



Menopausal Women's Stigma Dilemma and its Solution: A Participatory Observation Based on Middle-Aged Chinese Women

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Abstract. Menopausal symptoms are natural body changes in women entering their mid-life. However, various misconceptions and misrepresentations around menopause have been created that cause distress to middle-aged Chinese women. The repulsion to menopausal symptoms and the discrimination against this natural shift in life resulted in the menopause stigma. This issue is often ignored in Chinese societies, despite the ongoing and increasingly intense discussions on women's rights. This article will dive into the analysis of the stigma and discuss the solutions to improve the quality of living of Chinese menopausal women. Data were collected by applying participatory observation and semi-structured interviews. Interviews were conducted to draw parallels between western studies on the menopause stigma and the situation in China and concluded the formation and perpetuation of the menopause stigma. This paper also include investigation of possible resilience forces present. This article will open up space for future research on the topic and hopefully raise the general public's awareness of the stigma and well-being of menopausal women.

Keywords: Menopause stigma, Mid-age, Resilience, Well-being.

1 Introduction

Middle-aged women in China currently face a predicament of menopause stigma. The physical changes of menopausal women are natural. However, they suffer a lot of unfair exclusion and discrimination, creating a stigma for menopausal women, to the point that the word "menopause" has become a derogatory adjective. Studies have shown that menopause will unmake women's identities and cause distress and anxiety, along with excess stress caused by their experiences of menopause stigma will lead to health inequalities: increased mental and physical health problems [1]. In today's era, when women's status and rights constantly receive discussion and attention, the menopause stigma toward middle-aged women remains neglected, undiscussed, and marginalized. This study aims to dissect and analyze the issue of menopausal women's stigma predicament

and propose solutions. Specifically, this study will focus on the causes and experiences of menopause stigma and ways to build the resilience of menopausal women.

This study is based on long-term participant observation of menopausal women, with extensive in-depth interviews about the signs, experiences, and resilience of menopause stigma. This paper will first summarize the causes and signs of menopause stigma, then analyze the experience of minority stress and resilience of the stigmatized group, and finally suggest ways to respond to menopause stigma. As more and more middle-aged women suffer from menopause stigma in China, it is necessary to investigate this topic to raise social awareness of menopause stigma, fill the gap in the menopause stigma research in China, and improve the overall well-being of women experiencing menopause.

2 Review

Menopause is a natural aging process caused by lower hormone levels when a woman's menstrual cycles end between the ages of 45 and 55 [2]. Menopause can cause long-lasting symptoms, including anxiety, mood swings, brain fog, hot flashes, and irregular periods, negatively impacting a woman's life [2]. According to research, 65% of women in the U.K. experience menopause transition symptoms, while 45% find those symptoms distressing, and 10% report them as severe [3][4]. Women may also experience challenges at work or home or in their daily interactions with others. The embarrassment of revealing menopausal symptoms, the social stigma of aging associated with menopause, and the unmet needs for support and understanding for menopausal women contribute to the poorer mental health of menopausal women [5]. Although menopause affects all women at some part of their lives and dramatically impacts their health and economic and social inequality, menopause is traditionally undiscussed or marginalized due to social stigma and sexism [6].

Menopause is often silenced, shameful, and stigmatized in the U.K. [7]. Stigmatization of menopause is caused by negative cultural stereotypes of older women and the devaluing of aging which are linked to women's ambivalence about their changing bodies [8-11]. According to a study that conducted interviews among western women undergoing menopause, for many women, menopause is a struggle provoking distress and a time of identity loss and social upheaval [7]. Menopause straddles and reflects several profound changes in a woman's social and biological world: the end of a maternal role and family life; loss of attractiveness, femininity, and sexuality; feelings of approaching mortality; end of ovulation and fertility; incompatibility with partners; and the disappearing of time to fulfill oneself [7]. For a large number of women, fertility loss, the end of maternal and sexual roles, and the declining attractiveness and youth are profoundly implicated in their sense of self [7]. Therefore, menopause's image of loss, death, and ending, the upsetting body changes, and the struggles to separate from previous roles brought identity crisis [7]. Women's challenged selfhood and identity may be an additional stressor, causing distress and anxiety and impacting their mental health. Garland-Thomson (2002) suggests that disability should be defined as the interactions between embodiment and environment, proposing the idea of "understanding disability

as a pervasive cultural system that stigmatizes certain kinds of bodily variations” by negatively interpreting these bodily variations and forming an opposition between able-bodied and disabled bodies. As a result, menopause can be understood as a stigmatized bodily variation, “part of a genderized cultural system that negatively pits the old, post-menopausal woman against the premenopausal beautiful, youthful, fertile woman” [7].

