

Castigations of a Selfish Housewife: National Identity and Menopausal Rhetoric in Japan

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Introduction

It is from metaphor that we can
best get hold of something fresh

Aristotle, Rhetoric

In stating that "illness is not a metaphor, and that the most truthful way of regarding illness... is one most purified of, most resistant to metaphoric thinking," Susan Sontag (1978: 3) has put herself in the company of some strange bedfellows. She has adopted an extreme, unequivocal position in which she shares the assumption with many physicians that the physical body should be regarded as a neutral, value-free terrain, and hence one which can be fully comprehended and explained by the principles of science.

Feeling ill, and being told one is ill, are not scientific facts, however, but conditions which are culturally constructed and negotiated. In this paper I will consider the topic of menopause, a state which is currently described in some influential medical journals as a "deficiency disease" (Kase 1974), one which can be cured by specific medication: estrogen replacement therapy (ERT). The "discovery" of this disease, the promotion of ERT, and the conducting of related research has certainly not been based on sound scientific principles (Kaufert and McKinlay 1985). Economic gain is obviously central to the interests of the drug companies which manufacture ERT, a motive which impedes scientific research, but there are other more complex and equally unscientific stances which are taken vis-à-vis menopause. An examination of the rhetoric put out about this mid-life transition illustrates the futility of Sontag's *crie de coeur* and exposes its grounding in an unsatisfactory metaphysics in which mind and body are kept firmly apart.

The research which I carried out in Japan in connection with menopause was designed first of all to provide comparative quantitative data. Survey research in connection with menopause is very sparse and, with one exception (Maoz et al. 1977), non-existent outside of European and North American settings. The survey which I conducted is directly comparable with Massachusetts and Manitoba studies at present in progress (Kaufert 1984; McKinlay and McKinlay 1985). Preliminary analysis of this data has provided comparative information on general health status, physician use, symptom experience and reporting, treatments received, use of traditional healers, and so on (Lock 1986). I will summarize only one or two pertinent results from the quantitative research which are of relevance to the present argument. Secondly, by means of open-ended interviews conducted in the homes of 105 women, data was collected on the subjective, meaning-centered experience of menopause. Lastly, historical, medical, and popular literature, and interviews with physicians, counsellors, feminists, and others were used in order to

examine the cultural construction of menopause in Japan. The sample is large, a population of 1,300 Japanese women between the ages of 45 and 55, divided into three groups: middle-class housewives, farming women, and women who work in factories. In the cross-sectional survey I found that there is little concern about menopause, that it is regarded, in general, as a long, gradual transition from the late thirties to the late fifties and is usually associated simply with aging. "Symptoms" most often thought of as menopausal are grey hair, changing eyesight, slowing down of the body, headaches and *katakori* ("shoulder stiffness" -- a problem common to both sexes and all ages in Japan, and thought by some informants to be unique to the Japanese). None of these symptoms are linked statistically with what is defined as menopausal status in the epidemiological literature (Lock 1986). That is, they are not especially associated with women in their late forties who have begun to experience irregular menstruation or who have recently ceased to menstruate.

The symptom most usually associated with menopause in the West, hot flashes, and purported by endocrinologists to occur in between 75 and 85% of women (Tulandi et al. 1984), does not even have a word in Japanese, a language that is noted for fine discriminations in connection with body states (Lock 1980). Respondents to a questionnaire were asked to check off what symptoms, if any, they had actually experienced in the previous two weeks. A small increase of hot flashes was reported from 5.7% in pre-menopausal Japanese women to 12.6% and 10.8% respectively in peri-menopausal and post-menopausal women.¹ In a comparable Canadian sample, pre-menopausal women report 14.9% (higher than all the Japanese women) and the rate increases to 39.7% and 38.6% in peri- and post-menopausal women in Manitoba. Whereas 69.2% of Canadian women report that they have experienced hot flashes at some time, only 20% of the Japanese sample recall ever having had them (Lock 1986). One other "classical" symptom of menopause, night sweats, is reported very infrequently by Japanese women and does not appear to be associated at all with menstrual status. Of all the 57 symptoms that Japanese women were asked about there is a general reporting rate of between 5 and 10%, whereas in both the comparable Massachusetts and Manitoba studies, the rate is over 25%. These results highlight, of course, the naive assumption, made so often, that in medical diagnostics biological variation between populations is something which can usually be safely ignored. Assertions about normality or abnormality, and estimations of medication dosages are regularly made on the assumption of cross-cultural equivalences in biology.

