

The Big Change

The End of Menopause and Its Meaning

In June 2004, researchers announced the first successful pregnancy in a woman who had received an ovary tissue transplant. The woman, who is 32 and being treated at the Université Catholique de Louvain in Brussels, had ovarian tissue removed and frozen years ago before she was treated for Hodgkin's lymphoma. With her cancer cured, the ovarian tissue was transplanted back into her body, and she began ovulating normally again. Another patient who has undergone a similar treatment in

Copenhagen has not yet had success becoming pregnant.

This is not merely a breakthrough for cancer patients, however. As several news outlets noted, including the BBC, it may also “help women who want to give themselves another chance at motherhood after the menopause.” “I wouldn’t recommend it now,” said Professor Kutluk Oktay of Cornell University, “but if you found out that there was a 30 percent pregnancy rate, as with IVF, why not?”

Why not? This, of course, is the question scientific researchers (and, all too often, their colleagues in bioethics) begin and end with these days. As the landscape of later-in-life reproduction suggests, overcoming biological limits and remaking human procreation is central to modern biotechnology, especially in a society that marries later and hungers for a menu of reproductive choices.

In 1994, Italian doctor Severino Antinori helped a 63-year-old woman have a child, the oldest known woman to do so. Scientists are also finding ways to measure and predict when menopause will occur. British researchers recently reported success in devising a menopause prediction test—dubbed “the egg timer” by media outlets—that would give women a better sense of their reproductive window using a calculation of age, hormone levels, and the size of a woman’s ovaries.

Menopause has also undergone something of an image makeover in the past few decades. In her 1992 best-seller, *The Silent Passage*, with its

discreet cover art of a leaf beginning to turn to its autumnal colors, Gail Sheehy proclaimed that “menopause is the last taboo.” She noted the embarrassed silence with which generations of women confronted this natural progression of the female life cycle and urged that women instead view menopause as a new opportunity for life experience—a kind of extended Renaissance Weekend for the body and mind: “Menopause is a bridge to the most vital and liberated period in a woman’s life,” she assured the over-fifty crowd. As for those irascibles who weren’t so eager to cross over to this post-menopausal world of liberated frolicking and spiritual insight, Sheehy dismissed them as “menophobic.”

Sheehy also popularized the use of important-sounding euphemisms for menopause: “Change of Life,” “The Big M,” or simply, “The Change.” In *The Change: Women, Aging, and the Menopause*, Australian feminist Germaine Greer also embraced such labels, although she opted for the brisk pacing of a suspense novel to describe the process itself: “Suddenly,” Greer wrote, “something was slipping away so fast that we had not had time quite to register what it might be. All we knew was that it was irreplaceable. The way ahead seemed dark. Somewhere along the line optimism seems to have perished. Neither of us could identify this feeling of apprehensive melancholy.” Never fear, said Greer. Like Sheehy, she reassured women that menopause encourages a “journey inwards towards wisdom and serenity.”

Menopausally-provoked spiritual insight continues to strike publishing gold. In 2001, author Christiane Northrup gave us *The Wisdom of Menopause*, whose jacket copy exudes: “‘The change’ is not simply a collection of physical problems to be ‘fixed’—whether with hormones or herbs—but a mind-body revolution that brings the greatest opportunity for growth since adolescence.” Northrup is the nation’s earnest ovary-whisperer, but is it really true, as she claims, that “what is rarely acknowledged or understood is that as these hormone-driven changes affect the brain, they give a woman a sharper eye for inequity and injustice, and a voice that insists on speaking up about them”? If so, this new awareness would be a boon for political activists. Is it also true that “long-sublimated desires” and “creative drives” emerge only after women pass through the menopausal gate? Northrup urges the menopausal hordes not to deny these new urges, but to embrace them, and she draws on her own menopausal experience, which included divorcing her husband of many years, to argue that even personal relationships must cede to the power of these drives.

There has even been interest in exploring the emotional implications of male menopause, as made clear by Jed Diamond’s 1998 book, *Male Menopause*, and its sequels, *Surviving Male Menopause* and *The Whole Man Program*. Although medical evidence reveals no condition in men akin to female menopause (men do not cease producing sperm, as women do eggs,

in mid-life), some men nevertheless feel the need to medicalize their mid-life anxieties. As Sally Satel wrote a few years ago in *The Women’s Quarterly*, “most men, one would hope, will continue to endure aging without having to turn to bogus diagnoses for emotional support on their ‘journey.’ Iron John was bad enough. Change-of-life John is just too embarrassing.”

Away from the bookstore self-help aisle, however, we have moved from talking about menopause and the treatment of its symptoms to the possibility of eliminating it altogether. And it is this direction that gives pause. For as we continue to whittle away at reproductive boundaries, we increasingly view those boundaries as merely a nuisance—something for technology to overcome instead of a reminder of our natural desires and limits.

In this case, as in others, our increased control over the life cycle leaves us *less* in charge rather than more, as we come unhinged from the only obvious source of guidance for what each stage of our lives should entail. To fully command our biological selves means to lose sight of our identities as men and women, young and old, child-bearing and post-child-bearing. We stand victorious over nature, wondering what in the world we should do now. We end up wanting to do what nature had in earlier ages driven us to do—have children, start families, seek significance and meaning. But having transformed our desires into choices, we have jum-

bled and confused them, and so women in their 60s seek ways to become pregnant, and men insist that they, too, can go through menopause.

Speaking of ovarian tissue transplants, Josephine Quintavalle of the Center for Reproduction Ethics in the

U.K. told the BBC, "I sincerely hope it is not used as a lifestyle choice for deciding when you want to have children." But sincere hope won't do the trick. If our response to recent research is any guide, a lifestyle choice is just what it will become.