As many researchers have pointed out, the impact of menopause on women may vary from culture to culture. Women’s social status will also affect how they respond to this particular phase of life [12]. In light of this, vast collections of studies have been carried out. However, they are mainly done in the context of western civilization, where a tradition of emphasizing people's mental well-being has long been established. In contrast, in similar studies in China, where public opinion in many cases still connects mental disorders such as depression with personality weakness, menopause-related stress is far from being considered a social problem that needs to be addressed theoretically and pragmatically. According to the 2010 population census in China, about 89 million women aged 45-55, while 36.2% experience depressive disorder [13]. This is mainly due to a lack of biomedical knowledge of the menopause stage and inattention to the psychological health of the menopausal stage among midlife women. To make the situation worse, menopause in the contemporary social discourse in China is stigmatized as a token of erratic temper and irrational opinion. A woman experiencing menopause is related to negative descriptions such as emotional, hormonal, erratic, hysterical, and incompetent. Widely seen as a shameful subject, Chinese women are mostly reluctant to talk about menopause symptoms, seek help, or feel ashamed to fail to overcome common menopause symptoms. Unsurprisingly, previous psychological studies reveal that the experience of menopause may be associated with women’s self-esteem, meaning that the internally perpetuated self-devaluation, and internalized stigma, may occur [14-16].

This phenomenon is strikingly different from the western context related to the same period of life. In the U.K., menopause is regarded as “an image of ending and loss, menopause is a potent idiom straddling and reflecting these profound changes in the social and biological worlds of women.” Nevertheless, that idiom is only “partially legitimate to women themselves. The silence ... was part of their distress” [7]. In the U.S., similar silence is decoded as menopause being associated with “the loss of femininity” and “the shame of sexuality” [5]. China's public attitude toward menopause is complicated compared to the two countries. On the one hand, it is a similar social taboo that women are reluctant to talk about or seek help for when they suffer from the symptoms. On the other hand, menopause is a public jargon used frequently and overly with a specific connotation.

As the number of women suffering from psychological distress and mental disorder continues to increase in China, an investigation into the menopause stigma is, therefore, necessary to raise social awareness of menopause stigma, fill the gap in the menopause stigma research in China, and improve the overall well-being of women experiencing menopause.

3 The menopause stigma and its formation in Chinese culture

The stigma around menopause is a stressor in many aspects of a woman's life, from the individual perceptions of the self to the family and workplace level. Women reported self-identity crises, workplace discrimination, and general categorization crises. Some believed their roles lost in the family or at work is a natural transition that comes along with aging and is not associated with the stigma around menopause. The stereotypes of hysteria and work incompetence are widely recognized in society, that self-stigmatization is common among menopausal women. The phenomenon is that mid-aged women are experiencing the shame and distress of stereotypes against them and using menopause as an easy excuse for their unsatisfactory relationships and routine business.

3.1 Self-Identity Crisis

Mid-aged women have described their feeling of loss of identity roles in different scenarios. One participant, who is now 59 years old and lives in rural China, reports her concerns about not being able to contribute to the family anymore. In response to the country's policy of allowing only one child in each family when she was young, she and her husband only had one girl over the years. In rural China, gender discrimination is still common in most families as it is believed that men are more suited for labor in the field.

"I never really given a thought about the fact that I won't bear a son for my husband... not until I found out that my period had stopped. I felt less complete. I couldn't have babies anymore, even if I wanted to."

After her menopause transition, she felt her role as a woman was significantly deleted as she lost the ability to gestate babies. In other scenarios, a woman may feel stress as her period begins to be irregular as a sign of termination. One mid-aged woman recalls herself actively reporting her period (i.e. mentioning its coming in conversation, describing the uncomfortableness.) to others due to stress.

Explanations for this identity stress lie in multiple aspects. The historic factor could be traced back to the beginning of the patrilineal society, where women's values highly relied on their reproductive ability. Women's reproductive-able identity would serve as a heavy contributor to mid-aged women, even if they did not feel obliged to carry this role out. The cultural factor that enhances this stress is related to both the mode of production and the naming system. In rural China, where the primary mode of production is farm work, the biological differences between the two sexes are highlighted, making females less preferable in traditional rural families. The naming system in China is that the child inherits the father's family name and is considered to be part of the male's side. The tradition is that the whole family celebrates Spring Festival (the most important event for the Chinese in a year) in the male's parents' family. This tradition makes unmarried women in the family appear as outsiders that would eventually be married to another family. Due to these factors, delivering boys is significant in Chinese culture, especially in rural areas.