Other more insidious issues are raised by these data on symptom reporting: the contemporary Western image of suffering at menopause as a "normal" experience, widely held in both popular and physician mythology, is derived in large part from data obtained from clinical samples. Women who are part of that distressingly large population who have had hysterectomies are high users of gynecological services during menopause; it is women such as these who tend to experience physical discomfort and often undergo considerable psychological turmoil for large segments of their middle years (Kaufert 1984). Statements made by medical professionals about symptomatology and menopausal women are, almost without exception, not based upon a population of normal women (since there are virtually no data on this subject), but upon upon the biased impressions obtained from clinical samples, a large proportion of whom have undergone artificial menopause (Kaufert and McKinlay 1985). The wide dissemination of biomedical opinion in popular literature has served to reinforce this negative stereotype (a stereotype which is, in essence, old wine in supposedly scientifically standardized bottles), in the minds of the public at large. With the emergence of politically oriented feminism, however, this image has been countered in recent years, both within and outside of the medical profession, but usually on ideological grounds alone and not as the result of new empirical findings (cf. McCrea 1983, for

example).

The Japanese case is even more complex. Medical research into menopause in Japan has been virtually non-existent until recently and Japanese gynecologists lean heavily on Western medical journals for information. They diagnose a large number of their patients as suffering from "menopausal syndrome" (a gynecological clinic at a teaching hospital in Tokyo will diagnose up to half its patients this way in the course of any one day's work). When asked what criteria they use for applying this diagnostic category gynecologists reply, "headaches, shoulder stiffness, hot flashes, depression, irritability, and an imbalance of the automatic nervous system" (a favorite "label") (Lock 1986). Once I had discussed the preliminary results of my survey in Japan with several gynecologists they admitted, after reflection, that in fact they rarely have patients who report hot flashes, or even depression, but they added that complaints about an imbalance of the automatic nervous system and of irritability *are* common.

What apparently has happened is that a stereotype about ordinary middle-aged women created largely out of the suffering of a Western clinical population has been transmitted to the other side of the world, adopted at face value by a large segment of the gynecological profession, and applied in a totally different clinical context where it does not fit at all well with empirical reality. It fits even less well with the experience of ordinary middle-aged Japanese women who rarely visit a gynecologist (only 12% of the sample had visited a gynecologist in the previous two years), and who, it seems, suffer very few symptoms at all at this stage of the life cycle. Nevertheless, even though Japanese women do not usually experience physical distress at menopause, they hold a negative stereotype about the event in their minds which is shared with many medical practitioners, both traditional and modern (Lock 1986). This negative stereotype is inflamed by the current images of Japanese women portrayed in the mass media, images which form part of the current internal cultural debate (Parkin 1978) in Japan.

Modernization and Moral Panic

Unlike most societies undergoing industrialization today, Japan was able to orchestrate its own entry into the international market and its acceptance or rejection of values and commodities perceived to be foreign and threatening to traditional order. This relatively gradual transformation since the middle of the last century was brought to an abrupt halt by defeat at the end of the Second World War with its ensuing economic and spiritual crisis.

After an initial period of numbed shock there followed for the next twenty years or so what appeared superficially to be an all-out embrace of Western values including the ideas that the nuclear family is the "natural" primary unit for modern times and that individual rights and freedom should be given much more consideration than was formally the case. These ideas were congenial at that time since traditional group-oriented values were thought to be responsible for the nationalistic regime which had brought Japan to its crushing defeat and crippling poverty.

Today, Japan finds itself in an embarrassingly strong economic position in the world, so much so that it is at times driven to accusing other capitalist economies of laziness. However, numerous books and articles, many of them written by foreigners, claim that Japan's "economic miracle" was in fact based upon a mobilization of traditional values (Dore 1973; Vogel 1979) and not upon a Western-derived ethos, and it is now generally accepted that modernization does not by definition necessarily involve an abandonment of tradition. Shattered post-war egos have been glued together, national confidence restored, and the dominant theme in the current internal cultural debate in Japan is about a search

for a modern, uniquely Japanese identity in which traditional values figure prominently and the dry rot of individualism is firmly contained.

