

A FEMINIST STUDY ON SOCIAL AND SUBJECTIVE MEANINGS OF
WOMEN’S EXPERIENCES IN MENOPAUSE

A THESIS SUBMITTED TO
GRADUATE SCHOOL OF SOCIAL SCIENCES
OF
MIDDLE EAST TECHNICAL UNIVERSITY

BY

NAZLI DENİZ FENERCİOĞLU

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR
THE DEGREE IN MASTER OF SCIENCE
IN
THE DEPARTMENT OF SOCIOLOGY

DECEMBER 2017

Approval of the Graduate School of Social Sciences

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ABSTRACT

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December 2017, 303 Pages

This study is an initial attempt to investigate the relationship between medical and heteronormative discourse on menopause as a ‘deficiency disease’ and subjective meanings of menopause based women’s own experiences with a feminist standpoint perspective. The most fundamental argument of the study arises from the assumption that medical discourse on the experience of menopause results in distinctive practices of gender inequality in middle age by imposing reproductivity as inherent to feminine identity and; thus, contributes to social stigmatization of menopausal women, which burden middle aged women in terms of self-value and social position. The field research of this study was conducted in İstanbul. Data was gathered from in-depth interviews held with twenty women belonging to upper-middle socioeconomic class, and who are actively working in professional and/or managerial positions. On the basis of the results of this research, it can be concluded that the experience of menopause often remains invisible in public space, which might be accompanied with the feelings of ‘loss’ and ‘uselessness’. Nonetheless, field research highlights that

together with increased social and financial capital by age, professional identity represents a crucial coping mechanism against heteronormative assumptions on womanhood; although menopausal stigma can be apparent in workplace as well. Finally, women's accounts demonstrate that generational transfer of knowledge and women's sharing with each other about women's embodied experiences are significant against medicalization of menopause. Yet, they may be neglected due to identity construction of being 'modern' and 'conscious' (bilinçli) favoring medical authorities on the knowledge of menopause.

Keywords: Menopause, Middle Age, Medicalization, Embodiment, Feminist Standpoint Theory

ÖZ

MENOPOZ DÖNEMİNDE KADIN DENEYİMLERİNİN SOSYAL VE ÖZNEL ANLAMLILIKLARI ÜZERİNE BİR FEMİNİST ÇALIŞMA

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Aralık 2017, 303 Sayfa

Bu çalışma, tıbbi ve heteronormatif diskur içerisinde bir ‘eksiklik hastalığı’ olarak anılan menopoza dair öznel anlamlılıkları, kadın deneyimlerinden yola çıkarak feminist duruş çerçevesinden incelemeyi amaçlamaktadır. Çalışmanın başat savı menopoz deneyimine yönelik tıbbi diskurun, doğurganlık kapasitesini kadınlık kimliğine içkin şekilde tanımlaması sebebiyle, farklı toplumsal cinsiyet eşitsizliği pratiklerine yol açarak orta yaşlı kadınların toplumsal damgalanmasına payı olduğu ve tüm bunların bu dönemdeki kadınları öz-değer ve sosyal statü anlamında örseleyebileceğidir. Çalışmanın alan araştırması İstanbul’da gerçekleştirilmiş olup, araştırma verilerini yirmi kadınla gerçekleştirilen derinlemesine görüşmeler oluşturmaktadır. Araştırma katılımcılarının tümü orta-üst sosyoekonomik sınıfa mensup, profesyonel ve/veya yönetici pozisyonlarında aktif olarak çalışan kadınlardan seçilmiştir. Araştırmanın sonuçları, menopoz deneyiminin kamusal alanda çoğunlukla örtülü biçimde olduğu ve bu deneyime ‘eksiklik’ ve ‘işe yaramazlık’ duygularının eşlik edebileceğini göstermiştir. Her ne kadar alan

arařtırması, yař ile birlikte artan maddi ve sosyal statünün yanı sıra profesyonel kimlięin de kadınlık üzerine var olan heteronormatif varsayımlara karřı önemli bir bař etme mekanizması olduęunu gösterse de; menopoř deneyiminin alıřma yařamında da toplumsal damgalanma aracı olarak kullanılabildięinin altını izmiřtir. Son olarak, kadınlıęa dair bedensel dnüşümlerde, nesiller arası bilgi aktarımının ve bu konularda kadınların kendi aralarındaki paylařımlarının, menopoř deneyiminin tıbbileřmesinin önüne gemede önemli rol üstlendięi sonucuna varılmıřtır. ‘Modern’ ve ‘bilinli’ olmak üzerine inřa edilen sosyal kimlięin ise menopoř bilgisi konusunda tıbbi otoritelerin yaklařımını benimsemede etken olduęu görölmüştür.

Anahtar Sözcükler: Menopoř, Orta Yař, Tıbbileřme, Bedensellik, Feminist Duruř Kuramı

To all the women in my family...

ACKNOWLEDGEMENTS

Accomplishing master's degree was one of the toughest achievements in my life. When I was penning my thesis, I often got frustrated by the fact that it was a never-ending and toilsome process with rewards that seem far far away. In those times, daydreaming about future kept me going, in which I would be writing to express my gratitude to the ones who always make me feel loved and supported throughout the whole dissertation process. Although, writing is rather a solitary activity, they reminded me that I am not alone.

Before anyone else, I would like to thank to my advisor Prof. Dr. Yıldız Ecevit, not only for her academic guidance, but for her humble and kind personality as well. In the thesis process, she readily spared her precious time. More importantly, she always encouraged me to produce further, which contributed a lot to build my academic confidence. I always consider myself lucky for being one of her last generation of students in her institutional academic life. Thanks to her, as a feminist woman, I have a strong foundation not only in academic studies, but in life as well.

I would like to thank Prof. Dr. Mehmet C. Ecevit, who welcomed me to his seminar meetings by addressing remarks to me, as if I am a colleague of his, for all his valuable contributions. From the very first moment of the theoretical discussions held in those seminar meetings, I knew that I have discovered an academic treasure. Therefore, I also want to thank all the participants of these seminar meetings. From the seminar team I would especially like to thank Fethiye Beşir for her great academic company. Without these talks, this thesis would have never achieved this academic quality.

In terms of academic support, lastly I would like to express my gratefulness to Doç. Dr. Maral Erol Jamieson, who never withheld her academic interest and attentiveness about my work since our first contact.

The fieldwork part of the dissertation was both exciting and enlightening. I owe an important debt to all women who accepted to be interviewed and letting me in their lives.

I owe a huge debt of gratitude for my family for believing me. Their love and trust were priceless. Like they did through my whole life, they have supported my choices in all circumstances. I am thankful to my father Şefik Fenercioğlu for his unconditional support. He has always been inspiring for making me achieve my goals and illuminated me about alternative paths in every step of my educational journey. I am also greatly thankful for my grandmother Sabiha Fenercioğlu and my aunt Asuman Fenercioğlu for their never-ending love and trust in me.

I would particularly like to thank my mother Süveyda Fenercioğlu and my brother Kaan Fenercioğlu, with whom I lived together during the most challenging times writing my thesis. They wholeheartedly endured me when I was not able to participate in household chores or spare decent time when they need my help. My mother, Süveyda Fenercioğlu was not only greatly tolerant and supportive, but she also did her best to make my life more colorful as always. I am also grateful to my brother, Kaan Fenercioğlu for his generous contributions for the thesis. Besides, I should admit that one of the greatest part of this tough process is to spend more time with my brother after seven years. In brief, they both managed to turn my stressful moments into enjoyable memories.

I would like to express my deepest appreciation to my aunt Hümeysra Pınar. Thanks to her, I always have a home in Ankara. I also want to thank Yeşim Kaya for her generous help in my fieldwork. I also owe a great debt of gratitude for Emre Emirli,

Elif Pınar and Efe Pınar for helping me in translations. My cousin Efe Pınar has a special place in my journey of graduate studies. We have countless memories with Pürçek-gang, which will remain as one of the most delightful moments of my life.

I would like to express my special thanks to Merve Aksan for being my lovely thesis buddy. By sharing the misery, we have benefitted much from each other while keeping our sanity during thesis writing. I have enjoyed our intellectual conversations so much; and sincerely hope that our friendship will carry on.

I am blessed with a wonderful old friend, Özge Cesur. Her kind friendship and support have always meant so much to me; though, I admit I might have neglected her sometimes due to my academic liabilities. I want to thank her for our night-outs, so that I could manage to have a break through the stressful times.

Moving to İstanbul after seven years, I never felt lonely in Ankara, thanks to Anıl Üçer and his hospitality. Also, I am grateful to both Anıl Üçer and Anıl Payan, who provided me the joy that sometimes I forgot in the long days of thesis blues.

For a person like me, who only can study in solitude, places in which I wrote my thesis, have special importance. Library of Korean Cultural Center and Özgen Berkol Doğan Science Fiction Library should be mentioned in this regard. I am thankful that they have provided me the tranquility that I needed to accomplish my thesis. More importantly, I have special a thanks to all members of ‘6183 team’ and Cemal Şakar for warmly welcoming me in their workplace.

Last but not least, I am greatly thankful to my beloved Abidin Uğur Yücel, whose contributions for this thesis are beyond measure. Besides, he was always there for me in those moments of happiness and distress. He was supportive and compassionate for the times that I had to study for long hours; despite our time together is severely limited. By being my closest companion in thesis writing process, he might also be

the one that I did upset most. Therefore, I believe an apology should accompany to my gratefulness. I sincerely look forward to being there for him too, in times like this.

Except from lovely people helping me to materialize this dissertation, music was an incredibly strong motivation for coming out of the bed every morning throughout this period. Therefore, I also want to thank ‘Spotify’ for its great company.

I have recently met with yoga, which taught me a lot about patience and endurance. During my yoga practice, my most fundamental material intend was to gain motivation for productive studying the whole time. For showing the link between believing and achieving, I owe my gratitude to yoga practice and my teachers at Yoga Şala, namaste!

At the very last, I am thankful to my dissertation for teaching me patience, persistence and self-discipline despite the love-hate relationship between us.

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Figure 1.3. YouTube search results for the word 'menopoz'

LIST OF ABBREVIATIONS

DES	Diethylstilbestrol
ERT	Estrogen Replacement Therapy
FDA	United States Food and Drug Administration
FST	Feminist Standpoint Theory
HRT	Hormone Replacement Therapy
PCOS	Polycystic Ovarian Syndrome
PMS	Premenstrual Syndrome
TSMO	Turkish Society of Menopause and Osteoporosis
TSO	Turkish Society of Osteoporosis
WHI	Women's Health Initiative

CHAPTER 1

INTRODUCTION

Western ideology is able to construct heteronormative social meanings for embodied processes experienced by women. For instance, the etymological roots of the word *menopause* ‘discovered’ with the advancements in modernist medical institutions, indicates simply the merger of the two words naming ‘menarche’ and ‘pause’. In parallel, the process of menopause is defined by medical authorities as lack of menstruation for 12 consecutive months for women after a certain age (Rostosky & Travis, 1996). As is, the experience of menopause seems not only as quite straightforward, but depicts itself universal as well, experienced by all women in the same way regardless of time and geography. Furthermore, by the dominant discourse of Western bioscience and medicine, the experience of menopause is often referred as an endocrinopathy of ‘estrogen deficiency’. The reason that menopause is mentioned as a ‘deficiency’ lies in the very assumption regarding the category of woman, which is equated with its capacity for reproductivity in heteronormative culture. Accordingly, the process of menopause is perceived as a negative state, which goes against the assumed ‘feminine nature’. In this study it is argued that, the perception of menopause in the Western social setting not only plays a decisive role about the social value and life chances of middle aged women, but capable of altering women’s subjective perception adversely as well. However, despite the modernist effort to impose the experience of menopause as unfavorable and universal for all women, I assert that modernist claims on menopause is highly reductionist. According to the anthropological study of Lock (1995), in which she contrasts the medical and political accounts of women’s middle age between Japanese and North American contexts, the *konenki* experience of middle aged Japanese women differs from *menopause* both in terms of physiological and social aspects; although, they both refer to the same period of women’s lives. Unlike menopause, *konenki* (means ‘change’

and/or ‘change of life’ in Japanese) does not stress end of menstruation as a medical and psychological condition, but is rather a multilayered term indicating an embodied transformation (Lock, 1995). What is more interesting, Lock (1995) discovers that the most commonly known physiological discomforts of menopause such as night sweats, hot flushes etc. are not apparent in Japanese women until the ‘invention’ of *menopause* in Japanese social setting with the permeation of Western scientific discourse. At this point, the dichotomous understanding towards nature and culture should be problematized, because Lock’s study reveals that hegemonic discourse of science and medicine especially on women’s bodies seems to be capable of influencing the actual experiences and the ways in which embodied processes gains a social significance. About the legitimization of reductionist claims, women’s embodied processes like *menopause* are deliberately emphasized here due to the fact that the ‘male body’ has happened to be accepted as norm from the very beginning of the establishment of modern medicine, which usually makes women’s embodied experiences as highly disguised or invisible; thus, vulnerable against essentialist assumptions.

In the light of above mentioned arguments, this chapter is dedicated to discuss firstly how the process of *aging* and its interactions with the concepts of *body* and *gender* are approached by feminist thought in order to reveal possible categories of intersection about the experience of menopause. Departing from these discussions, the aim and scope of the study will be introduced later by substantiating methodological claims of the research. Lastly, organization of the thesis will be explained in detail in order to guide the reader through the structure of the study.

1.1. Feminist Discussions on Aging, Body and Gender

Since the experience of *menopause* indicates aging as well, I chose to start the discussion from how aging is approached in feminist thought. Although feminist theory does not have a brief history in terms of aging, according to Leni Marshall (2006), the related studies are not tried to be included into the central discussions of feminism; instead they are mostly applauded as ‘pioneering’. Supporting Marshall

(2006), similar criticisms towards feminist theory were posed by Calasanti (2006), who insists on the idea that ageism permeates in feminist works, by addressing to the dimension of *age*, which is only considered as an ‘et cetera’ along with other uncontested dynamics such as race, class and ethnicity interrelating with gender oppression. From the accounts of Marshall and Calasanti it may be inferred that theorizing about age relations and placing *aging* at the center of women’s studies as a system of inequality have long been ignored by feminists. According to McDonald (1989) feminism deals with old age as an ‘othered’ category; instead of including older women in the category of woman, resulting in old women remained outside of ‘sisterhood’. Additionally, their identity are given place either together with their mother or grandmother positions (Marshall, 1989).

From these criticisms it is understood that ‘aging’ should be re-conceptualized in feminism by focusing on its interrelations with *gender* in order to rebuild the category of woman by including middle age and elderly years. Since aging is an embodied phenomenon, the conceptualization of *body* as well, which always has a controversial position within feminist discussions, carries itself to a valuable place. According to Sandberg (2013) the materiality of corporeality, in other words lived and fleshly body, has long been obliterated in gender studies; instead, the social and cultural aspects of gender has been focused. Whereas, Colebrook disagrees the systematic negligence regarding the materiality of the body; because, the body “possesses a force and being that marks the very character of representation” (2000:77). In that sense, it would not be inaccurate to agree with Laz (2003) that the material reality of the body directly engages in social interpretation. Considering corporeality explicitly as a material reality and in the light of feminist advances in body theory; women’s studies can equip itself with better tools in order to examine the lives of middle aged and older women within their subjective specificity (Marshall, 2006). Without the negligence toward embodiment it may easily be seen that old and middle aged people are *not*, in fact, just like people but only older in terms of age. They are different; thus, as in the case of other forms of oppression, we must acknowledge and accept these differences, and even see them as valuable (Calasanti, 2006). Binary thinking towards the subject and

the world, which is originated from Cartesian dichotomy of mind and body embraced by modernist paradigm, appears as the most important disposition restraining the consideration of bodily materiality (Grosz, 1994). In order to acknowledge how bodies emerge themselves as cultural and symbolic representations, Sandberg's following words are illuminating:

“Studies of aging bodies and sexed bodies are consequently in need of non-binary theorizations. [...] The material body should be understood as possessing force and agency to also shape subjectivity and sociality, and not merely as malleable raw material taking shape in sociocultural discursive regimes” (2013: 17).