3.2 Challenges at Both Work and Home

The status of menopausal women is much lower in both the workplace and the family compared to other age groups. One working mid-aged woman described her most recent emotional breakdown as when she failed the conferring of the year's most progressive teachers (which means promotion in the office and a raise in the salary). When asked about the reason, she expressed her exhaustion at work and the belief that she would not be able to work as hard next year and, therefore, never be able to get the promotion. Her exhaust came from her depression and sleeping disorders, which she considers the effects of her menopause. When asked if she had brought it up with anyone, she said,

"I and my other colleagues talked about this before... They told me about the challenges they faced. One of my best friends at work quit this year. She suffered from depression and she believed that she couldn't work anymore. She's only 43... I never talk about this at home... With my husband and my kid, I feel like I have to be there for them and show them that I'm still tough... I need to provide for my family as my husband retired this year..."

Both housewives and working women face challenges at home. Women experiencing their menopause reported the main stressors to be family-related. Apart from taking care of the child, women often need to support their husbands, care for the elders in the family, and take over most of the housework. Working women burden not only with their work but from home as well. When working women may be stereotyped as work-incompetent, they are often accused of hysteria at home.

One crucial part of the Chinese tradition is respecting the elders and caring for the children. The youth age group is thought to be most creative and productive and hardly in any discriminatory situation in any discussion, leaving the middle-aged group in the bottom position of the pyramid. The role of a wife means the responsibility of keeping the whole family running in most Chinese families.

3.3 The Categorization Crisis

The categorization crisis refers to the current situation in China, where the stigma around menopause has extended to younger age groups, causing distress to a broader range of females. Mood swings, deemed undesirable, could happen to any person of any gender at any age, but at the same time, appearing to be especially universal among menopausal women. Negative associations thus form between mood swings and menopause. Name-calling and microaggressions then occur to women aged 30 or younger, and the connotation of the word "menopause" becomes negative and accusatory. Victims experience shame for being associated with the word "menopausal women" for it devalues their perceived worth of self.

4 How to deal with menopause stigma by helping menopausal women build their resilience

"I am often anxious... I usually have a lot of mood swings."

When the interviewee (47 years old) was asked to evaluate herself in the present moment, this is how she replied:

"Love-starved...My focus now shifted to family and health...Although I know that menopause is a normal life process for women, I don't quite accept that I am suddenly getting old. I worry a lot about my health and my appearance...Now I tend to resist new fashions and emerging technologies...I feel that the pressure at work was getting too much and I had to worry about my daughter's academic performance, now she is in senior high school, ready to apply to universities. My parent's health is deteriorating, my mother have heart disease for years..."

Her words clearly state that family and work issues, uncomfortable body changes, and identity shift have caused her stress and anxiety (She was asked to complete the Perceived Stress Scale, and her score is considered moderate stress). This situation is similar to those of middle-aged women in China: they are under tremendous pressure from their elders and children at this age, while they also suffer from the physical discomforts of menopause. At the same time, this group that needs the most care and support endures social stigmatization and receives misunderstanding and rejection, which might lead to mental illnesses like depression. The following sections will analyze and summarize ways to reduce the negative impact of menopause stigma by discussing three aspects: minority stress, resilience, and seeking help.

4.1 Minority Stress

According to Meyer's minority stress model (Figure 1), which demonstrates stress and coping and their impact on mental health outcomes, the processes of minority stress involve many external and personal factors [16]. External factors that affect minority stress include general environmental circumstances and one of its essential aspects, the person's minority status, which refers to being a menopausal woman in this context [16]. The former may positively or negatively impact the minority group regarding factors like socioeconomic status [16]. In the diagram, these two factors are depicted as overlapping boxes, indicating their close relationship to other circumstances in the person's environment [16]. For instance, for a poor woman undergoing menopause, her minority stress undoubtedly relates to her poverty [16]. All these external factors will determine the person's exposure to stress and coping resources [16]. Circumstances in the environment lead to exposure to general stressors, and minority stressors that are unique to the minority group members, like prejudice events [16]. Similar to the circumstances, the boxes of the stressors in the diagram also overlap, showing their interdependency [16]. Accordingly, the experience of discrimination and violence (minority stressors) is likely to cause internalized stigma, such as expectations of rejection and concealment [16]. Commonly, minority status will lead to personal identification of one's minority identity, such as being a menopausal woman [16]. Consequently, an

individual's perception of the self as a devalued and stigmatized minority will cause additional stressors [16]. These minority stress processes are more proximal to the person since they include self-perceptions and appraisals [16]. Moreover, characteristics of minority identity can increase or weaken the impact of stress: health outcomes might be greater affected by minority stressors when the minority identity is prominent than when it is secondary to the individual's self-definition [16]. Besides, the minority identity can also be a source of strength if it is associated with gaining affiliation, social support, and coping that can ameliorate the impact of stress [16].