Being part of a culture infused with a tradition of self-reflection and introspection, the Japanese have themselves cast this rhetoric into a genre known as *nihonjinron*: Essays on being Japanese. Ideas about the concept of self, the relationship of individuals to the family and to the state, and about health and illness are all central in *nihonjinron*.

At the core of *nihonjinron* is a concept of racial (genetic) homogeneity which leads "naturally" to language and cultural unity. A line between insiders and outsiders is sharply delineated and notions of separateness, uniqueness, and of certain irreducible "essences" which make one Japanese are taken for granted. This type of rhetoric is not unique to the Japanese, of course, nor is it new to Japan (it has been traced back to at least the early eighteenth century (Kawamura 1980)), but the specific way in which the uniqueness is defined, the "invention of tradition" as Hobsbawm and Ranger call it (1983), changes through time and is recast around topical themes which provoke anxiety. Almost 700 monographs in a 32-year period have been identified as part of this genre, and if journal articles are added to this number the total must be many thousands (Befu 1983).

The outpouring of *nihonjinron* represents a state which Cohen (writing about Britain) has termed a "moral panic" (1972:28), when, during times of social and political unrest self-appointed public moralists including some physicians, air their views in the media, courtrooms, and in popular literature about the supposed breakdown of morality and the collapse of social control.

Rhetoric used to account for trouble at menopause draws upon aspects of the current internal debate in Japan, and is replete with doubts and contradictions about the effects of modernization, the rise of individuality, and future directions for change. This rhetoric serves as a "covert form of oppression and control" (Smart and Smart 1978:2), since supposed personality defects and behavioral faults of individual women are exposed to national scrutiny and used (not necessarily consciously) as a displacement mechanism for diffuse but potent political concerns about internationalization, economic growth, and national identity.

The "Selfish" Housewife

The rise of the urban nuclear family is largely a post-war phenomenon in Japan and the full-time "professional" housewife, as she is known, has come to represent the epitome of a modern Japanese woman. Her life is assumed to be devoted to the care of her husband, two children, and to her parents-in-law who will in all probability be incorporated into the household as they grow old and infirm. The foundation for the modern role of housewife, traditionally summed up as "good wife; wise mother" (*ryōsai kenbo*) was laid down in the Meiji era at the end of the last century. Modelled in part on European ideas which were current at the time, the argument was based on the assumption that a woman's nature equips her best to nurture others (Nakamura 1976). It was officially acknowledged, for the first time, that women could be regarded as more than simply a "borrowed womb" and they were encouraged, within the confines of the domestic sphere, to become guardians and educators of their children. Hence they should be educated above all in morals and religion and should expect to exercise power, to a degree, within the household. From the perspective of the latter half of the twentieth century it is difficult to appreciate the revolutionary nature of early Meiji thinking on women. Comparison with eighteenth century treatises, of which the best known expression is *Onna Daigaku* (Greater Learning for Women), is revealing:

Woman has the quality of *yin* (passiveness). *Yin* is of the nature of the night and is dark. Hence, because compared to man, she is foolish, she does not understand her obvious duties... She has five blemishes in her nature. She is disobedient, inclined to anger, slanderous, envious, stupid. Of every ten women, seven or eight have these failings... In everything she must submit to her husband.

Kaibara Ekken (1672)

(translated in Joyce Ackroyd 1959)

The struggle for rights for women in Japan is a story which started from a position of extreme subservience at the end of the feudal regime. During the first wave of industrial expansion in the latter part of the nineteenth century women of all classes, including the wives of many ex-samurai, were coerced into working in appalling conditions on production lines in factories (Sievers 1983). Since the end of the last century the women's movement has a history which closely parallels the turbulent times in the West (Sievers 1983), but modern Japanese women have not so far attained the same degree of civil rights as North American and most European women.

Today, just over 50% of women above 15 years of age in Japan work in the labor force. Many of them are still thoroughly exploited since they are employed as temporary laborers and therefore available for periodic hiring and firing according to the vagaries of Japanese and world economies (Cook and Hayashi 1980). These women, however, hardly figure at all in the popular image of the average modern Japanese woman. This is a role reserved for the middle-class housewife whose daily round is sardonically described as *sanshoku hiru ne tsuki* (a regular job with three meals and a nap thrown in). The housewife is the inheritor of the Meiji image of the "good wife and wise mother"; her life is circumscribed by the domestic round which, with the spread of affluence and the development of household technology, has become somewhat of an anomaly in a society where the work ethic holds sway.