More importantly, the power of Grosz's theory lies not only on her non-binary approach to embodiment; yet, she also allows for theorization of bodily specificities as a marker of 'difference' (Grosz, 1994). In parallel, examining the aging body also requires rethinking of conceptualization of gender, embodiment and sexuality. Furthermore, this approach is beyond a mere theoretical pursuit; but also should be embraced as a way of providing 'less partial' reflections of the complex lived experiences of midlife (Sandberg, 2013).

After a brief and critical introduction about the position of aging women in feminist thought within its interactions of body and embodied subjectivity, the responds towards age and aging in feminism should also be examined and problematized, because same approaches can be adapted to embodiment of menopause as well. The first approach towards aging can be considered as the mainstream one, which indicates a common and persistent discourse on aging as loss, decline and deprivation (Gullette, 1998). Correspondingly, this approach towards aging as a failure tend to create fear, anxiety and disgust, which contributes also the stigmatization of middle aged and older individuals (Calasanti, 2006). Under these connotations aging is tend to be perceived as something which should be 'resisted' as much as possible. Furthermore, as Cruikshank (2003) notes, the inescapable judgement that only young women's bodies are attractive not only reveals the gendered aspect of aging sustaining

women's oppression in middle and old age; but also underlines the lack of feminist knowledge about in which ways middle aged and older women endure this differentiated gender inequality.

The second approach towards aging is 'successful aging' or 'agelessness', which is relatively new that has developed under the influence of neoliberal political economy. According to Friedan (2006), successful aging becomes a cultural dictate towards staying fit and active, not looking old and, in fact, reinforces certain standards of aging and middle age. Within this framework it is undeniable that "the body has become central to identity and to aging, and the maintenance of its youthful appearance has become a lifelong project" (Calasanti, 2006). Friedan (2006) stands critical towards the discourse of 'successful aging' again, due to gender concerns, that even if it seems to defy ageist stereotypes of old women as 'useless', it still remains ageist due to the fact that it imposes standards for aging and middle age. As argued in Liang and Luo (2012) it does not aim to challenge the age hierarchy and ageism in the first place still by retaining youthfulness as desirable (Liang & Luo, 2012). Related with 'successful aging', proponents of 'agelessness' argue that age is nothing but a social construction. Nevertheless, Andrews (1999) problematizes the motivation behind 'agelessness'; because only old age is tried to be eliminated compared to other aging processes such as infancy, adolescence or adulthood (302). Port (2006) focusses on the aspect of consumerism, which might be augmented with the discourse of 'successful aging' and might become burdening especially for women. She argues that starting with middle age women gain a certain level of achievement of a social capital through their personal and professional advancements. However, their energy and relative independency of men, are rechanneled this time for maintaining their social status, which tend to decrease due to aging, via consumer behavior in terms of medical interventions and cosmetic products. In parallel, Woodward (1997) emphasized the invisibility of middle aged and older women by assuming the same with Port that women are the relatively more capable of sustaining their lives autonomously after middle age. Departing from this assumption, she seeks the answers of the question of: 'what if, middle and old aged bodies are more visible?' Above mentioned debates,

which are especially crystallized in Port's and Woodward's analysis, indicates the reasons behind asserting that 'aging' is a feminist issue.

Moreover, it is highly significant to note that these social constructions of aging regardless of being oppositional to each other, creates a gender privilege favoring men over women. In other words, in the light of above mentioned discussions, this study argues that aging socially deprives women more often than men. Sandberg (2013) contributes on this issue as follows:

“Not only are discourses on old age as either decline or success narrowly binary; these dual discourses also implicate clearly gendered connotations. Descriptions of the ageing body as a frail, leaky and unbounded body and assertions that old age is characterized by non-productivity and increasing passivity and dependency clearly parallel the characterizations of female bodies and femininity” (2013: 14).

Although discussions held on embodiment and aging bring valuable insights for gerontological perspective, this study focuses more on the experiences of women in menopausal transition. Yet, it is not wrong to assume that the experience of menopause, which is widely accepted as an indicator of aging for women, also manifest itself in an oppressive manner due to above mentioned conceptualizations of aging. Especially in neoliberal setting, where aging is equated with unproductivity, the social value of maturing women is influenced in a disadvantageous way (Martin, 1997). The reason for that lies in the very assumption about productivity of women, which is often allied with their capacity of bearing children (Gergen, 2000). Therefore, the embodiment of menopause may result in women to feel the loss of their personal worth. Departing from the assumption of this study investigates women's agency during their experience of menopause by bringing the materiality of embodiment to the forefront and cultural construction of this experience.

1.2. Aim and Scope of the Study

The study embraces to seek interpretations for the research question of ‘what kind of cultural and subjective meanings are attached to menopausal embodiment and in which way these meanings engage in formulating midlife both in terms of gender inequality and women’s sense of identity, based on women’s experiences of menopause?’

It should be implied that especially in the medical discourse the experience of menopause has divided into three phases, namely pre-menopause, menopause and post-menopause that indicates the processes of menopause from the beginning until the end. However, in this study all these phases are referred under the umbrella of ‘the experience of menopause’; since the study does not pursue medial explanations. More importantly, the primary source of knowledge of this research is women’s own accounts about their experiences of menopause and they did not refer their experience by dividing it into these three phases. Therefore, the plain term of *menopause* is preferred to be used throughout the study.

The initial methodological claim of the study is going beyond dualist oppositions starting from mind and body in order to underline the materiality of embodiment. In the light of this claim, sex/gender and nature/culture distinctions will be revisited as well. Furthermore, the methodology of the thesis is organized around multiplicity of women’s experiences of menopause based on feminist standpoint approach in order to look beyond the curtain of invisibility regarding women in middle age and to avoid from providing monolithic explanations, which mostly dominates the medical discourse about the experience of menopause. However, while problematizing the hegemonic medical discourse and/or medicalization of menopause due to the fact that it labels the experience of menopause as an ‘estrogen deficiency disease’ and favors hormone replacement therapy (HRT) in order to ‘cure’ menopause, the HRT choices of women are not evaluated within a pro- or anti- HRT framework. The primary motivation behind this attitude is again overcoming binary oppositions. It should be also noted that agency of women related with their experience of menopause will be

elaborated based on an intersectional analysis, which especially assumes age, class and gender as interdependent forming not only social meanings but also women's identity.

Under these methodological claims, in-depth interviews are embraced as data collection method. The interviews are conducted with 20 women, who belongs to upper-middle class and actively working either in high status jobs as professionals or in managerial positions. It is important to note that designating an age range for the research participants is deliberately refrained, since the study does not rely on medical assumptions of menopause. Interviews lasted approximately one hour for each. Most of the interviews were held either in the workplace of women or in places nearby. After confirming women's consent to participate in the study voluntarily, the interviews was tape-recorded and transcribed. After data collection, findings were coded manually in order to form further concepts for analysis.

After closing this section, findings should be mentioned briefly. To begin with, due to the elimination of age limit, the research participants revealed a further invisibility of women, who experienced menopause in the early years of their lives; thus, the study also covers the discussions related with 'early menopause'. Additionally, from some of the interviews it is understood that the experience of menopause may appear intersectionally with other health conditions like thyroid and breast cancer, which target women most of the time. In discussing data, a special importance is attached to the knowledge about menopause and in which ways women learn about this experience. Considering the general profile of the research participants, a strong emphasis on 'being modern' is made appearing as an important dynamic, which increases the trust and reliability for medical institutions.

Moving on the public representations of menopause, it is understood that the messages given by media reinforces the stigmatization of menopausal women. Most of the respondents agree on the existence of menopausal stigma and especially in the workplace it may be compelling for women. Under these circumstances 'hiding' the experience of menopause seen as a common coping mechanism against social

stigmatization. In other respects, talking about menopause is manifested within a context of 'joking' as well, which is evaluated as highly interrelated with the tendency of 'hiding' that inscribes the invisibility of menopause and middle age.

The 'feminine ethos' reiterated by Sybylla (1997) indicates that *reproduction, sexuality, youth and beauty* are seen as innate mainstream dynamics of being feminine. Corresponding with that claim, the menopausal experiences of women are investigated especially in the contexts of work and marriage life, which may bear clues about women's oppression peculiar to middle age. As a result, emotional distress and feelings of 'uselessness', 'loss', 'failure', and 'shame' are widely observed, whose level discerns in accordance with women's work position, social and financial capital. To illustrate, finitude of reproductive capacities may be emotionally burdening for women; yet it is also noticed that whether they have children or not, might be irrelevant. Furthermore, middle age and physiological challenges of menopause such as vaginal dryness appears itself as additionally compelling for women in terms of sexuality, which is often perceived as an activity favoring men. In addition, sexual disharmony may be seen as a threat to marital union as well due to the anxiety over the possibility of partner's infidelity. Another dimension of 'feminine ethos' is related with youth and beauty, which not only channels women's money and energy on cosmetic industry; but also creates severe exhaustion in women's identity due to physical decay, especially for women who is mostly known as a beautiful throughout their lives.

The constant effort towards being healthy and staying healthier is highly related with women's class positions, in which health and wellness are frequently perceived as a self-realization project in accordance with contemporary trends of healthy life and nutrition. Parallel with this pattern, doctors and medical institutions are highly praised. On the other hand, dialogue with medical experts can also be considered as problematic in terms of women's experience of menopause and their decision making towards utilization of HRT. In return, sharing the experience of menopause inter-generationally or within a cohort of women appears as a significant negotiation

mechanism against medical discourse and compensates doctor's negligence about emotional needs of women in menopause. Moreover, the sharing of experience is attributed a political value as well; because it can be considered as an alternative discourse providing knowledge about menopause based on women's own experiences.

Finally, the empowering aspects of midlife is introduced, in which self-confidence and maturity revealed as pioneering prospects uttered by women; although these cannot be directly related with the experience of menopause. Driving forward the empowering aspects of middle age goes beyond the motivations of 'successful aging'; since it not only deals with women's physiology but focuses on agency instead. In the next section the aim and scope of the study will be clarified further by explaining the organization of thesis.

1.3. Organization of the Thesis

To begin with, it should be noted that parallel with the above mentioned debates regarding the marginality of old age in feminism, in the Turkish context as well, the experience of menopause is rarely subjected to academic writings except of few studies. Moreover, problematizing embodiment in feminist theory has always been a slippery zone due to sex/gender distinction, which can be considered as a fundamental foundation of legitimization of feminism within modernist paradigm. Therefore, by acknowledging discussions about women's body is precarious and elusive due to the fact that the inferences may easily lead to essentialist and reductionist claims and threaten feminist gains achieved so far; I try to justify my point of view clearly by conducting an extensive discussion about the concept body in social theory by introducing existing approaches towards it, naming naturalistic and constructionist views. Subsequently, the sex/gender dichotomy is problematized by introducing corporeal feminist perspectives standing in opposition towards dualist understanding. After dealing with the concept of body, epistemological framework of the study will be elaborated by locating feminist standpoint theory (FST) in a versatile position regarding modernism and postmodernism, which is followed by addressing the

significance of embodiment and experience of menopause in standpoint feminism. In chapter 3, a detailed review of the existing feminist literature about the experience of menopause in terms of medicalization of menopause, media representations and issues about sexuality, is introduced. In the light of these aspects of menopause, a special importance is attached for the case of Turkey along with international debates in chapter 3.

The fourth chapter of the study is dedicated to introduce the methodological framework of the thesis including the details related with research case selection, specifics about research method, data collection processes, and clarifications regarding researcher's reflexivity and ethical considerations.

The purpose of the following three chapters is to analyze and discuss the data acquired from the fieldwork. In that sense, fifth chapter is devoted to explain the initial dynamics at the first encounter with the experience of menopause. Chapter 4 can be considered as the most fruitful part of the study; because the social stigmatization of menopause, recognition of feminine identity, meanings attributed to healthiness are discussed together with women's agency. The last chapter about the analysis of the data tries to bring out political aspects of midlife not only by problematizing medical institutions and women's dialogue with their doctors but also by emphasizing women-to-women conversations on menopause held with mothers, elder relatives and friends. After problematizing the 'hiding' and 'joking' tendencies in talking about menopause, the second part of this chapter features the empowering aspects of middle age in a broader sense going beyond the experience of menopause. After the analysis and discussion of the data, the thesis is concluded by summarizing the prominent findings of the research. Additionally, in the conclusion chapter, contributions of the study to the existing feminist literature is clarified by underlining the limitations of the study and offering directions for further studies.

CHAPTER 2

THEORIZING MENOPAUSE AS AN EMBODIED EXPERIENCE

In this chapter, I would like to begin with conceptualization of body in order to problematize the ‘subject’ and the ‘category of woman’ in social theory from the establishment of sociology as a scientific discipline. In addition, I am going to discuss selective contemporary approaches towards a conceptualization of an ‘embodied subjectivity’ both in sociology and feminist theory within a feminist standpoint perspective by introducing relevant concepts such as *situated knowledge*, *partiality*, *intersectionality*, *outsider/within status* and *epistemic privilege*.

2.1. Going Beyond Dualities: Locating ‘Body’ as a Key Concept

Since the study aims for an enhanced understanding about the experience of menopause, the concept of ‘body’ carries itself to a valuable place. Therefore, it would be useful to follow the journey of body in social theory and its interrelations with the concept of gender and the category of woman.

It is essential to state that the importance of body regarding self-identity and individual agency is not static throughout the history of sociological thought. From the establishment of sociology as a discipline, body is not regarded as an object of study and often pushed to the margins of the discipline as an already given entity, which did not need any further investigation regarding its sociological meanings (Shilling, 1993; Turner, 1991). In fact, the concept of body is only perceived as a fleshly matter of human beings and except from its biological functioning, most kind of bodily processes are neglected by sociologists (Shilling, 1993). However, since the body cannot be ignored entirely arising from the fact that, human beings engage in social life and in their own subjectivities through their bodies like in speaking, thinking, working, etc., the discipline of sociology has partly acknowledged the existence of the body from a surface level. As Shilling states that the concept of body

has historically been an *absent presence* in sociology, in which without omitting the body from the discipline, the subject matter has been embraced in a disembodied manner (1993:19).