Through the interview, the general stressors the interviewee (47 years old) experiences in life are prevalent in the same age group.

"I often feel anxious about my daughter's health and study, my parent's health, and my health. My work also puts a lot of pressure on me."

On top of that, she revealed that she suffered from stressors related to her minority status: middle-aged menopausal woman.

"As I get older, I can feel that I became less confident. I began to dislike being called 'auntie' (used in Chinese as a polite way of addressing older women), and I'm concerned about my loss of shape and hair loss. I've been having a hard time at work lately, so I get a lot of pressure from that. I don't think I'm suitable for many jobs now, and it can be difficult to find a new job at this age. Like, I'd love to try the live-streaming industry that's on the rise right now, but I don't think I'm good enough in terms of appearance or ability."

This respondent earns a good income and is in a relatively comfortable social position, so she reflected that she did not experience notable prejudice events. Nevertheless, her self-identification with her age and menopausal identity (minority identity) have caused her lack of self-confidence and expectations of rejection to some extent. As this respondent has a good economic and social status, the minority stress she felt does not affect her life to a great extent: the impact of stress is weakened since the minority identity is secondary to her self-definition.

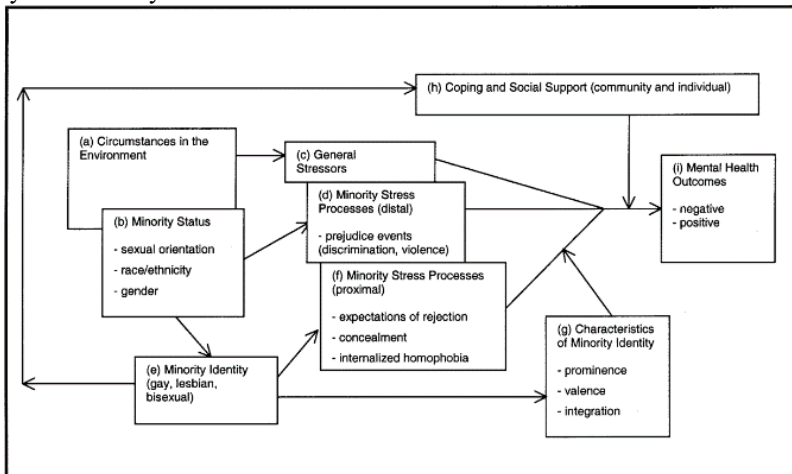


Fig. 1. Meyer's (2003) minority stress processes model

4.2 Resilience

According to the theoretical framework produced by Paul Kwon, lower reactivity to prejudice can be determined by three factors: social support, emotional openness, and hope and optimism [17]. Numerous research studies have proven that in the general population, social support is associated with better mental and physical health [17]. Social relationships can promote health and well-being through two mechanisms, proposed to be fairly essential for minority group members in terms of Cohen's (2004) theory and Kwon's model: the promotion of social connectedness and stress-buffering [17][18]. Social support can offer a sense of connection with the minority community, improving an individual's psychological health, while the stress-buffering mechanism lowers reactivity to prejudice [17]. Studies have shown that the ability to accept and process emotions in response to emotion-provoking stimuli is related to mental health, meaning that those who are instructed to accept their emotions experience less distress and physiological arousal than those instructed to suppress their emotions [17]. For those who suppress their emotions, the increased physiological arousal they experience will lead to further suppressed emotions, further strain, and increased risk for psychological disorders [17]. Emotional acceptance can only be beneficial and regulated in conjunction with an appraisal of one's emotions [19]. As a result, the ability to accept and process emotions, referred to as emotional openness, can protect minority group members from the negative impacts of traumatic experiences with prejudice [17]. The last source of resilience mentioned in the model is the ability to tolerate stress by paying attention to the future, like envisioning a better life and actively pursuing objectives [17]. Characteristics like hope and optimism have been proved to be related to resilience: hope and optimism will allow individuals to persevere when facing minority stress [17].