Recent studies and government surveys indicate that most middle-class women are largely satisfied with their roles as housewives and mother of two (Kokumin Seikatsu Hakusho 1983; Lebra 1984; Pharr 1976; White and Molony 1979). Many of them report that they enjoy what to an outsider appears to be a relatively easy life of material comfort.²

The behavior and discipline (*shitsuke*) which is expected of a modern housewife, is based upon an assorted mixture of values created in part from the rules laid down in feudal times for the wives of samurai, and often glossed today as *onna rashiisa* (womanly behavior). The Confucian ideal encouraged discipline in women, not for military service, but in order to practice unquestioning submission and obedience. Modern Japanese women are taught to believe, like their predecessors in feudal times, that patience, diligence, endurance, even-temperedness, compliance, and gentleness all contribute to womanliness. Moral training in these virtues leads, it is believed, to the right kind of personality. This internalized behavior is complemented by a discipline of the body and language usage (Lebra 1984: 46). Use of feminine language (which is associated with submissiveness and gentleness) still goes virtually unquestioned by anyone (Ide 1982). Courteous greetings, good posture, a neat appearance, good manners, elegance in the handling of things, an orderly house, and established routines in one's lifestyle are all connected with womanly behaviour (Lebra 1984: 42). Modesty, reticence, and a soft voice are considered important and covering with one's hand the unsightly partly open mouth created by a smile is still common among many women. Housewives often describe themselves as "weak" if they do not keep up the appearance of gentle but firm control in their daily lives. Competitive pride is frequently taken in being the first up in the household at 5:30 or 6:00 a.m. each

day in order to prepare boxed lunches and breakfast for the family, and in staying up last in order to organize the house for the next day and close it up at night. These traditional values are compounded by newer Western influenced images:

Young, cute, smiling and apparently mute girl-women are on every genre of [TV] program at any hour of the day or night.

Why does this phenomenon exist? Television personalities reflect the ideals and values of any given society, and the women that appear on television are therefore only "ideal" women... In Japan, women, in order to fit the definition of the ideal woman, must not only be youthful and pretty, but they should also be sweetly silent.

[A]ccording to Tomoyo Nonaka, a newscaster..."People think of women as flowers, and if there were no women on TV it would be a bit bizarre. So they think, 'O.K., let's put a nice flower on the table'..."

These televised blossomy do not only represent idealized women but they also act out the ideal role between women and men. The reason that these women are not outspoken is because they must be properly deferential towards men. Women are usually referred to as assistants rather than co-hosts... the role of an assistant is to "make a man stand out and bring out his good points..." It must not be assumed, however, that all women in television are in real life subservient or opinionless...

Kikuku Itasaka,
Mainichi Shimbun (1984)

Nor must it be assumed that the housewife is necessarily subservient or opinionless and a few of them say that they are raising their daughters today with little concern for womanly behavior.

The middle-class housewife is associated in the minds of many medical practitioners and in the mass media with many "stress" related problems including "the kitchen syndrome" (in which a variety of severe somatic symptoms are experienced every time one enters the kitchen to prepare the evening meal); apartment neurosis; child-rearing neurosis; "menopausal syndrome" and so on. There are several contradictory themes associated with each of these afflictions which I will illustrate by describing the etiologies which are thought to contribute to the menopausal syndrome.

It is said that women who are busy, hold a job, and who do not have time to dwell on their problems will not notice menopause or experience any symptomatology. (The cross-sectional survey demonstrated, in contrast, that symptom reporting, although generally low, is actually highest among farming women followed by factory employees and is lowest among middle class housewives (Lock in press)). "Menopausal syndrome" is thought of as a recent phenomenon and is described as a luxury disease (*zeitakubyō*), something which occurs in women who are selfish and turned in on themselves, or in women who just "play around" all day. People like this are thought to lack a real identity, to have "no self" (*jibun ga nai*), to be deficient in the will power and endurance which was a characteristic of their mothers and to spend their days playing tennis and making plastic flowers. It is believed that such women are likely to raise children who are undisciplined or deviant.

A second set of etiologies associated with trouble at menopause (these two explanations can be offered by the same person but usually with different women in mind), states that women who are "over-socialized," "over-controlled," too concerned with tidiness and order and of nervous temperament (*shinkeishitsu*) are vulnerable. These women are thought to produce children who suffer from psychosomatic illnesses or problems such as "school refusal syndrome." The stifling atmosphere that they create in the home, and its

effect on their children is described by one commentator thus: "The roots of even a healthy plant confined in a pot will rot if given too much water" (Higuchi 1980: 90).