Nonetheless in today's contemporary days, where the recognition of subjectivities skyrocketed by the influence of postmodern way of thinking, representations of body are almost limitless and body is perceived as the mainstream way of self-expression (Giddens, 1990; Bourdieu, 1984). Although, the concept of body has gained a popular place as a sociological issue in social theory recently parallel with the increased status of body as a constitutive of self, some embodied processes still tend to remain either invisible, or in the margins of sociological discussion such as puerperality or menopause. I argue that, the ontological status of the subject divided by body and mind results in that systematic negligence of some of these bodily processes. Additionally, it is beyond coincidence that most of these bodily transformations are related with the feminine body and; thus, it should be problematized in a feminist framework as well. In order to overcome gender inequality and heteronormative culture Rich (1980) also addressed to reclaiming the concept of body:

“[We] need to begin with the female body -our own- [is] understood [...] as locating the grounds from which to speak with authority as women. Not to transcend this body, but to re-claim it. To reconnect our thinking and speaking with the body of this particular living human individual, a woman” (213).

In this regard, it would not be wrong to say that the ontological background of our way of thinking is dominated by dualism, which is “the assumption that there are two distinct, mutually exclusive and mutually exhaustive substances, mind and body, each of which inhabits its own self-contained sphere” (Grosz, 1994: 6). Grosz interpreted this ontological position as *somatophobic* resulting from her detailed investigation about the conceptualization of body in Western philosophical and Christian tradition (Grosz, 1994; Fraser & Greco, 2005). In a *somatophobic* way of thinking human beings are neglected in their natural and biological form of existence, because “body has regarded as a source of interference in, and a danger to, the operations of reason” (Grosz, 1994: 5). She (1994) also emphasized that even the prefix ‘soma’ referring to body has originated from the Greek word ‘sēma’, which means dungeon.

In her argumentation of *somatophobia*, Grosz especially focused on Descartes, who is considered as the cornerstone philosopher of modernist thinking. She states that, Descartes institutionalized the irreconcilable distinction between soul and nature in Western philosophy by Cartesianism (Grosz, 1994: 6). Descartes's binary definition of substance asserts that the thinking substance *-res cogitans-* and the extended substance *-res extensa-* are mutually exclusive (Bordo, 1986; Grosz, 1994). Within this context, the extended substance functions only in accordance with natural, causal laws like a mechanical device. On the other hand, thinking substance is super-natural, which is not contingent upon natural laws. Therefore, the consciousness of the subject is totally freed from its corporeality (Grosz, 1994). Cartesianism and dualist thinking should be problematized especially from two crucial frameworks. Firstly, dualism manipulates our way of thinking also in a dichotomic manner and reproduces other dichotomies like man/woman, subject/object, nature/culture etc. which are also highly problematic and criticized by contemporary social scientists and feminists (Fraser & Greco, 2005). Secondly –related with the first one-, it must be stressed that dualist thinking intrinsically constructs a hierarchical relation between two poles of the dichotomy (hooks, 1984).

“Binarization of mind and body does not only indicate a dichotomy, in which two concepts are mutually exclusive; but also it designates a self-evident hierarchy where mind is incontestably privileged over body” (Grosz, 1994: 6).

This philosophical tradition, which Grosz followed back to the ancient Greece and Christianity, has a major influence in conceptualization of subject in social sciences and ‘category of woman’ in feminist theory. In that sense, the subject in social sciences is tended to be equated with its mind and reasoning. Because, social sciences, or sociology in particular, have gained legitimation as an autonomous discipline by distancing themselves from the *nature* and focused entirely on the *soul/culture/mind* of the subject (Shilling, 1994). Hence as Foucault (1980) emphasized, the emergence and rise of both social sciences and modern medicine has a very close historical connection. Social sciences and modern medicine roughly represent the two poles of dualism namely mind and body. In fact, it would not wrong to say that science itself is perceived in a dichotomic way in terms of *natural* sciences and *humanities*, each of

which consider the different sides of mind/body dichotomy as superior. Sociology attempts to interpret human behavior not in terms of biology; but with the operations of mind and reasoning. At this point, it is clear that the dualist approach does not only indicates a separation of subject into a two mutually exclusive components –mind and body- ; but also, establishes a strong hierarchy between them and prioritize mind over body. Turner explained this with these words:

“Any attempt to direct sociology towards a theory of the body must appear as a heretical betrayal, since such a movement suggests simultaneously biologism and methodological individualism” (Turner, 1984: 36).

As implied by Turner, the dominance of dualist thinking in social sciences, where subjectivities are handled limited within their mental activities, may result in the experience of menopause is rather an invisible transition. Before moving on conceptualization of an embodied subjectivity based on more recent sociological studies, it would be conducive to briefly discuss the relevant theories reinforcing the dual status of the body in sociology and its relations with aging, health, medicine and menopause. Based on Shilling’s (1993) categorization the dual status of the body in social theory the concept of body is reinforced from naturalistic and constructionists views, both of which acknowledges the concept of body from the opposite side of the implicit hierarchical thinking of Cartesianism.

2.1.1. Naturalistic Views

All the approaches considering body as a biological and pre-social phenomenon can be analyzed under naturalistic views. According to naturalistic understanding, the state and activities of an individual being or a society is irrelevant with the operations of body. Body is understood as a basis, on which the super-structures of self and society are formed (Shilling, 1993:41). Actually, these views were flourished parallel with the foundation of sociology as a discipline, because social sciences had to let the body behind and focus on the sociality of individuals by emphasizing their mental and social abilities. In this case, letting ‘the body’ behind was a matter of legitimation for social sciences. Thus, explanations regarding body is mostly pushed into the limits of biology which are essentialist. According to Shilling (1994) naturalistic views

began dominating the realm of science after 18th century. Egalitarianism created a new ideological setting, where women also should be equal with men. Yet, the biological distinction between men and women is considered as paradoxical considering the settled ideology of men are superior to women. According to Gallagher and Laqueur (1987), naturalistic interpretation has come into prominence after this dilemma in order to find a naturalistic foundation for the inequalities between men and women. Therefore, after 18th century ‘the instable nature of women’ is crystallized especially in the discussions of health and illness and inequalities between men and women are legitimized within the egalitarian discourse as well by stressing biological differences.

In 19th century starting from the Western world, civilization of human-kind has undergone a major transformation with industrialization. This historical period again is crucial, which altered the meaning of body and also brought even stronger boundaries between the bodies of men and women, because home and workplace has separated so that men’s and women’s bodies has diversified in terms of its functioning (Shilling, 1993). Moreover, the uncertainty originating from that rapid and unstable economic change created fear and anxiety, which helped to popularize naturalistic views towards women’s bodies. According to Shilling:

“Naturalistic views on the human body, bolted onto existing gender relations, served to transplant fears of economic chaos away from the minds of men and on to the biological bodies of women” (Shilling, 1993:47).

This also accelerates the medicalization of women’s bodies as well, by defining men’s body as the perfect representation of a human being. On the contrary, women’s bodies were seen as imperfect and pathological due to all its reproductive functioning starting with menstruation. When we come to the end of 19th century and the beginning of 20th century, a new biological and medical discourse is introduced by genetics. Improvements in the field of genetics, human beings apt to be reduced to their genes, in which people are perceived only as the aggregate of certain amino acids.

All these constituents of naturalistic views not only legitimizes; but also, reproduces social inequalities even today, because inequalities are seen as inevitable and natural

facts within this framework. Since these views interpret existing social inequalities as natural and; thus inevitable, white race and male body tend to be manifested as superior. At this point Shilling's argument is crucial:

“Women's experiences of their bodies are distorted by dominant social forces. [...] Although, the body provides a basis for the construction of patriarchal social relations, these relations are *themselves seen as shaping the bodies of women*” (Shilling, 1993:63 [Emphasis original]).

This argument is crucial in order to reveal that self and bodily perception is susceptible to social dynamics or, in other words, body gets involved in social relations *explicitly*.

Although, one might easily get the feeling that naturalistic views have already been outdated. Yet, naturalistic views are still utilized in contemporary neoliberal and neoconservative social systems, so that deepening social inequalities are depicted as natural and inevitable. In that sense, the discussions related with body and especially in the cases of aging and menopause, naturalistic views are still highly pervaded in every aspect of life most especially in medicine, which is confounding. For example, depression is accounted of one of the 'symptoms' of menopause (Avis, Brambilla, McKinlay & Vass, 1994). What is interesting here is that, medical explanations tend to regard menopausal depression by referencing it to hormonal imbalances. Is it really, purely and simply hormones and nothing more? This question is barely asked by medical authorities. This is a striking example of how intrinsic and dominant the naturalistic views towards body in general and menopause in particular even in the case of depression, which is also a mental disorder and could easily be related with and should be evaluated together with social and environmental factors. Yet, human body is still considered that it is consisted of a hierarchical system of organs led by brain and hormones released by it. This approach towards menopause is highly biologically deterministic. Surely, it would be inept to say that hormonal deficiencies and imbalances do not have implications on human body. But, the emphasis here is the lack in perception of medicine that human body and mind are interconnected not only with each other but also with all social relationships. Therefore, in discussing about aging and menopause naturalistic views should not be

treated as if they have already marginalized; on the contrary biologicistic explanations, which creates monolithic explanations on bodily processes, should unceasingly be criticized in order to shake this steady biologicistic basis and force them to question their naturalistic claims.

2.1.2. Constructionist Views

The second vein regarding the body in social theory can be categorized under constructionist views which have been arisen rather recently compared to naturalistic views. Constructionist understanding has mostly developed within the advancements of postmodern and post-structuralist way of thinking. In comparison with naturalistic views, constructionist ones can be considered as more enhanced; thus, it would not be inaccurate to argue that the constructionist views has nourished in a great deal the discussions on body and feminist thinking. The reason is that it approaches the body as a unit of analysis, which power dynamics reflects on, influence and even structure its whole meaning (Shilling, 1994). Constructionist approach briefly focuses on social power dynamics, discipline, punishment and the issues of recognition. Hence, its spheres of concerns are highly related with the representation of body and bodily images in a heteronormative and capitalist social setting. In that sense, constructionist interpretation allows for a more detailed analysis of the relation between body and gender as well. Following a symbolic interactionist and tradition scholars being in the forefront like Michel Foucault, Erving Goffman, and Judith Butler shares the constructionist motivations in their theories. According to social constructionism the body is socially shaped, constrained and invented; thus, social difference and boundaries are totally social constructs (Shilling, 1993; Bendelow & Williams, 2002). Albeit, social constructionists differs in defining what is constructed as body, what is the difference of body from other socially constructed phenomena or what dimension of body is more open to social construction, they are all in opposition to naturalist perception of body represented as a purely biological phenomenon. In other words, they all argue that body is a receptor rather than a generator of social meanings even if they define divergent relationships between body and society (Shilling, 1993:70).

Even though constructionist views contribute a lot in the analysis of body with valuable insights related with power dimension and freed from biologicistic explanations, it would be incorrect to declare that constructionist approaches entirely overcome the dual approach towards the body and the subject. In general sense, constructionism maintains that the body becomes meaningful and shaped within social relationships. However, this approach to the body annihilates the actual physical aspects of body and makes the concept of body a subset of culture. Shilling states about constructionist views that “body is presented as an item of discussion; but absent as an object of analysis” (Shilling, 1993:81).

Physiological bodies, which develop, transform and grow old is ignored so that the repercussions of these transition processes itself on the subject is deeply ignored in constructionist understanding. Their theory represents the opposite pole of Cartesianism, in which natural is constructed based on social and these interpretations are induced through categorization depending on mind’s receptiveness. Concordantly, constructionist theories may be considered as disembodied, in which the body is viewed as the result of discursive processes. Therefore, it would not be inaccurate to maintain that constructionist views deal with the issue of body in an essentialist way reducing the concept of body not natural but discursive processes. No doubt that naturalistic essentialism and discursive essentialism should not be evened up; because the relationship defined as discursive is not likely to be given and inevitable, yet open to transformation. However, since this very likelihood of transformation is not represented as originating from the materiality of the body itself, the attitude of constructionism also lacks a perception of subject in its own corporeality.

2.2. Rethinking Sex/Gender Dichotomy: Responding to Corporeal Turn

Feminism was born from modernist paradigm; yet, it always holds a critical attitude towards modernist thinking by claiming that science, economy, politics, mainly all social fields were male dominated which results in women having a subordinated hierarchical position in society (Ramazanoğlu, 2002). In order to be more specific, a

separate realms of *nature* and *culture*, as an extension of dualist thinking, should be clarified (Mies, 1986: 75; Beasley, 1999). Accordingly, *nature* field can be defined as the subject's natural, biological and inevitable part; whilst *culture* field can be defined as subject's any kind of social interactions, more suitable for subject's initiative (Ramazanoğlu, 1989; Bordo, 2004). Feminist thinking objects the perceived notion of woman's belonging in the natural field and male's belonging in the cultural field derived from nature/culture dualism. At this point, the question should be asked considering mind/body and the analogous nature/culture dualism: 'Why did men end up associated with the realm of culture, while women ended up in the realm of nature?'

A large chunk of the answer to this question lies in the corporeality itself. Women go through many bodily processes related with their reproductive capacities, such as menstruation, pregnancy, childbirth, breastfeeding, puerperality, and menopause for the majority of their lifetimes. Therefore, women are perceived in the realm of nature. Regarding the already instated hierarchy that acts on the realms of nature and culture, sourced by the mind/body dualism influences the social position of women negatively, and forced women to a subordinated social position (Mies, 1986). Additionally, it is essential to stress that, capitalist mode of production also increased the nature/culture dichotomy and contributed to inequality of men and women by presenting ideological frameworks. Capitalist mode of production separated the home and work fields; and in this context, culture field, specifically, became a pure manifestation of the realm of 'social'. On the other hand, women to provide for the children and the needs of the household, could not join the work force and remained at homes, unlike pre-capitalist time. This situation caused them to be associated with the nature field even stronger. Hartsock (1985) points out the ideological motive behind this separation:

"It is not accidental that women are associated with quasi-human and nonhuman nature, that woman is associated with the body and material life, that the lives of women are systematically used as examples to characterize the lives of those ruled by their bodies rather than their minds" (300).

From her accounts it is understood that both men and capitalist mode of production ideologically benefits from the increased inequality between men and women, since women's provides not only daily reproduction of the household and the worker, but also the reproduction the labor force as well. For this reason, it can be said that the increasing nature/culture dichotomy converges in a hegemonic structure in a capitalist system (Ramazanoğlu, 1989).

By objecting subordination of women with their criticisms on nature/culture dichotomy, feminist thinking gained its legitimacy in the already established modern scientific knowledge, with another conceptualization on body. As is known, Simon de Beauvoir laid the foundations of the feminist thinking with her well-known assertion of “one is not born a woman, but becomes a woman” (de Beauvoir, 2010: 330). As mentioned before de Beauvoir also emphasizes that, male dominated social system legitimized itself with the definition of the male’s belonging in the realm of culture and woman’s belonging in the realm of nature. This unequal social disposition that placed woman on the lower levels of the social hierarchy, comes from the idea that, woman, because of their nature -i.e. their body-, are inevitably as are. However, de Beauvoir, claims that being born with male or female genitalia is not enough to form the male and female identity and these categories are social constructs. From this perspective, she asserts that *sex* and *gender* are separate concepts (de Beauvoir, 2010: 330; Oakley, 1972). De Beauvoir claims that the identity of man and woman, that is to say apart from the bodily difference between two sexes, is shaped later, as one adopts the socially set gender roles (de Beauvoir, 2010). In that sense, the main argument of the feminist thinking is shaped by their assumption that the difference between men and women is not natural and/or inevitable but social and; thus, avoidable. Therefore, in order to gain equality and emancipation in present gender hierarchy, feminists claim that women should incorporate themselves into this very realm of culture. According to Witz (2000) this conceptualization of sex and gender reiterated by feminist thinking also provides the very source of legitimization of feminism among social theory with following words:

“Feminist sociologists, inspired by de Beauvoir’s analysis of how one is not born but becomes a woman and armed with the conceptual distinction between ‘sex’ and ‘gender’ (Oakley, 1972), pulled female sociality into view by way of the concept of gender. The distinction between the corporeal material of ‘sex’ and the sociality of gender was enabling moment of feminist sociology. Feminist sociologists sidelined body matters and foregrounded gender matters. Precisely because they were sociologists, they did latterly for women what sociology had done formerly for men: they retrieved them from the realm of ‘biological’, the ‘corporeal’ or the ‘natural’ and instated them within the realm of ‘social’. They began to release them from the theory of biological or natural determinism and subject them to a theory of social determinism” (2000: 3).

