Meditation I, p. 8). This sentence contrasts with the ancient Celtic admonition that "we are formed from clay" (O'Donohue, 1997, p. 204). James Winders (1999) remarks, "Western thought regularly seems to reproduce a cultural equation associating women with madness" (p. 123). At this time in their lives, women buy into this association, undergoing the self-doubt that it brings. Shoshana Felman (1978) also made observations about madness that have some application in this contemplation of menopausal doubt. She writes, "Madness can only exist in a world of conflict." (p. 36). This world of unclear and indistinct perceptions reverberates with conflict, "I have felt as though I couldn't cope...the different generations do not always see eye to eye with one another and I always seem to be in the middle." (Martha in Ballard et al., 2001, p. 412). Evelyn reflects conflict through out of control eating and emotions that she finds hard to contain. Felman (1978) further suggests that, however framed, "The aim ...of ...madness itself is to open our ears to forgotten words on whose omission the Western world is founded" (p. 41).

Omission of the voice of women suffering this stage of life is eloquent in its silence. Literature searches turn up hundreds of studies in which the experimental method turns lives into pre- and post-numbers. Interviews are quantified into percentages and coefficients of agreement and correlation. Qualitative exploration of the depth of women's experience with menopause is hard to find; most of the results of searches on the subject are related to quantitative results of various interventions. Many studies of this area mention interviews, but these are conducted for the purpose of getting specific answers to predetermined questions involving yes/no answers, or ratings rather than having the women raise their own questions, or fully expand on their thoughts. Sheehy's (1992) work is one that includes the voices and responses of the women themselves. To help with the hermeneutic exploration of this topography, Dr. Jardine suggested that I look to fictional literature. But menopausal women's voices are also absent in novels. Only a handful of contemporary writers, like Flagg (1987), mention or even allude to the experience. Sheehy (1992) refers to the dearth of this subject among famous women writers. George Sand mentioned it in passing in two letters, but not in her novels. Anaïs Nin and Virginia Woolf, both of whom explored issues of importance to women, left this issue unaddressed.

Not only is the voice of experience of menopausal issues absent, medical research, while defining menopause numerically, has done little to explore it, except with a view to exploiting it. Little of the annual medical research budget goes towards the study of women's health issues. In 1992, The Federal Drug Administration, Sheehy (1992) remarks, had approved none of the forms of progestin given regularly to women, and yet it was being routinely prescribed for those "eligible" for treatment. In fact, although declaring none of these products safe, a committee of the FDA suggested that that "virtually all" women over the age of fifty would be "suitable candidates for long

term consumption" (Sheehy, p. 22). Sheehy asks, "Is it even conceivable that millions of men over fifty, those at the highest levels of the power structure, would be herded by physicians toward chemical dependence on powerful hormones at suspicion for causing testicular cancer?" (p. 23). But if one refuses such treatment, one's experience living through the self-doubt and discomfiture is often dismissed with, "It's nothing I can help you with" (Sheehy, p. 26).

The flippant dismissal of women's intense experiences of this significant part of life characterises the somewhat cavalier attitude of those who have a "clear and distinct" separation from those in the midst of troubles. Without the appeal to "clear and distinct" measures and research, perhaps the medical profession also feels impotent. "It's just a phase" typifies an attitude that not only dismisses the life experiences of these women, but also emerges to trivialise many difficult transitions for which the modernist method of reduction to the simplest, most measurable part neither adds to understanding nor eases the passage.

This attitude may reflect a denial of the difficulties of the transition, both for the woman and those with whom she is involved. Sheehy (1992) refers to women who are experiencing this time in their lives for whom the most intimate topics may be shared with close friends, but for whom talk of menopause may be taboo. This then presents a dilemma, "Do I bring this up, do others not want to hear?" Of course, Sheehy was writing ten years ago and the topic among friends is now discussible. Within a married relationship, though, some "men go all twitchy when mention is made of anything connected with female reproductive organs" (p. 90). This attitude combined with the intimation that a menopausal wife "may represent the mirror of his own ageing" (Sheehy, p. 91) may be responsible for a husband's discomfiture in facing his mortality through the occurrence of his wife's transition. Some of the doubt and suffering connected with this transition may be associated with grief in the face of mortality. Since the time of bringing new life to bear passes with its arrival, menopause signals a new role on the periphery of regeneration. Jardine (1992) describes a "Wound of connection" necessary for such regeneration. He declares

De-pathologizing this wound entails moving down into a world of grief which is not just our own, a "moving down" which re-opens our selves to the pain of the Whole: the World of Grief of coming and going, inhaling and exhaling. These are not polarities to behold in their essences....What is needed is not cure but *resolve* to keep our heart Wound broken, open. (p. 106)

Bergum (1989) alludes to the grieving of a mother after birth because the newborn is no longer part of her. After menopause, the woman is no longer susceptible to this joy and grief that comes with the separation of one into two brought about through birth. This "wound," though, is maintained in a different way. Bergum refers to the early practice of midwifery, where midwives were women beyond child bearing years who would support the new mother through her suffering, but not seek to end it prematurely through unnatural means. The transitions themselves of girl to woman, woman to mother, and mother to beyond are times in which to "dwell with a boundless heart" (Jardine, 1998), a heart susceptible to the wounds of grief and connection.