Ambiguities are layered one upon another: Hard work, perseverance, and discipline are valued; but running a small house with the aid of modern technology, where one's husband is absent most of the time, and where the two children are fully occupied in the pursuit of an education takes relatively little time. Women who are said to be the pillar of the family should devote themselves to the care of other family members (and apparently suffer from guilt if they fall ill and are unable to fulfill these duties -- DeVos and Wagatsuma 1959; Lock 1982); however, it is agreed that housewives today become lonely and bored and tend to use "organ" language to express their discontent, as one specialist in internal medicine put it (Lock 1987). With virtually no exceptions, women are required to discontinue employment once they become pregnant and, apart from factory employees, they are highly unlikely to be re-employed once they have raised their family (Robbins-Mowry 1983); yet, in one final ironic twist, it is often said that women today cannot endure as their mothers did, that they are selfish and spoiled and they no longer make good mothers.

Menopausal Syndrome

From at least the tenth century in Japan it appears that special attention was given by the medical profession to problems thought to be associated with menstruation and its cessation (Nishiyama 1981). However, there was no special term for the end of menstruation until a concept *kōnenki* (often glossed as the change of life) was created under the influence of German medicine at the end of the last century. Disorders associated with *kōnenki* were usually attributed in part to an unbalanced autonomic nervous system — a very popular explanatory model in both Germany and Japan and which is still in regular use today. Since the 1950s, in common with contemporary European medicine, the term "menopausal syndrome" has become popular in medical circles (Lock 1986). Together with an imbalance of the autonomic nervous system it is now classified as a "disease" which, at the request of the Japanese gynecological association, has been officially recognized and for which diagnosis and treatment physicians can receive reimbursement under the socialized health care system.

Interviews with 15 gynecologists, 15 general practitioners, and 6 practitioners of traditional medicine produced a variety of etiological explanations for menopausal syndrome. At the physiological level some talked about an unbalanced autonomic nervous system caused by declining estrogen levels while others simply directly focused directly on lowered estrogen levels. All of the practitioners had, in addition, several ideas about why some women are more vulnerable than others to menopausal syndrome. The most popular explanations include those described above: an excess of free time, no clear role, no self-discipline, selfishness, boredom, no hobbies, and in contrast, too much control, a neurotic personality, over-protectiveness, turning inward, loneliness. Additional explanations included suffering from unresolved guilt due to several abortions, no sense of self, and with much less frequency, family problems and the "empty nest syndrome." Housewives are thought to be especially vulnerable. Practitioners frequently added that women themselves are victims of modern society and discriminatory employment practices. A few physicians blamed thoughtless husbands for menopausal problems and the majority believe that the nuclear family especially when it is situated in a small apartment is not a healthy place for a woman to spend most of her time.

Despite their belief in the social and psychological origins of menopausal syndrome, the majority of practitioners simply prescribe medication: estrogen replacement therapy, tranquilizers, or herbal medication. They have neither the time nor the inclination to try to manipulate anything other than the physical body.

One further characteristic of the menopausal rhetoric is the assumption that mothers of the middle class housewives of today were not vulnerable to this syndrome. In fact, the story goes, no Japanese woman has ever been at risk like this before. This particular cohort of urban fifty-year old housewives is the first group of Japanese women where the majority are living their adult lives in a nuclear family, surrounded by technology designed to facilitate housework, and who are for all intents and purposes excluded from the larger economic system since they are by custom unemployable.

The Body Physical and the Body Politic

Modern Japanese housewives are indeed leading a life of comparative ease and luxury unknown to any other Japanese women to date (with the possible exception of the aristocracy of historical times), but they are a troublesome anomaly. The work ethic is dominant in Japan. Men, working class women, and children are worked beyond endurance (Lock 1988) while the housewife decorates sugar cubes for her afternoon cup of European tea with her friends using delicate trceries of pink and blue icing sugar. These women are regarded by many, including themselves at times, as weak-willed, lacking in self-control, and vulnerable to sicknesses, especially compared to their own mothers.

My mother has seven children, and the way it was in those days, she had no freedom, in fact she had no self (*jibun ga nai*); she was always suppressing herself and not letting anything show on the surface. I can't do that, I'm a spoiled type and I had trouble at menopause. Women who work or have hard lives don't suffer.