However, following Cartesian tradition, sex/gender distinction results in feminist to focus more on the concept of gender and excludes the materiality of the body. “De Beauvoir is trapped within that Cartesian mind/body dualism which underpins the existentialist conceptualization of freedom as a project of mind, and as a state of consciousness” (Hughes & Witz, 1997: 52). Here, it should be stressed that feminist thinking adapts itself to contemporary social changes and discussions since De Beauvoir; thus, did not remain static throughout the history of feminism. Whereas, in the first wave feminism, which corresponds roughly between the years of 1910-1950, the category of gender is formed around the discourse of ‘sameness’ and ‘sisterhood’. It has reversed with second wave feminism by declaring ‘difference’ for the category of gender between the years 1950-1980 inspired from the developments in postmodern thought.¹ The focus of this study is more parallel with the contemporary approaches of feminism which can be covered under the umbrella of post second wave feminist movement, where ‘difference’ between women, which is underlined with postmodernism and emancipatory ideals through women’s struggle are tried to be blended together after 1990’s. In contemporary feminist discussions not only the subject is recognized with her differences; but also she produces her own knowledge about her subjectivity. Moreover, post second wave feminism, investigates a possibility of a common ideal of empowerment within such a comprehension of subjectivity. Sex, gender, body/corporeality and representation of subjectivity are crucial and must be re-conceptualized according to post-second wave feminists who

¹ For more details see: Evans, J. (1995). *Feminist theory today: An introduction to second-wave feminism*. Sage.

are both a reaction and a continuation of the second wave feminism. Since this study aims more than a mere criticism of Cartesianism, biologism or first wave feminism; in fact it is intended to offer new approaches for conceptualizing body both in social theory and feminism, which is not passive or objectified; but as an integral part of subjectivity. Accordingly Witz stressed:

“The ‘corporeal turn’ in sociology and in feminist philosophy must be carefully and critically negotiated by feminist sociologists as they seek to move confidently beyond the troubled sex/gender distinction and attend to the task of embodying gender” (Witz, 2000: 2).

Parallel with this attempt the question must be; how to make sense of the interaction between subject, gender and body without asserting biologist, essentialist claims and utilizing body as the intersecting factor of subjectivity/sociality not only in feminist thought; but in scientific reasoning in general. In this respect, the concept of body should be embraced as a site of social, political, cultural even geographical record, production and construction. In the light of these premises, regardless of the type of the developed model, a model conceptualizing body should show that, body itself articulates the subject’s biological and psychological operations that are the internal and external qualities, in a constructive manner. Additionally, in an understanding of embodied subjectivity, the concept of body should be analyzed within a dynamism of change and transformation instead of perceiving it as a fixed and completed entity.

Merleau-Ponty is a theorist who tries to revisit the concept of body from a phenomenological perspective. In his striking work *Phenomenology of Perception* (1996) he contests against the classical conceptualization of body as an ‘object’ and he asks the basic question ‘if an object (body) does not leave me and cannot be separated from me, can still be considered as an ‘object’?’ Merleau-Ponty distinguishes the body from being purely an object unlike represented in Cartesian understanding of body in classical psychology and sociology. The body is a *lived reality* for the subject; nevertheless, Merleau-Ponty also states that body gains the features of an object for others (Grosz, 1994). Therefore, the aim of Merleau-Ponty cannot be explained as empowering body over mind or as consolidating mind and body in a holistic theory. Instead, Merleau-Ponty draws attention to the concepts of

experience and *perception* in order to clarify that the body stands beyond dualisms by its in-between position of object and subject.

“Merleau-Ponty demonstrated that traditional psychology and physiology presume a fundamentally passive body, one on which sensuousness or perceptuality of objects impinges. Instead, he shows that it is active insofar as it gives form and sense to its own component parts and to its relations objects in the world” (Grosz, 1994: 89).

Thus, the body is characterized in Merleau-Ponty as a condition or a means of communication, not an object. Since, it is impossible to stand back from one's own body, the body does not represent an atomistic entity, which is completely disparate from outside world (Fraser & Greco, 2005: 43). Additionally, within Merleau-Ponty's conceptualization, the relationship between subject and object is not clear-cut or bound only on causal relationship; rather, the subject and object relates with each other through sensuous experience and meaning. These senses are interactive and interdependent impinging on *lived experience* in the process of forming meanings, which makes it more difficult to analyze separately as it is done in causal relationships.

These arguments of Merleau-Ponty on perception carries the concept of *experience* to an embodied level, which means that the body is one of the active dimensions that constitutes subjective experience. Thus, experience locates itself between mind and body- or as argued in Grosz (1994) across them in their lived conjunction. This comprehension of experience is epistemologically critical because in accordance with locating body in a central position forming subjectivity, not only the knowledge of the self; but also, knowledge of the outside world can only be achieved through the body according to Merleau-Ponty. Furthermore, since Merleau-Ponty relates subjectivity with corporeal constitution the experience, in that sense, gains a spatial and temporal dimension as well. All these presumptions of Merleau-Ponty leads to a new conceptualization of subjectivity shaping the framework of corporeal feminism. Embodied subjectivity helps coping with the problems arising from sex and gender distinction mentioned above and forming a body-aware feminist epistemology.

Grosz, who is one of the pioneer scholars theoretically adopted in this study tries to fill the gap left behind by Merleau-Ponty by her insistence on sexed bodies and sexual difference again in an understanding of corporeal subjectivity. Grosz, following also the phenomenological path, argues that sexuality should not be seen as a drive or cause in individual behavior but should be considered “as a modality of existence, infusing all aspects of the ways we face and act in the world, part of our situation in the world” (Grosz, 1994: 108). Her theoretical stance regarding embodied subjectivity helps feminist theory to enrich its discussions and to pose a self-critique on its conceptual postulates of feminism such as the separation of sex and gender regarding knowledge production.

Grosz considers that “body is a pliable entity whose determinate form is provided not simply by biology but through the interaction of modes of psychical and physical inscription and the provision of a set of limiting biological codes” (Grosz, 1994: 187). Nevertheless, she believes that Merleau-Ponty is unable to address whose body he is elaborating on and more importantly “what kind of perceptual functions and what kind of sexual desire result from the sexual morphology and particularity of the subject” (Grosz, 1994: 110). Young also criticizes Merleau-Ponty due to the lack of sexual difference in his theory by asserting that he excludes the corporeal experience that women undergo related with their reproductive abilities reflecting also on the relationship between mind/body, object/subject appearing not in a same way in women as it does in men (Young, 1980). This criticism of Grosz and Young puts forward that the mid-life experience is lived differently between men and women differently due to the difference of bodily morphology and reproductive ability. Due to these criticisms posed to Merleau-Ponty, Grosz’s effort is directed towards establishing models, concepts, categories, and methodologies that tie subjectivity irreducibly to the specificities of sexed bodies and spread corporeal feminist framework across feminist theory (Grosz, 1994). It is important to note that though, the sexual difference reiterated by Grosz does not only imply a fixed or ahistorical biology that men and women are inevitably born with, despite it carries a biological dimension. Thus, she does not seek for objective criteria defining sexual difference; rather, to

achieve a sexually specific perspective, in which negotiations are still possible. Grosz explained this within these words:

“The framework or terrain of sexual difference entails not the concept of a continuum, a wholeness, a predivisional world as plenum, but the simultaneous recognition and effacement of the spacings, the intervals, the irreducible if unspecifiable positioning, the fissures and ruptures that bind each ‘thing’ to every other and to the whole of existence without, however, linking them into an organic or metaphysical wholeness or unity” (Grosz, 1994: 209).

She also draws attention that that female bodily processes are either remained as marginal or seem as abject and thus remained vulnerable (Grosz, 1994). On the other hand, she remains reluctant to assert an alternative account for women’s representation in order not to put herself in a position of knowing in advance either. Rather, she introduces the model of Möbius Strip, which is borrowed from Lacan, in order to describe the twofold nature of embodiment and subjectivity, which moves both from ‘inside out’ and ‘outside in’ and capable of becoming engaged with each other. To be more precise, The Möbius model indicates that while the senses, experiences and pleasures emphasized in psychoanalysis and phenomenology form the ‘inside’ of the Möbius Strip; social imperatives such as cultural codes, customs, law marks the ‘outside’ of the Möbius Strip (Grosz, 1994). In accordance with Möbius Strip model Grosz defines the workings of it with these words:

“[...] a model (Möbius Strip model) which shows that while there are disparate ‘things’ being related, they have the capacity to twist one into the other. This enables the mind/body relation to avoid the impasses of reductionism, of a narrow causal relation or the retention of the binary divide. It enables subjectivity to be understood not as the combination of psychical depth and a corporeal superficiality but as a surface whose inscriptions and rotations in three-dimensional space produce all the effects of depth” (Grosz, 1994: 209).

The Möbius model is not offered by Grosz as an absolute tool for examining the corporeality of the subject. Yet, what she intends to do is introducing a device to enhance the understanding of corporeality for further studies in order to develop alternative models based on the materiality of the body, which is open to operations of both culture and desire. However, Grosz’s Möbius Strip model also comes with its own problems. Firstly, even if Möbius Strip provides an effective model in order to

explain the role of body related with corporeality; the influence of bodily shifts, changes or movements occurred in the subject –for instance in this case, menopausal transformation- cannot be adequately explained via Möbius model. In other words, the question of how the Möbius Strip adapts to a certain bodily transformation is not clearly detailed by Grosz. Therefore, it would not be wrong to assert that even if Möbius model holds an internal dynamism, it is rather challenging to tailor this dynamism into the transformations undergone by the subject. Thus, the Möbius model needs to be improved through these kind of studies regarding especially reproduction and sexuality. Secondly, since the purpose of Grosz with this Möbius Strip model is to build a new approach towards corporeal feminism, the Möbius Strip model cannot be solely an explanation in terms of power relations reinforcing gender inequalities and impinging upon subjective experience. Also, Grosz’s model of Möbius does not directly guides towards a feminist intention to struggle against power dynamics reproducing gender inequality and women’s subordination. In order the Möbius model to gain a feminist quality and to provide a methodologic dimension for feminist studies, its relationship with women’s actual daily life experience should be revealed clearly. This will also enable accentuating the power relations. Therefore, Möbius model cannot represent a feminist solution by its own. Rather, the model should be adopted in feminist studies as an ontological and epistemological starting point to approach the category of woman and women’s agency in order to build corporeal sociology, corporeal feminism. Parallel criticisms were made by Witz:

“Feminist sociology must somehow ensure that the body is recuperated within analyses of gendered sociality and gender relations without overwhelming the sociality of gender by over-discursivizing bodies or (re)embedding the totality of the meaning of gender within the meaning of bodies, even if these are no longer invested with a priori, but with discursively constructed meanings” (Witz, 2000: 10).

As is seen, the issues of gender and power are weekly discussed within corporeal feminist understanding in order to provide tools for women’s struggle; although, its focus of body and embodied subjectivity offers empowering capacities. Therefore, in this study, feminist standpoint theory, (FST) which also rebels against dualistic

explanations, is reworked in a corporeal framework approaching the embodiment of subjectivity. Witz also emphasized this necessary collaboration:

“The body as a site or location of agency and subjectivity has also functioned within feminist appropriations of both materialists and phenomenological methodologies as a site of *intelligibility* (Rose, 1997); as a location from which the social is experienced, known and understood from a ‘woman’s standpoint’ which in turn might provide the epistemic grounds for a ‘feminist standpoint’” (Witz, 2000: 6).

Hartsock (1983), who is considered as one of the scholars dedicated to FST, agrees with Witz advocating that FST approach should bring the body, together with its needs and desires, at the center of theory as a foundation for standpoint epistemology and feminist historical materialism (259). FST is rather a fluid theory an open to variety of interpretations. In this study FST is formulated as an expansion of resistance postmodern culture. The importance of materiality such the body in resistance postmodern culture is clarified by Ebert:

“As a first step to developing the theories that can effectively understand and intervene in such social conditions, I believe a resistance postmodern feminist culture studies needs to engage a materialist retheorization of differences as differences in relation to socioeconomic systems of exploitation” (Ebert, 1993: 42).

Resistance postmodern culture distances itself from postmodernism since it is not an anti-theory and does not exclude ‘conceptualization’. As Ebert (1993) argues, the ‘struggle concepts’, which are “historical, material practices through which the subject engages the social contradictions, the exploitative effects of patriarchy” (Ebert, 1993:32) paved the way for feminism in order to alter our understanding of reality and thus our ability to change it.

“These struggle concepts have made it possible to make intelligible as historical and social effects those practices that have been thought of as ‘natural’ and inevitable aspects of the ‘normal’ order, thus opening up those practices to the possibility of intervention and social change” (Ebert, 1993: 33).

Ebert (1993) addresses patriarchy as a practice of theory of and institutions of knowledge as a way of exclusion imposed on women and inhibits them to produce new modes of intelligibility in order to alleviate exploitative social order by explaining the conditions of patriarchy in a critical way. Furthermore, in her criticism

towards the anti-theorization of postmodernism, she implies that anti-theoretical theory is politically damaging for women's struggle in a similar way with patriarchy by delegitimizing concepts and detract women from theorizing and knowledge production.

In sum, FST approach is embraced in this study by bringing the materiality of body to the forefront within a corporeal framework against sex/gender distinction. However, corporeality is not understood neither in a biological essentialist way, as in Cartesian dualism; or in a discursive or performative way as in postmodernism in parallel with Witz's and Ebert's criticisms. In the next section FST approach is death in detail by explaining its relations with modernism and in which way FST approach is seen as a resistance postmodern culture.

2.3. Locating Feminist Standpoint Theory in Resistance Feminist Postmodern Culture and its Responses to Modernist Paradigm

FST has emerged in 1970's and 1980's as innately critical towards feminist theory and modernist social theory (Harding, 2004). Its critical nature towards existing practices of feminist studies and modernism in general roots in Marxist legacy, from which the theory develops itself. According to Cockburn (2015), under the constant circumstances of class domination, a distinctive proletarian *standpoint* has emerged, which inspired the FST as a theory of oppressed. As emphasized by Hartsock in Fowlkes's study (1997), FST challenges the Cartesian epistemological claims of duality, objectivity, neutrality and universality based on Marx's meta-theory by using gender rather than class as the device that structures oppression. Due to the fact that it emerges from the Marxist tradition, it does not neglect the capitalist relations or class positions. Since the ethical superiority of social institutions are problematized by FST the claims of medical institutions are also questioned, which will be elaborated in the discussions of menopause. However, due to this critical tradition, FST has its own internal variations and differences, which are; on the other hand, welcomed by feminist standpoint theorists (Harding, 2004).