When asked about what types of support she received, the respondent replied that she sometimes received emotional support and advice from friends, and sometimes she would talk to acquaintances in similar situations to support and encourage each other. However, she also indicated that her social support, including emotional and social network support, was relatively minor. It is worth noting that she does not mention support from her family members. In addition, the interviewee said that she occasionally felt depressed and hopeless when under stress but could regulate her emotions most of the time, for example, by reading novels, watching T.V. series, and eating snacks to distract herself. She said she would mostly choose to face the stressors directly and try to get to the root of the problem to solve it. Although she always had a positive mindset, the results were not always satisfying. She still tends to be anxious since many of the problems that cause her stress cannot be solved.

"A lot of my stress comes from my job. There are many irresistible forces. Like the general social environment and the current policies. I often feel like life is out of control."

From the respondent's words, it can be concluded that she noticed little social support. She consciously tried to accept and process her emotions but found it not consistently effective. She does not show apparent characteristics of hope and optimism. She knew how to use a few coping strategies, such as emotion-focused coping and problem-

focused coping, but was not very proficient in applying them to reduce stress. Overall, the respondent's level of resilience is comparatively low considering all three factors. It is mentioned later that the interviewee preferred to receive care and support from family members. Therefore, ways to help menopausal women build their resilience toward menopause stigma might involve offering them more social support from various aspects (especially from family members), providing guidance on regulating emotions and coping with stress, and instructing them to become more optimistic gradually.

4.3 Seek Help

"Women during menopause experience emotional instability, and we very often cannot control ourselves. However, this is because of physiological changes that affect our emotions...I believe that we menopausal women need more care, understanding, and respect. We have to bear the burden of the family as we raise the next generation, and the traditional concept of 'respect for the old and love for the young' requires us to be family-oriented, while many women also have a career to pursue, which leads to excessive pressure at this age."

"I think what I need most right now is the understanding of my family."

She then complained that her husband rarely offers her emotional support and that she craves the comfort of physical contact and the console of words.

"We menopausal women are not temperamental to the point of being mad, our outbursts are mostly triggered by the misunderstandings and blame from our dearest family members."

Overall, the type of help the interviewee mostly wants is the understanding and support from her family. Therefore, one feasible way to improve the mental health of menopausal women is to start with public education. By widely disseminating knowledge about menopause and stressing the importance of paying attention to the mental health of middle-aged women, public awareness can be raised and thus help menopausal women to receive more support (especially from their families).

5 Conclusion

Middle-aged women in China experience menopause stigma in many aspects, such as self-perception, family, and the workplace. They may suffer from a self-identity crisis, workplace discrimination, and general categorization crisis. Menopause stigma acts as additional stressors, causing adverse effects on middle-aged women's mental and physical well-being. The reduction of menopause stigma's influence on middle-aged women's health can be achieved in two primary ways: eliminate stigma as a source of stress, and promote resilience resources available to reduce the harmful effects of menopause stigma. Confirmed by the theory and the interview, the impact of the stressors can be effectively reduced if the minority group member learns to view their minority identity as secondary to their self-definition and turn their minority identity into a source of strength that can seek affiliation and social support ("similar others"). Ways

to help menopausal women build their resilience toward menopause stigma might include: offering them more social support, such as informational support, emotional support, esteem support, social network support, and tangible support; teaching them how to regulate their emotions and reduce stress effectively; guiding them to become more optimistic. Among those supports, understanding and acceptance from family members may play a vital role in improving menopausal women's mental health.

Menopause stigma is a rarely touched research field in China, while the residents are generally unaware of the issue's seriousness. Through this proposed study, the public may understand and pay more attention to menopause stigma; provide more support on resilience resources they lack (more social support, training on how to promote personal strengths, learning coping strategies); understand that menopausal women face a high risk of mental illness and other health problems, thus increase attention on this issue and try to find solutions; change family patterns and offer more support (e.g. sharing household chores); provide specific help they need.

For theoretical development implications, Chinese scholars can use this study as a basis to explore in-depth the minority stress and resilience brought about by menopause stigma while using a larger sample size to make the results more generalizable. For policymakers, perfect the labor protection laws: improve the treatment of women aged 45-55 in the workplace, provide benefits and address employment issues, thereby reducing workplace stress for middle-aged women and workplace discrimination. Social workers and well-fare planners can provide psychological counseling services open to menopausal women; organize exchange sessions for women of the same age group to discuss ways to alleviate menopausal symptoms and relieve stress; provide better social welfare. For educators, the suggestion is to start classes in schools and outside schools to teach about the physiology of menopause to increase the public's acceptance of menopause and view it as a normal stage of life. Being aware of the biological changes, the distress, and the challenges women experience during menopause can help break the stereotype of menopause and reduce menopause stigma in society.

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