A Kobe housewife

On the other hand, they rarely deny that they are a privileged group and few show any inclination to give up their daily games of tennis in order to fight for rights to enter the labor force.

The tennis games have not passed unnoticed by the conservative government of Yasuhiro Nakasone. Defence and rearmament is a pressing issue for the Japanese government right now. There is a need to increase revenues but an unwillingness to upset the business world by raising taxes. In their recent report based on the findings of the special Commission on Administrative Reform, the Liberal Democrats put forward their plans for the new "Japanese Style Welfare State" which is one in which there will be a return to the *ie*, the traditional Japanese household (McCormack 1984). At the heart of the modern *ie* will be the Japanese housewife, no longer free to play tennis, her hands full, providing social services for her extended family. She will look after her aged parents-in-law until they die; she will provide care for any other people with disabilities in the family; she will practice frugal home economics and produce savings that can be used to supplement meagre old age pensions. In short, she will become once again, the "Good Wife and Wise Mother" of turn of the century Japan. This mythological character is being selectively recalled by the media, politicians, and some medical professionals, and held up for emulation often in the *nihonjinron* genre of essays with their thinly disguised nationalistic and idealistic turn of phrase. The Good Wife and Wise Mother endures the unendurable, her feelings are always controlled, she does not express her selfish desires, her time is fully occupied with caring for the family; hence she is not troubled by petty illnesses and

complaints such as "menopausal" symptoms, nor has she the time or inclination to seek work outside the home. Once this paragon is reinstated the body politic, it is believed, will be in better shape and the pressing need to improve social services, care for the elderly, and the pension system will have been removed, since a fully occupied full-time housewife obviates the need for an elaborate state welfare system.

Menopause as Metaphor

The rhetoric about menopause is just one of many created for women in Japan at different stages of their life cycle, each of which serves in part to establish links between physical vulnerability and the apparent laxity and untrammelled freedom of the modern Japanese woman. These images are legitimated through their appearance in print in government documents, the mass media and in some popular medical literature (cf. Kyutoku 1979; Nishiyama 1981; Okamura 1977; Sasaki 1983). It is exactly the kind of rhetoric that Susan Sontag describes as so destructive in her book *Illness as Metaphor* and sounds, in fact, very similar to thinking which was common in the nineteenth-century West: women who do not fulfill their domestic role as required by society can expect to experience trouble throughout the life cycle (Smith-Rosenberg 1985). This dominant model is one of retribution for social inadequacies which can reinforce a sense of guilt and personal failure — something to which the Japanese are, in general, particularly prone (DeVos 1973).

But what of the alternative, the clinical construction of menopause using the legitimation of "rationalized scientific" medicine (Habermas 1971)? Here we have another rhetoric, no better grounded in empirical data than the political version, but where the origins of a women's vulnerability are thought to lie in her biology rather than her behavior: the devil and the deep blue sea. The biomedical model of menopause certainly does not provide the pristine "scientific" approach, stripped free of damaging metaphor as suggested by Susan Sontag.

Treatment for menopausally related symptoms is not necessary for the vast majority of women, although for a few medication can be a great relief. There is, however, clearly an attempt to medicalize menopause in Japan, and women who go to a gynecologist at this stage in their life cycle are likely to be medicated for "menopausal syndrome." However, unlike the situation in North America, *most* Japanese women do not go to gynecologists regularly. Perhaps for this reason themes about menopause as a deficiency disease or as a syndrome have not taken root in daily parlance.

Can metaphorical associations be peeled away from life cycle transitions such as menopause? The answer, I believe, is the same for all problems which have a biological component to them: strictly speaking no, since all communication systems including those of medicine are necessarily metaphoric. However, one can work within the carefully defined parameters of neuroendocrinology and produce some much needed data on menopause which can then be utilized as though they are isolated facts. Such an approach can be invaluable in trying to understand the "final common pathways" involved in the female aging process. Once these "facts" are situated in a context of any kind, however, interpretation and judgement are involved, the "most truthful way of regarding illness" slips away, elusive, will-o-the-wisp.