As mentioned earlier, FST preserves a sort of ambivalent position between modernism and postmodernism, which may be acknowledged both as a strength and as a weakness. In a very basic sense, it may be argued that FST stands in a critical position to the claims of modernist claims naming *universalism*, *essentialism* and *rationalism*, even refutes them. Due to these deep criticisms of FST towards modernist assumptions, its approach towards the apprehensions of subject and objectivity is profoundly differentiated from modernist understanding. Yet, with its purpose of emancipation, equality and empowerment for subordinated gender positions, it would be wrong to argue that FST rejects modernist paradigm as a whole. On the other hand, FST not only highly influenced by postmodernism; but also, it has borrowed a lot of concepts from it when forming its epistemological and methodological framework.

FST highlights the notion of *agency*, which is active and able to negotiate with social structures and hegemonic relations. It is also active in order to cope with inequalities and active to change/transform the subordinate position attributed to her/him. Contrasting to the modernist assumptions of the subject, Harding explains the agentic quality of the subject with these words:

“The implied ‘speaker’ of scientific sentences was never women. It was supposed to be humanity in general. As Donna Haraway famously put the point, the subject of knowledge claims was to be an idealized agent who performed the ‘God trick’ of speaking authoritatively about everything in the world from no particular location or human perspective at all. The idea that the very best research, no less than the worst, does and should ‘speak’ from particular, historically specific, social locations has been out of the question for standard research norms” (Harding, 2004: 4).

This quotation from Harding clearly states that the notion of *objectivity* is highly criticized by standpoint feminism. Objectivity in modernism implies an existence of a reality ‘out there’ to be discovered and “an important set of procedures which serve to continue the body of knowledge of the discipline as something which is separated from its practitioners” (Smith, 2004: 24). On this discussion, Joseph Rouse offered for social construction of scientific knowledge, a feminist perspective which is “engaged and self-critical participation in the making and remarking of scientific

knowledge of the world we live in” (2004: 370). He believes that the possible interactions among knowers and the world known may lead to a better science and to a better world if the scientific practices, projects and claims are tried to be understood through this interaction (Rouse, 2004: 371). Furthermore, *objectivity* in an orthodox modernist understanding is problematized by FST by presupposing that knowledge intrinsically involves with the interests and values of specific social groups. Dorothy Smith elaborates on that by emphasizing;

“The ethic of objectivity and the methods used in its practice are concerned primarily with the separation of the knower from what he knows and in particular with the separation of what is known from any interests, ‘biases’ etc., which are not the interests and concerns authorized by the discipline” (Smith, 2004: 24).

Hence, the aim of ‘neutrality’ through being impartial and being value-free is not possible (Jaggar, 2004: 61). As mentioned previously by problematizing mind/body dualism, attributing the capacity of knowledge to mind, which is a disembodied entity, creates a reductionist type of knowledge. In contrast with the claim of knowledge which has an illusionary nature of playing a God-trick, feminist standpoint perspective offers a more progressive understanding of science and knowledge summarized by Haraway with these words:

“I want to argue for a doctrine and practice of objectivity that privileges contestation, deconstruction, passionate construction, webbed connections, and hope for transformation of systems of knowledge and ways of seeing. But not just any partial perspective will do; we must be hostile for easy relativisms and holisms built on out of summing and subsuming parts. ‘Passionate detachment’ (Kuhn, 1982) requires more than acknowledged and self-critical partiality. We are also bound to seek perspective from those points of view, which can never be known in advance, which promise something quite extraordinary, that is knowledge potent for constructing worlds less organized by the axes of domination” (Haraway, 1988: 585).

From Haraway’s point of view, the alternative approaches in responding against the claim of *objectivity* should be achieved by acknowledging that the knowledge is *situated*, which distances the knowledge also from pure relativism. Haraway’s conceptualization of *situated knowledge* actually forms the most fundamental assumption related with FST which helps to preserve its dynamism between modernist and postmodernist paradigms. Even, the assertion of *situated knowledge*

distances FST as kind of a separate scientific paradigm and for sociology in particular. Starting from this point of view, Smith offers a new understanding of sociology based on *situated knowledge* building methodological and theoretical strategy due to the fact that sociology cannot avoid being situated (2004). In other words, *situated knowledge* can be considered as a *feminist objectivity*, by implying that only partial perspective promises objective vision (Haraway, 1988). Moreover, it would not wrong to assert that situated knowledge does not seek for a transcendence or a dualism between subject and object; instead it argues that the knowledge is locational to time and space and also inseparable from subjective perception (Haraway, 1988). Also according to Smith, this very separation of sociologically constructed world from which is known in direct experience, must be undone. In other words, moving on from object/subject dualism requires firstly placing sociologists where she is actually situated and secondly the utilization of direct experience of the everyday world as a source of knowledge (Smith, 2004: 28). Haraway also touches upon achieving a comprehensive knowledge of collectivities with *partiality* in knowledge, which paves the way for the connections and unexpected openings. In that sense, situated knowledges can be considered as a way to find larger vision by being somewhere in particular, in order to deal with communities, not only with isolated individuals (Haraway, 1988). In this regard, the claims of rationality and objectivity of modernism is transformed and appears in FST as *positioned rationality*, whose images are not the products of escape and transcendence of limits but the joining partial views and halting voices into a collective subject position that promises a vision of the means of ongoing finite embodiment, of living within limits and contradictions of views from somewhere (Haraway, 1988).

In this section, the deep criticism directed towards empiricist epistemology or modernity by FST in terms of knowledge is covered. In the next section, the ways and which FST associates the link between *knowledge* and *politics*. Moreover, it will be elaborated the reasons behind the requirement of an embodied subjectivity, for building an intersection between *knowledge* and *politics*.

2.3.1. Significance of Body and Embodied Subjectivity in Feminist Standpoint Theory

Highlighting the agency of the subject as active and able, immediately attributes a huge importance on the subject's daily life *experiences* than empiricist epistemology does. Therefore, in FST women's *experiences* provide an epistemological and a methodological tool for building a feminist politics as well. At this point, how to incorporate women's daily life experiences within FST is worth explaining. First of all, since dualist thinking is denied by FST in order to abstain from reductionism as a result of the claim of *objectivity*, *intersectionality* is offered as an enhanced epistemological tool in order to understand the category of woman. Therefore, the subject of knowledge is understood in a decentered way and also in a constant state of becoming; that is to say, the subject is meaningful for standpoint feminism within intersectional social locations. Collins, who is one of the pioneer scholar of Black feminist movement, named this as a "paradigm of intersectionality" that made explicit the ability of social phenomena or *non-cognitive factors* as mentioned by Harnois (2010) such as race, class, and gender to mutually construct one another (Collins, 1986). Again, according to Collins, "major systems of oppression are also interlocking. The synthesis of these oppressions creates the conditions of our lives" (Collins, 1986). Unlike reductionist claims of knowledge intersectionality allows for a deeper understanding of the subject and the outside world in general, in which "different social divisions are concretely enmeshed and constructed by each other" (Mosedale, 2014).

In the light of intersectionality, women's daily life experience gains a methodological importance in order to rethink the relations between knowledge and experience, since the women's experience is excluded from sociology in terms of their daily life experiences. Parallel with that purpose *experience* is taken into account, as if those were atheoretical givens rather than social constructions (Janack, 1997). More importantly, Smith (1974) emphasizes an important point that beginning from experience helps seeing that we are indeed located and what we know of other is conditional upon that location as part of a relation comprehending the other's location

(Smith, 2004: 30). This argument of Smith also supports the epistemological assumption of Haraway asserting that knowledge is situated. However, perceiving *experience* as a miraculous solution in order to solve epistemological discrepancies of feminist thought may be too optimistic, because experience and self-perception becomes a social reality within various interconnected/intersectional social locations, which may also be influenced by dominant social forces. Nevertheless, the intention of FST in their effort to prioritize women's daily life experiences comes from the argument that the only way of knowing a socially constructed world is knowing from within (Smith, 2004). As a method of discovering society, women need to grasp and explore their own experience. According to Smith, within hegemonic relationships of phallogentric and heteronormative social relations which oppress women socially, women lack the inner principle of their own activity. The reason behind that lies again in the knowledge production process, which is determined elsewhere than where women is located (Smith, 2004: 32-33). Therefore, standpoint is not something given; rather it must be achieved (Hartsock, 1983). Smith explains the logic behind forming a feminist standpoint with these words:

“She begins from her own original but tacit knowledge and from within the acts by which she brings it into her grasp in making it observable and in understanding how it works. She aims not a reiteration of what she already (Tacitly) knows, but an exploration through that of what passes beyond it and deeply implicated in how it is” (Smith, 2004: 29).

By utilizing *experience* as an epistemological and methodological tool in order to indicate the failure in sociology to account even describe its actual features, it provides a motivation for feminist standpoint theorists to develop an alternative sociology, where women are the ‘native speakers’ about themselves which in turn provides a fuller and deeper comprehension about themselves (Smith, 2004). At this point, another significant epistemological connection marked by FST is the intrinsic link between *knowledge* and *politics*. Due to all its internal variations, feminist standpoint theorists agree on the emphasizing inevitable relationality between processes of knowledge production and practices of power (Harding, 2004).

FST offers an *organic epistemology* for the oppressed, in which women are the actual authors of the scientific knowledge related with women's issues (Harding, 2004). In order to form an *organic epistemology* for the oppressed social groups, especially for women, FST's first intention is to pay a special attention for the *specificities of subjectivity* in order to constitute a new subject freed from hegemonic relations.

When establishing the link between knowledge and politics through *specificities of subjectivity*, feminist standpoint theorists may hold different opinions about its conceptualization. In this study, the inevitable relationship between knowledge and politics is going to be examined from the perspective of the ignored existence of the body and corporeality in Cartesian thinking. This framework is closer to the way Donna Haraway has dealt with FST; because, she also focuses on the subject within its relation with her/his own embodiment. Haraway starts her analysis about corporeality also by revisiting the sex/gender distinction. Even if, she appreciates the conceptualization of *gender*, in order to position *difference* in a social, historical and semiotic sense for abolishing authoritative biological accounts of *sex*; she also asserts that it (the conceptualization of *gender*) also lose much without dimension of corporeality (Haraway, 1988: 591). In accordance with her claim, without considering embodiment, the concept of *gender* not only loses its analytical power against Western tradition; but also, within that logic, body is "presented as a blank page for social inscriptions, including those of biological discourse" (Haraway, 1988: 591). Moreover, she deeply criticizes the 'white capitalist patriarchy' by accusing them to "turning everything into a re-source for appropriation; in which the object of research both guarantees and refreshes the power of the knower" (Haraway, 1988: 592). To rephrase it in other words, in modern capitalism 'resourcing' can be considered as a crucial mode of knowing, where the nature is perceived as a raw material of culture "appropriated, preserved, enslaved, exalted, or otherwise made flexible for disposal by culture in the logic of capitalist colonialism." (1988) She adapted this logic on her criticism about sex/gender distinction with these words:

"[...]sex is only matter to the act of gender; the productionist logic seems inescapable in traditions of Western binary oppositions. This analytical and

historical narrative logic accounts for my nervousness about the sex/gender distinction in the recent history of feminist theory. Sex is “re-sourced” for its representation as gender, which ‘we’ can control. It has seemed all but impossible to avoid the trap of an appropriationist logic of domination built into the nature/culture opposition and its generative lineage, including the sex/gender distinction” (Haraway, 1988: 592).

Haraway forms a new path for feminist edge in order to re-create ‘gender’ as a *situated difference*, which is made possible through the very existence of embodiment. For that effort, she addresses a feminist practice which studies on the ‘activation’ of the previously passive categories of objects of knowledge like sex or body. She proclaims that “the activation permanently problematizes binary distinctions like sex and gender, without however eliminating their strategic utility” (Haraway, 1988: 594). She also adds that the reactivation of the concept of body in feminist studies may also alter the biological discourse, whose claims can never be the same again (Haraway, 1988). In accordance with that Haraway notes:

“The biological female peopling current biological behavioral accounts has almost no passive properties left. She is structuring and active in every respect; the ‘body’ is an agent not a resource. Difference is theorized biologically as situational, not intrinsic, at every level from gene to foraging pattern thereby fundamentally changing the biological politics of the body. The relations between sex and gender have been categorically reworked within these frames of knowledge. I would like to suggest this trend in exploratory strategies in biology as an allegory for interventions faithful to projects of feminist objectivity” (1988: 594).

Re-theorizing and re-visualizing the biologicistic body in a new feminist conceptualization, helps pushing the biologicistic claims to problematize their understanding of truth, which is at the same time the very first and the most significant step towards becoming the actual authors of knowledge in order to form an *oppositional consciousness* inspired by that organic epistemology. Correspondingly, the activation of the body is useful to feminist theory of situated knowledges as Haraway emphasized; due to the fact that bodies as objects of knowledge is realized as material semiotic generative nodes, whose boundaries materialize in social interaction without preexisting as such (Haraway, 1988). “Feminist embodiment, feminist hopes for partiality, objectivity, and situated knowledges, turn on conversations and codes at this potent node in fields of possible bodies and meanings”

(Haraway, 1988: 596). Hartsock also attaches a special importance on the concept of body in her investigations upon taking a political stance based on knowledge production processes. Mason's work on violence inspired Hartsock in her attempt to surpass dualist thinking. According to Mason cited in Harding's article (2006), "difference is inevitably a question of embodiment" (Mason, 2002), which is similar to what Haraway tries to imply by defining embodiment with the materialization of boundaries.

In the light of these arguments of FST on embodiment, it would be appropriate to assert that the perspective of an embodied subjectivity is a must in order to develop situated knowledge. As argued in Haraway, corporeal perspective emphasizes the inevitability of the concept of body in exploring subject, since it rejects a subjective construct based on binary oppositions, where body occupies a subordinate position compared with mind. In that sense, it may be argued that living in a body is a crucial element, which should be respected within *specificities of subjectivity* in FST in order to form an organic epistemology as its main aim.

2.3.2. Political Benefits of Feminist Standpoint Theory in Researching the Experience of Menopause

What motivates me in researching menopause within a feminist perspective actually results from the very problematic of feminism knotting itself on *difference* and *multiplicity*. Throughout the history of feminism the issue of *difference* is tried to be dealt with, which created different approaches to handle the category of woman. It would not be inaccurate to assert that every woman's experience of *femininity* and oppression is different. Thus, homogeneous claims are not only inadequate to explain and solve women's issue of subordination; but also, it falls into the same mistake that phallogocentric science has been doing to women for years which triggered eventually a women's movement of emancipation.

