

Perimenopause

We have, after the imposition of much suffering to women and children, begun to rectify the error of conceptualizing childbirth as a pathologic process requiring massive medical intervention. We have taken childbirth for the majority of women out of the operating/delivery room, shortened or eliminated the separation of the mother and infant from family, and are recognizing that many of the operative interventions and invasive procedures we have undertaken have been unnecessary and often harmful. Will we need to undergo a similar process in our attitudes toward menopause?

"Perimenopause: An Opportunity for Health Promotion" (May/June 1993 *JOGNN*) reveals a distressing perspective, prevalent among health-care professionals and lay people, that menopause is a deficiency disease. Conceptualizing the changes a woman's body experiences during the changing hormone levels accompanying menopause as "atrophy" implies a deviation from normal and promotes exactly the poor self-image that the author states is so detrimental to a woman's ability to cope successfully with the transition to a postmenopausal state. It is possible to discuss these changes using words like "reduction in size," "decrease in tissue elasticity and resilience," and "increased fragility."

As women (primarily) who are working with other women, it is essential that we develop our own self-concepts as positively as possible to avoid the unconscious imposition of unnecessarily negative attitudes on those we profess to help. If our underlying assumptions about the process of menopause are based on the belief that what we experience in menopause is a move away from a normal state, we are acquiescing to the dominant cultural view that the woman after menopause is a shrunken, dried up shadow of her previously normal self. We are promoting a negative self-image in ourselves and our patients in a way that is much more powerful than all the empathic, encouraging words we can use in our attempts to promote a positive self-image and healthy transition.

Yes, the majority of health-care providers use words in exactly the way Ms. Cook does in her article. That doesn't mean it's correct, beneficial, or moving in the direction we want to move. We, as nurses, can be a powerful force for true healing, and I suggest we take that power and begin to use our words to promote the concept of menopause as a normal shift toward phys-

iologic maturity, instead of a move away from "normal." I suspect that in our infinite creativity we can find any number of ways to express the process and changes we experience during and after this shift in positive and self-affirming terms.

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The author replies . . .

Thank you for your interest in "Perimenopause: An Opportunity for Health Promotion" (May/June 1993 *JOGNN*). It was written to describe the normal maturation process to Obstetric/Gynecologic professionals and to encourage early therapeutic life-style changes.

I support your observation that terminology can promote positive or negative connotations for nurses as well as patients. However, because the term *atrophy*, which was cited as objectionable, indicates change in size and possible decline in function, I felt it was an accurate and acceptable word choice in a nursing paper.

Indeed, it is an exciting concept that health promotion is applicable to women regardless of age. I, too, look forward to the creative ways that nurses will find to describe the menopausal transition in "positive and self-affirming terms." We will all benefit.

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