For women, once the idea of entry into menopause is entertained, whether due to subjective experience, the comments of others or through the results of a laboratory test, then being menopausal takes on a phenomenological reality and is subject to multiple interpretations which no amount of information about biological changes can, or should, ever eradicate. If we cease to create poetry about growing old, then we may as well just

die at fifty! On the other hand, a large amount of the rhetoric which prevails today is clearly destructive. It is this rhetoric of oppression that we must work endlessly to expose and replace.

Going through the mid-life transition is an inevitable and natural process, for both women *and* men. For women this part of the life cycle happens to be biologically marked by the end of menstruation — a "normal" process which has very little impact on the sense of well-being of most women (Holte 1985; Kaufert, Lock and McKinlay et al 1986; McKinlay 1985). The *social* significance of this event, however, should not be underestimated. Coming to terms with approaching old age (and eventual death) is probably one of the hardest tasks we all have to face, especially in youth-oriented post-industrial societies³. Perhaps women have a potential advantage over men in this connection — it is hard to practice massive denial and fly in the face of such an obvious expression of aging as menopause,⁴ although, because the event has a largely negative rhetoric associated with it at present, it is tempting to do so. The creation of more positive social and cultural meanings and metaphors in connection with menopause seems to be rather urgent. Such an endeavor must, obviously, be undertaken by women, probably in their middle age. In redefining themselves, their roles and their political power, women can work to replace the images of depression, ugliness, and failing health usually associated with this part of the life cycle with something more positive.

Clearly, in post-industrial society the last part of the life cycle are not the golden years, nor are they in less complex societies where the elderly are theoretically revered (Amos and Harrell 1981). Obviously suffering and grieving must inevitably be associated with aging to some extent, especially for those who have led a life of oppression, but it is not necessary for women to approach the latter part of their life cycle with the extra burden of self-deprecation and doubt which is foisted on them through the negative associations attached to female aging in general and menopause in particular (Kaufert 1984). Simply stripping away negative rhetoric and regarding the process of aging merely as biological change is not adequate, however, especially since it is in the latter part of the life cycle that the ironies and paradoxes of life become most apparent, together with a rather urgent questioning as to what life to date has been all about. There is no "truthful" way to view either illness or aging, but some tropes help to sustain individuals while others are downright destructive. Scientific findings can be used together with interpretive data to strip away negative associations, but these data can at the same time contribute to the building of more positive metaphors to live by.

What now needs to be asked about this particular set of data on menopause is why apparently so few Japanese women are sufficiently influenced by any of the current rhetoric in their society for their anxiety to be transformed into actual physical symptoms, whereas North American women appear to be more vulnerable in this respect. Is it possibly because Japanese women somehow manage to distance themselves from the rhetoric, perhaps due to a long tradition of radically separating one's public and private self in Japan (Lebra 1976; Lock 1987), whereas North American women are more susceptible to the medical model of menopause in which pathological metaphors are dominant? We understand the world through our interactions with it (Lakoff and Johnson 1980). Do we also become the world we understand, not merely conceptually in terms of our sense of self, but physically too? Does acceptance of a belief that a normal life cycle event is actually a pathological transformation, a biological breakdown, make one more vulnerable to actual physical distress? Do we actually *become* the metaphors we live by? This certainly seems to be the case with dramatic illnesses such as anorexia nervosa and voodoo death. I think the argument should not be allowed to rest there with "acute" problems, but exhaustively explored in connection with more mundane experiences too.

Notes

1. Women were asked whether they had menstruated within the past three months, the past twelve but not the past three months, or within the last year. Based upon their responses a three-part division was made between pre-, peri- and post-menopausal groups. Those that had menstruated within the past three months were assigned pre-menopausal status (33%); those that had not menstruated within the past three months but within the past twelve were assigned peri-menopausal status (32%), and those who had not menstruated for over a year were assigned post-menopausal status (36%).
2. In the cross-sectional survey 90% of the women reported that they were reasonably or very happy with their present life.
3. Sontag, in fact, believes that accepting the idea of our own death is the single most important stimulus for the writing of modern literature (1985).
4. This would be limited to industrialized societies where giving birth to only two children and having a life expectancy of over 70 years is the norm. For the majority of women in the world, whose entire reproductive life is one of pregnancies, lactation and relatively few menstrual cycles entry into menopause is not a clear transition at all, but a state which is normally only acknowledged several years after the event. The prime maker of aging in cultures such as these is the retrospective knowledge that one has ceased to bear children; the biological aspect of menopause is in contrast a process of very little significance, which goes unmarked by rites of passage (Van Gennep 1960).

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