The question of where to start knowledge can be justified in accordance with the methodological assumptions of FST, in which it is stressed that "women's lives are privileged vantage point on male supremacy; an advantage point to criticize the

phallogocentric institutions and ideology of the capitalist form of patriarchy” (Hartsock, 2004: 36). In other words, the standpoint of the oppressed is appraised as being epistemologically advantageous, which is more impartial, more reliable and less distorted than that available either to capitalists or working class men (Jaggar, 2004). Wylie also advocates on *epistemic privilege* that standpoint theory offers a social epistemology along with being an explicitly political one. Thus, she offers an inversion thesis by claiming that those who are subjected to structures of domination systematically marginalize and oppress them; may in fact, be epistemically privileged in some crucial respects (Wylie, 2004: 339). Rolin (2009) examines *epistemic privilege* within hegemonic power relations emphasizing that relations of power pose a special challenge for the methodology of the social sciences, because they include hidden aspects. Since relations of power can suppress or distort relevant evidence, they are not just any other object of inquiry in social sciences (Rolin, 2009). Thus, in order to gain a more reliable the knowledge of social reality, social scientific research start knowledge from the lives of unprivileged (Rolin, 2009).

Haraway also prefers the standpoints of the subjugated; because in principle they are least likely to allow denial of the critical and interpretive core of all knowledge (Haraway, 1988: 584). Since each group is exploited and oppressed in different ways, this argument of Haraway enables to form an *organic epistemology* for the oppressed, due to the fact that it may bring distinctive resources to everyone’s understandings of nature and social relations (Harding, 2004; Mosedale, 2014). Therefore, these distinctive standpoints of the oppressed provides an alternative resource for knowledge, which also carries a capacity for turning an oppressive restriction into new kinds of experience and for seeing features and dimensions of the world and of history masked to other social actors (Jameson, 1988; Harding, 2004). Herewith, the problematic of *difference* and *multiplicity* becomes actually a possibility for multicultural science and technology movements and; thus political (Harding, 2004). The approach of *epistemic privilege* allows for the *agency*, who is not passive but in a constant negotiation with dominant power relations in a state of *becoming*.

The discussion of *epistemic privilege* redefines the positionality of women's agency being in an *outsider/within status* resembling Simmel's conception of *stranger* (Simmel, 1971). Within this status, difference is still important; but, commonalities are experienced and expressed differently in accordance with class, region, age, sexual orientation (Collins, 1986). It is not confounding that *outsider/within status* is uncovered after Black feminist movement as emphasized by Collins. She draws the attention to racial oppression, where black women are always named 'by others' creating an outsider and insider state of being simultaneously (Collins, 1986). The insider status then refers that women possess a unique standpoint on, or perspective of, their experiences and there will be certain commonalities of perception shared by them as a group (Collins, 1986). However, due to certain intersecting dynamics such as class, gender and race, these oppressed groups remain also as outsiders, in spite of their involvement in social life. Based on Collin's argumentation, *outsider/within status* gives these groups a particular way of seeing reality, which has some benefits parallel with the assumption made with *epistemic privilege*. To begin with, the *outsider/within* may keep a certain distance of closeness and remoteness in a certain social environment, which inspired the Simmel's notion of objectivity (Simmel, 1971). Moreover, the *outsider/within* is able to see patterns, which is more difficult for those who are integrated with that social environment (Collins, 1986). Solomon interpreted these abilities of *outsider/within status* in the context of creativity, arguing that creativity "is exhibited by individuals who have personality characteristics that encourage divergent thinking as well as critical reflection on the thoughts produced" (2009). Therefore, the sole purpose of standpoint feminism cannot be considered as women's emancipation; but enriching the contemporary sociological discourse with the help of the critical and creative power of *outsider/within status* of women arguing that they have an *epistemic privilege* by "revealing aspects of reality obscured by more orthodox approaches" (Collins, 1986). Additionally, this perspective essentially gives the power of *self-definition* and *self-valuation* for oppressed groups, who can easily fall into a marginal or stereotypic social position, which should also be underlined. More importantly, Collins highlights that *self-definition* is actually a

political act due to its nature of challenging the knowledge which is externally defined (Collins, 1986). Since, the experience of oppression and the knowledge of each oppressed group is different, this perspective also brings *multiplicity* in threatening status quo from diverse directions. The question of where to define the situation for *situated knowledges* may be grounded upon the daily life *experiences* of the multiple oppressed groups due to their *outsider/within status*, which help them gaining an *epistemic privilege*. In brief, Collins (2004) argues that:

“Where traditional sociologists may see sociology as ‘normal’ and define their role as furthering knowledge about a normal world with taken-for-granted assumptions, outsiders within are liable to see anomalies” (119).

At this point, Haraway draws attention to an important point about these discussions specifically for standpoint feminists that -despite its benefits- romanticizing and/or appropriating the vision of the less powerful while claiming to see from their positions is a serious danger (Haraway, 1988 ; Pels, 2004: 282-285). According to Haraway seeing from below is “neither easy learned nor unproblematic, even if we ‘naturally’ inhabit the great underground terrain of subjugated knowledges” (Haraway, 1991: 191). Also, she underlines that the standpoint of the subjugated are never innocent; they do not provide an immediate vision; thus, subjugation itself is not adequate for forming a ground of knowledge, but it can only provide clues. That is to say, not solely self-definition but critical positioning is also needed for scientific production (Haraway, 1991 ; Pels, 2004: 282). To put in Haraway’s words:

“[...] This required one to seek points of views that are mobile and perspectives that are unexpected and extraordinary, which do not express fixed identities but require split and contradictory selves who can critically interrogate such positions. The promise of critical objectivity is not found in the subject position of identity, but in ‘partial connection’ in the joining together of partial views” (Haraway, 1991:195 in Pels, 2004: 282).

Another dimension of *objectivity* is highly criticized by standpoint feminism which is related with feminist politics. As noted by Harding, objectivism requires to be unconcerned to the existing social problems. According to the discussions of marginality, FST perceives knowledge produced by oppressed social groups as a significant realm of resistance and transformation.

“To be in the margin is to be part of the whole but outside the main body. [...] This mode of seeing reminded us of the existence of a whole universe, a main body made up of both margin and center. Our survival depended on an ongoing public awareness of the separation between margin and center and an ongoing private acknowledgement that we were a necessary, vital part of that whole” (hooks, 2000: i).

To illustrate hook’s point, knowledge on menopause today is defined mostly depending upon medical institutions. This kind of knowledge in specifying the experience of menopause, is not appropriate to produce politics and realms of resistance for menopausal women to define and defend their subjectivity based on their own experience. While, this argument is more apparent in Black feminist movement, the experience of menopause too conforms well to this case as well for embracing the theoretical discussions held so far. My aim is to adapt the same concerns and possibilities of transformation for the menopausal women in order to enforce creating *multiplicity* in experience of menopause or menopause(s), which is created by the menopausal women themselves including not only physiological; but also mental, emotional and social processes of menopause. This concern goes hand in hand with the purpose of FST to look through the multiplicity of feminist struggles or in other words feminism(s) “indicating a permanent partiality without sliding into either relativism or totalization” as cited from Haraway by Hirschmann (2004: 322; Haraway, 1991: 191).

In the light of these discussion, I am going to respond to the feminist literature on the *experience of menopause* within above mentioned theoretical perspective in the next chapter. My effort to introduce the existing literature is aimed to be illuminating to express my methodological point of view in the related chapter.

CHAPTER 3

ATTITUDES AND CHALLENGES ABOUT THE MEANINGS OF MENOPAUSE

In this chapter, I would like to critically analyze the related literature about experience of menopause by analyzing its relations with dominant medical discourse, media, and issues related with reproduction and sexuality. Moreover, literature review will be covering not only international literature, but case studies conducted in Turkey will be given place as well.

To begin with, it should be implied that experience of menopause can be considered as a crystallization related with a subjective transformation in midlife for women, because the abilities of ‘reproduction’ and ‘sexuality’ are happened to be defined as the ‘natural’ abilities of human beings and; thus, in a way menopause is perceived as retiring from these abilities naming ‘aging’. However, in this study it is argued that the identity of *femininity* is much more than these abilities, rather the subjective existence is a holistic experience. Therefore, no wonder that women (and/or men) continues to sustain their gender identities in midlife as well. According to the existing literature about the intersection of gender and midlife, studies are mostly formulated without considering bodily processes like menopause, such as ‘empty nest syndrome’, in which mothers experience depression, loneliness, and low self-esteem experienced after their last child moves out of the family home (Daly, 1997). However, from a phenomenological point of view, it is also argued that bodily experiences like menopause directly contributes in forming/transforming subjectivity and gender identity. In that sense, the experience of menopause also may serve to understand the social aspects of these bodily transformations as well. Within this perspective, the attitudes and challenges regarding the meanings of menopause will be discussed in this section by covering and problematizing several social dynamics helping to form these meanings about the experience of menopause.

Attitudes regarding the experience of menopause is mostly assumed to be formed basically around two behaviors: *fear* and *silence*. These two mental outlooks is not only specific with menopause, but generally may be related with the process of aging. Since mechanistic system of Cartesian body, which operates in a hierarchical system led by brain, indicates reproduction and sexuality as ‘natural’ aspects of human existence in a purely technical understanding; midlife may represent pulling away from these abilities and thus, creates horror. Additionally, the social changes regarding body the cost of aging becomes literally and figuratively expensive in the neoliberal setting. While midlife transformation may have a potential to influence all genders negatively, it may also be specifically burdening for women due to two reasons. Firstly, women’s midlife is marked by a bodily transformation named menopause experienced by women across cultures and histories; while men do not experience this kind of universal indicator representing midlife at least at physiologic level. Secondly and more importantly, women’s body tend to be perceived in a more mechanical sense due to its reproductive capacity to produce other machines as a sexual specificity. In these respects, the experience of menopause is often related with *failure* of these capacities and considered as the magic marker of ‘decline’ considering the fact that aging is demonized and pathologized in society (Komessaroff, Rothfield & Daly, 1997; Gullette, 1994). To imply in other words, it may be argued that fear of aging gains a specific character in the experience of menopause.

The fear of aging ‘marked’ by the experience of menopause have another dimension: *silence*, which is the second most common attitude towards the process of menopause. In this study, interactions of *fear* and *silence* is considered as critical in discussing menopause.

As signified many times, the *feminine ethos* is created around the feminine identity, as if they are reproductive machines, influences the identity of women throughout her life not just in the process of menopause (Sybylla, 1997). Although, menopause covers wide range of different changes over time, cessation of menstruation is often perceived as the only mark of menopause (Brook, 1999). Hence, as argued in Brook (1999) menopause also cannot be understood without its relation with other

reproductive bodily processes such as menstruation. In feminist literature the experience of menstruation is frequently dealt with the concept of *abject/abjection* introduced by Kristeva (1982). Briefly, as defined in Rogers (1997) *abjection* is related with demonstrating repressed, feared and unacknowledged parts of individual identity and of societies, a way of understanding horror and the ways in which we deal with it. According to Kristeva, *abjection* is related with ambiguity, which disturbs not only identity; but also, system and order as well. People are tend to repress, control, exclude and ritualize the *abject* in order to deal with it, due to the fact that it is feared (Kristeva, 1982; Rogers, 1997). Rogers adds that “*abject* is against which order is defined, both at the level of the subject and of the society” (1997: 246). This means that *abject* defines subject’s and society’s reactions against certain phenomena influencing also the formation of the subject. Furthermore, according to Kristeva *abjection* is mostly concerned with the processes of body regarding ambiguous workings of it, from inside and outside (Rogers, 1997). Looking and analyzing menstruation from the perspective of Kristeva’s *abjection* in feminist literature is not coincidental; because, although menstruation is simply ‘bleeding’, its social and individual meanings are beyond it. Bleeding from a cut or wound is perceived as way more differently comparing with bleeding from vagina. The reason for that lies in the fact that menstrual blood is considered as *abject* and thus, tabooed. Dickson (1990) claims that tabooed topics are doomed to be buried in secrecy and silence, which results in women’s body to become suppressed as well due to its biology. Accordingly, since women are not accustomed to talk freely about their experience of menstruation, it is not surprising that this behavior tend to persist in the experience of menopause as well; because it is also conceptualized in accordance with menstruation. In addition, menopause also signals the feared *decline*, which is another aspect contributing to its *abject* character differentiated from the *abjection* of menstruation. That is to say, the obsession towards youth strengthens the *abject* character of menopause. In his analysis of the relationship between menopause and *abjection*, Rogers (1997) defined three strategies that society deals with *abjection*

namely *repression*, *sublimation* and *ritualization* (253). Focusing on the stereotype of menopausal women, Rogers (1997) indicates:

“A drab body that is no longer fertile, prone to fractures and only one step removed from the ultimately abject state of death. In a culture with horror of corpses and death, it is easier to repress menopause than to acknowledge it as a universal sign of the inevitable passage of time” (254).

Rogers also pays a special attention *ritualization* in the *abjection* of menopause and argues that the experience of menopause is subjected to *pollution ritual* in that regard (Rogers, 1997:255). *Pollution ritual* is related with medical construction of menopause. As mentioned earlier in discussing the role of medicine in modern society, Rogers and Kristeva also focuses to the relationship between religion and medicine arguing that medicine undertakes many roles of religion by prescribing certain ‘ideals’ (height, weight etc.) of individuals and those who do not fit to these ideals are considered as ‘sick’ (Kristeva, 1982). *Pollution ritual* is related with medicine’s standards regarding menopause as a *deficiency disease*, which will be discussed in detailed in the next section. What should be implied here is the role of medicine on the *abjection* of menopause through reflecting and reinforcing fear of menopause which is named by Rogers as *pollution rituals*. In brief, it is argued that the attitudes toward menopause, which are *fear* and *silence*, can be based upon the reactions created towards the *abject* in Kristeva’s terms. More importantly, *abjection* of menopause carries the experience to a fearful and invisible place- under a ‘cloak of silence’ in Dickson’s terms (1990) - which also makes it easier to control and regulate the midlife experiences women. These dynamics of control and regulation can be summarized as medicalization, media representations, and sexuality will be discussed in following sections.

As discussed earlier, since the dynamics of power is highly related with knowledge production, attitudes towards the experience of menopause cannot be embraced without getting acquainted with the knowledge of menopause led by modernist paradigm privileging medical knowledge. As Dickson indicates (1990) the supremacy of science acts like a religion in delineating the truth, knowledge and reality. In parallel, the knowledge of menopause reflects the dominant values of society towards

women and aging; thus, being menopausal is usually equated with ‘being over the hill’ (Campioni, 1997: 94). Another breaking point about the knowledge of menopause was occurred just after the introduction of ‘sex endocrinology’ which attributes a direct medical focus to the experience of menopause (Leng, 1997; Gullette, 1997; Bell, 1987; Dickson, 1990). In order to remind the stereotype about menopause looking at Dickson’s description provides useful insights:

“The scientific discourses and practices of the Western world related to midlife women and menopause have contributed to the evolution of a stereotypic picture of the menopausal women as irritable, frequently depressed, asexual, and besieged by hot flushes. The extant knowledge of menopause transmits and perpetuates, through the sanctity of science and the authority of the medical ‘expert’ the knowledge and power relations that help structure and reinforce society’s expectations and stereotypes of menopausal women” (Dickson, 1990: 16).

In Turkey, not only menopause is barely discussed in academic studies or among feminists; but also the experience of menopause is highly invisible in the society as well. Within this limited discourse on midlife and menopause the sociological studies mostly focuses on women’s social status in midlife and old age (Kandiyoti, 1984; Kağıtçıbaşı, 1981). Moreover, depression and marital harmony in its relationships with menopause are widely focused in the studies conducted in Turkey within a psychiatric perspective (Uçanok & Bayraktar, 1996; Kağıtçıbaşı, 1981). It would not wrong to say that objects of studies in Turkey about menopausal women is preferred to be selected from rural areas, because menopause is mostly concerned together with health issues. There are also various studies about menopause in terms of hormone therapy, again within a medical perspective. Therefore, it can be concluded that multi-variational studies regarding the experience of menopause are limited in Turkish context. Moreover, the existing studies mostly do not carry feminist intentions; but concentrates on sociodemographic dimensions of the experience of menopause.