The menopausal transition can be framed neither as progress, nor a developmental stage leading to more advanced or better ways to be. Neither can one's being attempt a "fleeing-in-the-face-of" inevitability as Heidegger (1927/1962) declares is part of the Being of Dasein. Jardine (1992) criticises the "*pathologizing of the pain of doubt and ambiguity* into something to be *fixed*" (p. 105). Medical science had developed interventions, reacting to this natural occurrence as pathological, in a similar way that, according to Bergum (1989), childbirth has been regarded as something to be "treated" through drugs and procedures. Now, though, even the modern round table has turned against these weapons in the face of long overdue research, declaring that except within limited circumstances, the risk outweighs the benefit, admitting that its preventative attempts at rescue and control were "aggressively assertive," "presumptuous," and "overbearing" (Sackett, 2002). The knights stormed the castle gate, but the dragon remained.

But once through the gateway, having accepted and passed the dragon, Sheehy (1992) describes many women's feelings of liberation from a fulfilling but possibly limiting role of potential motherhood. Quoting anthropologist Mary Bateson she points out new horizons, "Say to yourself, I'm going to start a new life. It could be a stage of expansiveness or of withdrawal. It could be a time of introversion or world adventure" (p. 143). Evelyn, passing through this time with the support of her friendship with the older Mrs. Threadgoode, is able to reclaim her life. Through Mrs. Threadgoode's death she is no longer bound by a fear of her own mortality or pulled towards it as a way to free herself from the difficulties of living.

Sheehy (1992) alludes to women of the Rajput caste in India who, once through menopause, "are freed from veiled invisibility and at last are able to sit and joke with the men" (p. 59). Also mentioning Margaret Mead, who often spoke of "postmenopausal zest" as a widespread, cross-cultural phenomenon, Sheehy describes a certain coming of age common to many of the women with whom she has spoken. She distils the essence of conclusions formed by a group of such women, "The source of continuing aliveness was to find your passion and pursue it... It is essential to claim the pause and find the new source of aliveness and meaning that will make the years ahead even more precious than those past" (p. 140). At this juncture following menopause, Evelyn finds new interests, taking control of her own body and through it, of her life.

### **Control and Controls**

The efforts safely to control this time of life through "scientific methods" and to eradicate the perceptual and emotional doubt within the pause have proven unsuccessful. The Cartesian method "to divide each of the difficulties into as many parts as possible and as is required to solve them best" (Descartes in Paliyenko, 1999, p. 149) misfires when considering a system in which the parts should work together but when divided are forced to work against each other.

The attempt to force bodies into a controllable, generalisable category rather than view the experience of each as an individual case has met with resistance both from the women and the "category" itself. Perhaps this doubt functions to renew the "wound" that Jardine (1992) sees as an essential part of connection and reconnection with the Earth, the site of "regenerativities of the flesh of doubt" (p. 105).

Perhaps, the emergence from my contemplation of doubt is not through attempt at control and the presumption of clarity and distinction that imply separateness, exclusion, and distance but through connectedness and willingness to include and embrace the experience of life for no clearer reason than that it exists. Perhaps I can relinquish the "control" that is part of the quantitative world, and enjoy the ambiguity that is part hermeneutics, experiencing the "flux" of the "original difficulty" of our lives. "Recovery" aided by science is not an idea to be sought as a delivery from doubt back to the world, but a way in which one's path may be re-covered, re-trodden while using a different lens. My path as a student, and as a menopausal women are thus enhanced both through the doubt which can force one to regard the taken-for-granted aspects of one's life as unfamiliar, and through the hermeneutic circle, which takes into account part and whole as reflexively and mutually shaped. Doubt demands that one will always allow for the possibility of truth in another's viewpoint (Gadamer, 1960/2000), thus requiring a humble and open attitude on the part of the researcher. Both the context of the menopausal experience and that of colliding with a new and very different view of research require doubt and constant reflection on one's own thought and action. Coming from a paradigm whose epistemology is founded on quantification and clarity, I found that quantitative approaches discover small, discrete pieces of the puzzle. Of necessity, though, these are rendered straight-sided and black and white. Even if one could discover all the small pieces, one would be unable to assemble them into a coherent whole. Combined with the way that language both enables and limits knowledge, research that would take language for granted would not see the straight-sided limits of the pieces so generated. Through the journey of this paper, a pathway spiralling within the hermeneutic circle, I have taken up some of the pieces and attempted to assemble them into a picture that others may take up and embellish through their own conversations. To deny the doubt and suffering would be to continue in separation, to cover and close the Wound (Jardine, 1992) that leaves one open to living with and within experience- to truth as uncovering - *alethia*.

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### **Author Note**

Through studies in Education and Philosophy, Dr. Spence became interested in juxtaposing philosophical writing with everyday experience. This interest was fostered through an introduction to hermeneutics, which offered a vehicle through which to examine such experience.

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