As is seen, when it comes to the experience of menopause, attitudes of *fear* and *silence* regarding midlife may become much more apparent. It would not also wrong to argue that *fear* and *silence* towards menopause is utilized in social relationships which contributes gender inequality between men and women in midlife as well often

ignored by gender studies. However, it is also important to note that despite these negative aspects of *abjection* of menopause creating *fear* and *silence* at social level, it may not be experienced solely as a negative experience by women; because unlike popular definitions of menopause producing one form of knowledge, it is more like a complex, diverse and non-linear experience. Additionally, the experience of menopause should be regarded as a blend of physiological, psychological and cultural processes. Whether it is positive or negative, the connotations attached to menopause is highly related with power dynamics. Feminist studies about menopause should be wise and vigilant about the beneficiaries of these negative and positive constructions in the process of knowledge production. Closing the discussion as declaring that menopause is an *abject* event is nothing but reinforcing the cultural representations of ideal feminine being pure and timeless, because the discourse of *abject* creates ‘other’ against the image of idealized feminine. These kind of analyses creates further dualities by other’ing some categories of women. Instead, as discussed in FST what is needed is actual accounts of women’s experiences regarding their bodily processes in dealing with power dynamics constructing the narrative of menopause which provides tools for empowerment. Therefore, after discussing critical feminist studies about social dynamics related with the experience of menopause, these critical insights will be evaluated accordingly in methodology chapter. It is crucial to note for this chapter that, the aim of studies related with the experience of menopause should be located on helping to abolish the cloak of silence by producing knowledge departing from women’s own accounts about their menopausal relationships. By that, women’s dialogue with each other is assumed to be catalyzed as mentioned also in Dickson with these words:

“The ability to displace one’s knowledge with another hinges on women’s silence in discussing with each other their experiences at the time of menopause. Open discussions with other women could lead to questioning of the assumptions behind the scientific and medical discourses and the resulting expectations of menopause. Other knowledge of menopause might then be free to emerge from the women’s experiences” (1990: 28).

3.1. Medicalization of the Experience of Menopause

One of the most important and the most studied topic related with the experience of menopause is medicalization and problematizations of biomedical discourse approaching menopause. As known, feminist movement and the practice of medicine are most of the time stand conflictual to each other (Komessaroff, 1997). Feminists argue that, the institution of medicine functions as a significant realm of power reinforcing and reproducing patriarchal discourse, since it represents a strong authority regarding individual life especially after the power of the church is replaced with medicine after the establishment of modern lifestyle (Komessaroff, Rothfield & Daly, 1997; Rogers, 1997).

As discussed before, the framework of medicine towards human existence is in line with the Cartesian conceptualization of subject, in which the subject is divided into mutually exclusive and unconnected parts naming *mind* and *body*. Accordingly, in Western medicine the human body is understood in technical terms as a system functioning in accordance with a hierarchical order controlled by a central control system (Martin, 1997). In other words, body is thing-ized excluding is active and fluid characteristics (Mackie, 1997). Additionally the idea that organs having a single purpose, reflects the reductionist understanding of modern medicine (Martin, 1997). With the developments of surveillance technologies, discoveries in the realm of genes and molecular biology, it would not wrong to assert that reductionist attitudes of medicine tend to get intensified. To illustrate, again implied by Martin, menstruation is depicted as ‘ovaries failing to be fertilized by a sperm’. In fact, if a woman do not want to get pregnant, Martin (1997) argues that the purpose of the ovaries is actually ‘initiating menstruation’. Or, if pregnancy is wanted, it would be vice versa. So, attributing a single purpose to organs is a reductionist approach originating from the understanding of modernist biology fictionalizing body functioning in an order-disorder dichotomy. On the contrary, Martin (1997) suggests a flexible, adaptable and responsive understanding in order to emphasize body as an active entity, which also helps reproducing a positive self-image. Martin’s concern is especially important in discussing menopause in a medicinal framework, because the conceptualization of

menopause in modern medicine is formed around the discourse of *failure* or *breakdown* of reproductive system. As a result, menopause is mostly associated with negative terms and connotations like *decaying*, *denuding*, *losing*, *lacking*, *failing* etc. Martin (1997) emphasized that especially in the era of domination of capitalist relations, where everything is bound on some sort of hierarchy, expressing menopause as a ‘breakdown of a system’ represents a metaphor of terror. Instead, menopause may be related with positive terms as well, by bringing the remarkable adaptability of the body into the forefront. Despite acknowledging this logic, the body is still tend to be reduced to the hormonal systems (Rothfield, 1997; Komessaroff, Rothfield & Daly, 1997). Hence, hormonal changes in menopause is perceived as *deficiency* and/or *failure* instead of a continuous change of state, which also has a great impact on the practice of medical treatment (Komesaroff, 1997). This approach is related with patriarchal roots of Western medicine as well by defining female body only with its function of reproduction, resulting in perceiving the female as *pure* and *timeless*. According to Komesaroff (1997) biomedicine works toward elaboration of universally valid principles and produces norms to guide action. Ultimately, explanations based on hormones are not only utilized in clinical judgements but creates formal and abstract representations of medical practice resulting from the fact that living body is nothing more than a biochemical apparatus rather than a site of lived experiences where body takes an active position.

This reductionist and patriarchal medical culture should be elaborated with systems of power defined by Foucault as disciplinary systems, in which bodies are disciplined, organized, controlled and subjugated within diverse strategies (Foucault, 1975). Medicine at this point functions as a disciplinary structure by offering variety of sources starting from ontological and epistemological scientific assumptions or universal ethics. Principles set by medical institutions “exacerbates the distancing of the agent from her body and from others and contributes to the enforcement of a covert disciplinary regime” (Komesaroff, 1997). These universal principles mostly carry liberatory ideals on the surface especially when these principles are directed to women’s bodies or in this case, menopausal bodies. However when behind the lines

are read carefully, the intention towards controlling body, especially female body, would be apparent in order to sustain docile bodies and individuals who are compliant to dominant hegemony. The hormone discourse surrounding menopause and definitions of *deficiency* may be analyzed within this perception. Sybylla (1997) also draws attention on hormone treatment in menopause indicating that it may seem like a liberating choice for women to decide about getting control of their bodies; but in reality the discourse of ‘be what you want’ has a disguised normalizing motivation behind, enmeshed with power relations. Following a Foucauldian tradition, Sybylla (1997) affirms that medicine needs and creates ‘other’ in order to produce particular bodily qualities, which is mostly within the limits of an active and youthful body. In other words, according to Sybylla (1997) medicine participates in active creation of modern form of feminine subjectivity (237). Especially the introduction of synthetic estrogen as a ‘treatment’ of menopause or ‘menopausal symptoms’ in order to achieve a fit, active body, draws fire by feminist studies due to this very phenomenon of women’s bodies are intended to be defined, controlled and disciplined by power elites, inside and outside of medical institutions. In order to investigate the role of hormone therapy in constructing the meanings of menopause in detail, it will be useful look closer to the history of the discourse of hormone replacement throughout the history of medicine.

Hormone replacement therapy or ‘HRT’ is applied commonly by women who are undergoing menopausal transition in contemporary context not only in Europe or North America but also in Turkey. Yet, the widely used term HRT has been transformed and reinvented almost since the beginning of 1900’s. McCrea (1983) makes a chronological analysis regarding the beginning and transformation of HRT. According to her analysis, hormone treatment is carried to the center of medicinal discussion in 1889 in order to treat erectile dysfunctions and impotence in men by extracting hormones from animal testicles. Later in 1893 the first HRT is introduced by a French doctor by injecting ovarian extract to a menopausal patient to treat her ‘insanity’. Three years after this ‘treatment’, first clinic to treat menopausal symptoms

was opened in Berlin. In the late 1920's theelin² is crystallized and isolated from the urines of pregnant women. After this development in 1932, the publications in American Journal of Obstetrics and Gynecology about theelin was introduced to be used in medical practice. However, since the estrogen produced is dependent on human sources, these treatments was both expensive and limited. Not long after, in 1936 the synthetic form of estrogen known as diethylstilbestrol (DES) was introduced, which may be counted as the turning point about hormone replacement therapy, because it was not only cheap but also easy to produce. Even oral contraceptives were developed after the advancements about DES. Although the utilization of DES were potent enough wiping out 'symptoms', various side effects were also highly common. The final level in developing synthetic hormones was the development of Premarin, which is extracted from pregnant mares, in 1943 and less powerful compared to DES. Additionally, less side effects were observed in its utilization at least for the beginning (McCrea, 1983). Although, Premarin created a huge hype both among women and in medical discussions, side effects were started to be reported after in 1940's and 1950's (McCrea, 1983; Klein & Dumble, 1994). Nevertheless, according to McCrea and Klein & Dumble exogenous estrogen produced outside of human body, started to be used widely in United States in order to treat various conditions of aging by the early 1960's. At this point McCrea asks: Estrogens were presented as cure; but what was the disease (McCrea, 1983)?

In order to answer this question Susan Bell's formulation related with medicalization of menopause is very helpful. She also analyzed retrospectively the discourse of medicalization of menopause accelerated after 1940's as a *deficiency disease*. In her analysis, she claims that medicalization should not be understood only as a biological model; but, it also has psychological and environmental dimensions (Bell, 1987). In her article she also explains that medicalization occurs together in *conceptual*, *institutional* and *interactional* levels referring to the analysis of Schneider & Conrad

² A naturally occurring weak estrogenic hormone in mammals

(1980) and converges her analysis to a sociological level asserting that medicalization creates a cultural resonance summarized in these words:

“On the conceptual level, medicalization occurs when a medical vocabulary or model is used to define a problem. Often, medical ‘discoveries’ are published by a small segment of ‘elite’ members of the profession in professional journals. On the institutional level, medicalization comes about when professionals legitimate an organization’s work, serving as ‘gatekeepers’ or ‘formal supervisors’. On the level of doctor-patient interaction, medicalization occurs when individual physicians define and/or treat a patient’s complaints as medical problems” (Schneider & Conrad, 1980: 75-79, as cited in Bell, 1987).

In her article Bell (1987) explains that these three levels of medicalization functions interactional with each other also with the influence of power elites in medicine. In order to illustrate the issue more clearly, Bell looks closer to the processes of medical discoveries. She concludes that, when a new discovery is introduced in medicinal arena, its destiny is highly dependent not only on the prestige and professional status of the author; but also, prestige of medical journal publishing that discovery or the prestige of the medical school becomes also prominent. These dynamics may both increase or decrease the likelihood of that discovery to gain acceptance (Bell, 1987: 535-536). Additionally, Bell (1987) explains that all these relations are influential in the realm of education and policy making.

In the light of this analysis, relating power with menopause defined as a *deficiency disease* makes a clearer sense. After the paradigms of ‘biomedicine’ and ‘sex endocrinology’ have become sovereign in medicine, the definition of menopause was reformulated in a new vocabulary and it was reduced to mere hormonal explanations, in which menopause is defined as a hormonal imbalance originated from the *deficiency* of estrogen. This approach was consolidated after the introduction of hormone drugs or in formal terms estrogen replacement therapy (ERT), which was highly praised by medical authorities in the early 1960’s. As a result, the discourse about menopause was carried to a ground, as if it is a medical concern and it led menopause to become a *disease* both in conceptual and institutional senses, which requires medical attention. “Medicine, then, is oriented to seeking out and finding illness, which is to say that it seeks to create social meanings of illness where that

meaning or interpretation was lacking before” (Friedson, 1970: 252). The discourse on ERT did not remain limited there but spread to the public after Dr. Robert Wilson published his book *Feminine Forever* in 1966. As is seen, the cover of the book explains itself very well:

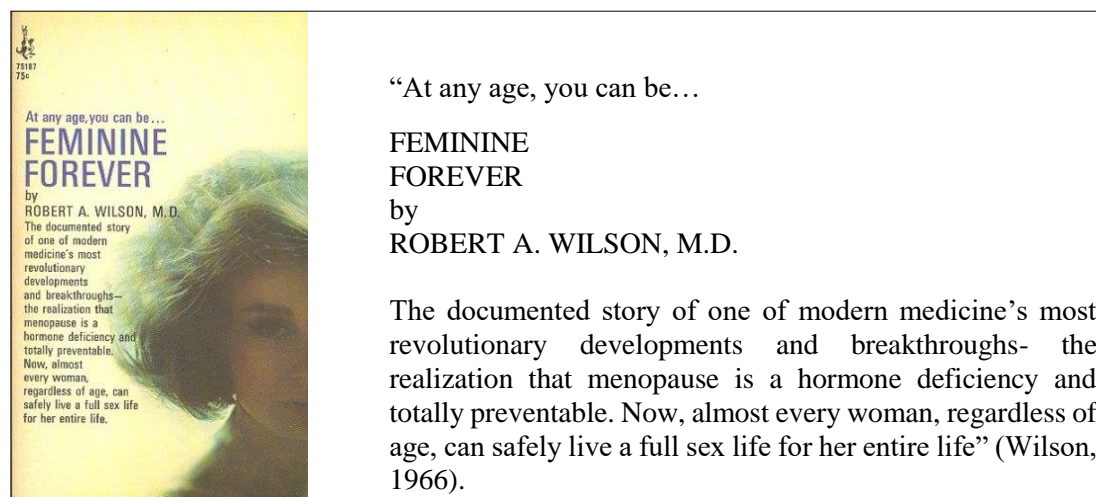


Figure 1.1. The cover page of Wilson’s book *Feminine Forever*, 1966

Wilson’s book was excerpted in women’s magazines and sold over 100000 copies in 7 months (Klein & Dumble, 1994). In *Feminine Forever*, Wilson defined 26 ‘symptoms’ of menopause, for which ERT is presented as a cure (Klein & Dumble, 1994). As understood from the cover of *Feminine Forever*, what Wilson regards as symptoms are highly related with the assumed gender role of women, or *feminine ethos* in Sybylla’s terms (1997), who are supposed to please their sexual partners, look young/beautiful and stay reproductive. Even for women, who do not experience these symptoms Wilson adopts a precaution attitude by saying “no woman can be sure of escaping the horror of this living decay” (Nelkin, 1987: 351). According to Wilson, ERT was a miraculous youth pill, or in a more figurative term ‘elixir of youth’, which also make Dr. Wilson to be mentioned as ‘youth doctor’ in media publications (Klein & Dumble, 1994; Murtagh & Hepworth, 2005).

In the following paragraphs, several passages from Wilson’s books and articles are showed, in order to reveal the very problematic assumptions related with medicinal

approach towards defining the category of woman and menopause as *loss of femininity* and *deficiency disease*.

“The normal, natural, harmonious aging rate with respect to the life span is found in the example of a healthy man. A man remains male as long as he lives. [...] No abrupt crisis has to be faced. A man’s life proceeds in smooth continuity. His feeling of self remains unbroken” (Wilson, 1966: 51).

In this first passage from *Feminine Forever*, it is apparent that Robert Wilson refers male body as ‘normal’ and respectively the experience of menopause is mentioned as an ‘abrupt crisis’, which reflects perfectly the ‘tyranny of normal’ body medicine adopts.

“The unpalatable truth must be faced that all postmenopausal women are *castrates* [...] From the practical point of view a *man remains a man* until the end. The situation with a woman is very different, her ovaries become inadequate early in life [...] A large percentage of women who escape severe depression or melancholia acquire a *vapid cow-like feeling* called a negative state. It is a strange *endogenous misery* [...] Most of the suffering can now be *prevented* and effectively *treated* [...] Because of custom and the lack of knowledge of these physical changes their presence and importance may be overlooked even in those close to us. Yet once the veil is lifted it is remarkable how quickly the previously uninitiated can detect these *unfortunate* women. Our streets abound with them-*walking stiffly in twos and threes*, seeing little and observing less. It is not unusual to see an erect man of 75 vigorously striding along on a golf course, but never a woman of this age” (Wilson & Wilson, 1963) [Italics added].

The foregoing passage is again from Wilson’s article named *The fate of the non-treated postmenopausal woman: A plea for the maintenance of adequate estrogen from puberty to the grave*. It is incontestably apparent from the language used that the attitude of Wilson toward menopausal women is far from being objective as claimed by modernist paradigm and medicine for years. *From puberty to grave*, women were assumed to be *feminine* in order to fit the norms of ‘healthy’ set by male doctors. Women’s subjectivity is deeply ignored and the experience of menopause is described as the most horrible thing that a woman can face in her life or simply as losing her *femininity*.

“The construction of menopause as a serious health condition was assisted by the use of language evoking schemata of ageing and deterioration such as: ‘the end of their life as a functioning female’, ‘a large number of women will feel physically and emotionally unwell’, ‘the beginning of old age’, ‘long-term lack of estrogen makes many body systems more liable to degeneration’, ‘without

HRT women remain estrogen deficient forever” (Shoebinge & Steed, 1999: 478).

It would also not be wrong to assert that Wilson was well aware of doctors -or medicine in general- holds a great authority against individuals which has a great potential for social control. The negative language used cultivates the *fear* that women feels for menopause and this attitude is consciously adopted to make women and also women's body more 'docile' and 'obedient'. The male figure represented as a medical doctor in the example of Dr. Wilson seem to be in favor of other men or in this case husbands of menopausal women. The chapter named *Menopause - The Loss of Womanhood and Good Health* from *Feminine Forever* explains this approach with these words:

“I would like to launch into the subject of menopause by discussing its effect on men. Menopause covers such a wide range of physical and emotional symptoms that the implications are by no means confined to the woman. Her husband, her family, and her entire relationship to the outside world are affected almost as strongly as her own body. Only in this broader context can the problem of the menopause -as well as the benefits of hormonal cure-be properly appreciated” (Wilson, 1966: 92).

These statements of Wilson also reflects the characteristics of the interpretation of rationality acknowledged in modernism, which is only founded onto being 'functional'. In this case sustaining women's reproductive and sexual function under the umbrella of being *feminine* is assumed as the only criteria for women to behave in a rational way.

Although, Wilson's writings seems horrific when looked from today, after Wilson's book *Feminine Forever* was published; the sales of ERT was tripled and other books praising ERT became popular. Even, 'information centers' were established with the financial support of pharmaceutical company producing Premarin with the slogan of 'keep her on Premarin' (Klein & Dumble, 1994). Murtagh & Hepworth (2005) renamed these information centers with *infomercials* in order to stress the close relationship between capital and knowledge production by merging two words of 'information' and 'commercial'. Sandra Coney in her resounding work *Menopause Industry* (1994) also draws attention to the interconnectedness of medical profession

and pharmaceutical industries. She advocates that the *fear* promoted for menopause by pharmaceutical companies makes women to demand hormone treatment reproducing and expanding markets for their products (Coney, 1994). She also remarks on the large number of women in this age group corresponding to the age composition in society, who are the source of the potential profit for these companies from a long term treatment of hormone replacement therapy, as representing an ‘irresistible bounty’ (Coney, 1994). Correspondingly, the advertisements promoting ERT was increased declaring it like an anti-depressant increasing zest for living (McCrea, 1983; Voda & Elliason, 1983). For instance, ERT is marketed “for the menopausal problems that bother *him* the most” or with these kind of sentences: “Any tranquilizer might calm her down [...] but at her age, estrogen may be what she really needs” (Seaman & Seaman, 1977: 281). It is important to note here that the discourse in ERT advertisements does not call out directly to women but to their husbands. It is argued that, even the language used in these advertisements is enough to strengthen the inferior position of women and to reinforce silence of menopausal bodies.

All these flourished the ERT use starting from 1960’s until the middle of 1970’s. Especially between the years of 1963 and 1973 the sales were quadrupled and roughly 51% of women were assumed to take ERT pills varying from 3 to 10 years (McCrea, 1983; Coney, 1994). However in 1975 the sharp increase in the cases of endometrial and breast cancer in women was related with ERT in two articles published in New England Journal of Medicine and by 1980 more studies were conducted about this issue in United States, in which it is stated that women on ERT were 4 to 20 times prone to develop endometrial cancer compared to non-users, making the controversy around ERT has intensified (McCrea, 1983; Ziel, 1980; Klein & Dumble, 1994). After these cancer studies became prominent, some women’s organizations applied to United States Food and Drug administration (FDA) demanding to investigate the relationship between ERT and cancer (Kaufert, 1982). As a result of this investigation in 1978, the FDA investigation was concluded only by obliging ERT producers to put package inserts due to various lobbying activities; although in the report FDA admits that ERT is ‘grossly overused’ according to McCrea (1983).

These controversies over ERT has clearly compelled drug companies in terms of sales due to bad reputation. However, together with new marketing strategies the faith in hormone therapy was tried to be restored. The most influential strategy according to Klein & Dumble (1994) was adding a new component to the product and claim that the problems related with ERT was solved. This new component was the hormone named ‘progesterone’; so that, the new content of drug became a mixture of estrogen and progesterone, instead of ERT including only estrogen. Relatedly, the name of the product was changed from ERT-estrogen replacement therapy to HRT-hormone replacement therapy (Klein & Dumble, 1994; Erol, 2009; McCrea, 1983). Different from ERT, women taking HRT experiences bogus monthly menstruations due to progesterone and this difference is again presented as a positive development for women’s health based on uncertain standards (Klein & Dumble, 1994). In addition, the main focus of the marketing campaign of HRT has moved from *femininity* to osteoporosis and heart disease (Dickson, 1990; Klein & Dumble, 1994; Erol, 2009). What remains same in the shifting to HRT is the impression in media and medical literature that all midlife women are and should be on HRT. Although, this reinforcement of HRT and declaring the drug as safe, the rate of abandoning treatment was also quite high due to adverse effects such as migraine, depression, weight gain, diabetes etc. (Klein & Dumble, 1994).

Due to these controversies, some medical cliques and women’s organizations supports *informed decision-making* in which women are given as much as possible information about the risks and benefits of HRT. However, this makes ‘the choice’ as an individual decision and attribute all responsibility to the individual’s shoulders. Also “by individualizing the problems of menopause, the physician turns attention away from any social structural interpretation of women’s conditions” (McCrea, 1983). The problematizations of the approach towards ‘informed choice’ and its repercussions in neoliberal economic and political system will be problematized in detail in the next chapter, where the feminist positionality is discussed against these cultural constructions around the experience of menopause.

As is seen clearly, the medical knowledge of menopause is highly interconnected with the authorities of power both inside and outside of medical environment. It does not only reinforces the heteronormative character for the category of woman by holding the very definition of *feminine* and constructing a *feminine ethos*, which is sexually attractive and reproductive; but also obtains huge financial profits from it. Therefore, the medical knowledge about menopause should be problematized by feminist studies.

The journey of the discourse and cultural meanings of menopause in Turkey is not the same but very similar to those which is explained above within the limits of North American and European contexts. In particular, the medicalization and cultural constructions of menopause in Turkey may be traced back to the Kemalist modernization project starting with the foundation of the Republic of Turkey. In accordance with this ideal of modernization, state has undertaken to educate the public from an enlightenment perspective, where scientific institutions are prioritized over traditional ones (Terzioğlu, 1998). Therefore, according to Terzioğlu (1998) a great importance was attached to the medical science and medical education where doctors were gained a political and professional mission to serve to their country by educating the public or as emphasized in Erol (2009) helping the public to achieve *bilinç* (means ‘consciousness’ in Turkish). “An implication of this responsibility for doctors was to develop a paternalistic relationship with their patients: they were not only expected to heal their patients but also correct their knowledge of health care” (Erol, 2009: 372). Another important dynamic playing a crucial role in Turkish revolution is the mission of Turkish women in order to settle revolutionary gains (Kandiyoti, 2003; Arat, 1997; Gürboğa, 1996). Emancipated –or Western- women represented a symbolic value related with Turkish revolution in order to constitute modernization through family (Durakbaşa & İlyasoğlu, 2001; Sancar, 2004). It would not wrong to assert that the ideal of modern women overlapped perfectly with the ideal of modern medicine in order to compose a *bilinçli* (means ‘conscious’ in Turkish) citizen acknowledging Western values instead of traditional ones. In this case, traditional women were constructed as ‘other’ of the modern women, who is

represented as ignorant and dependent despite being hard-working and enduring (Sancar, 2004). This gender regime emphasized in Sancar's study has a great impact on the cultural construction of menopause; because the knowledge about women's bodies were transferred from mothers, who are traditional, to doctors. Especially upper and middle class women, doctor's accounts have been held much more reliable than their mothers. Thus, parallel with Erol's (2009) statements, it may be argued that gender regime, and critical position of medical institutions established after Turkish revolution, also play as a catalyst factor regarding medicalization of menopause.

The medicalization discourse has also economic roots. From Turkish revolution until 1980's the understanding of social state dictates that healthcare is a social right that the state should undertake. However, by the beginning of 1980's Turkey has undergone various economic and political transformations, where social state has shifted to a neoliberal state and healthcare has become an individual responsibility having a great impact on the perception of medical institutions both from inside and outside of the institution (Terzioğlu, 1998). This shift can be explained with 1980's neoliberal policies promoting privatization in healthcare. As a result of these policies private hospitals, clinics, labs and private health insurance companies have upsurges enlarging the gap between rich and poor and the double standard in healthcare became more prevalent (Erol, 2008: 62). The privatization of healthcare also opened a new lucrative career opportunities for medical professionals along with the fact that medical career has already been a prestigious choice. Thus, not only more people were entered medical profession but also demand for seeking an academic career was decreased (62). Following Terzioğlu's argument, Erol (2008) states that "the new generation of medical students was a more heterogeneous and less politicized group aiming to graduate as soon as possible and getting a well-paying job rather than serving (or saving) their country" (Terzioğlu, 1998: 60, as cited in Erol, 2009).

Parallel with this transformation in the economic and political transformation of state, and accordingly medical institutions, the discourse and cultural construction of menopause has altered; although, the acceptance of menopause as a medical concern or *disease* moved to Turkish context has come much later compared to Western world.

The women in Turkey met with the second wave of hormone supplement namely HRT in the mid 1980's (Erol, 2009). Nevertheless, Erol argues that the conceptualization of menopause did not take place until the establishment of Turkish Society of Menopause and Osteoporosis (TSMO) in 1992, which might be considered as the main medical organization about menopause formed by a group of physicians from Cerrahpaşa Medical School. In addition to the establishment of TMSO, special menopause outpatient clinics in some research hospitals in İstanbul and Ankara were also opened (Erol, 2009). TMSO and these clinics has popularized the treatment approach against menopause by aiming to raise awareness about menopause and education not only for women but also for doctors and the media about the health risks related with menopause such as cardiovascular diseases, heart attacks, and osteoporosis; and preventing the misinformation and fears about HRT (Erol, 2008: 154). In other words, menopause is presented to women as the ages of increased risk requiring lifestyle changes and medical intervention and this is a completely different judgement about menopause compared to 20 years ago (Erol, 2009). According to Erol (2009) Prof. Dr. Erdoğan Ertüngealp, who is the chair and founder of TSMO, has acknowledged a slogan 'woman is beautiful in every age'. About this slogan, I agree with Erol (2009) that merging health concerns by placing an emphasis on beauty and *femininity* simultaneously is very interesting to note (373).

Another dimension of medicalization of menopause is related with *fear* factor discussed earlier. Osteoporosis here provides an important tool for women to get frightened. According to Erol (2011) this is also related with the local naming of osteoporosis, which may be translated as 'melting of bones' (in Turkish 'kemik erimesi'). Thus, the idiom 'melting' may add to the *fear* factor in Turkish case. In that sense, as also emphasized by Erol (2008) it is actually not coincidental that the TSMO relates menopause and osteoporosis with each other in naming the association by utilizing this horrific mental image of 'melting of bones'. It is argued that *fear* of osteoporosis represents the main motivation to accept HRT for women in Turkey (Erol, 2011). Accordingly, "their overall argument tied to the definition of menopause

as a ‘lack’ of hormones, and the most logical thing to do to prevent osteoporosis as well as other possible diseases is to replace what has been lost” (Erol, 2009: 379).

Since the activities led by TSMO created a big hype about medicalization of menopause and popularize the utilization of HRT, that hype was interrupted in 2003 just after Women’s Health Initiative (WHI) published their study findings about the use of HRT, in which it is stressed that the likelihood of developing breast cancer and risk of stroke increase drastically in HRT users.³ According to Barrett-Connor (2005) WHI study influenced not only the public perception about HRT worldwide; but also doctor’s attitude and dosage of hormone pills as well. According to Erol’s study (2008), WHI report also created a huge impact in Turkey related with HRT evidenced in the example of Wyeth Pharmaceuticals producing the well-known HRT drug named Premarin, which is the most commonly prescribed drug for HRT in Turkey until early 2000’s. Even, Premarin has been withdrew from Turkish market shortly after the repercussions of WHI study became apparent despite the efforts of TSMO to fight with the panic comprised in public opinion (Erol, 2009). However, TSMO itself has deeply influenced from the study released by WHI. Even, TSMO has been re-founded in 1998 with the name of Turkish Society of Osteoporosis (TSO) by renouncing the word ‘menopause’ from its name. Correspondingly, the slogan of the association has altered from ‘woman is beautiful in every age’ to ‘be happy and healthy at every moment of life’. Yet still, the website’s opening page of TSO greets its visitors with the pictures three women, but zero man, as if men cannot get osteoporosis, showing that association between menopause and osteoporosis is still prevalent and strong, but this time more in a more covert way.⁴

In sum, the modernization ideal of Turkish revolution attributes women and medical institutions a big role to establish Western values among public. Although,

³ “The Women’s Health Initiative (WHI) study was the largest hormone study conducted on healthy women with the support of U.S. National Institute of Health. The study had two main arms, one looking at the effects of estrogen in women who underwent hysterectomy, and the other involving the use of estrogen plus progesterone on women with an intact uterus. The second (combined therapy) arm, which started with 16,608 participants, was halted in July 2002, three years before planned, once the risks of HRT outweighed the benefits (Barrett-Connor et al. 2005:126; Worcester 2004:56)”.

⁴ <http://www.osteoporoz.org.tr/>

neoliberalism transformed the structure of medical institutions, medicine still is seen as the reliable source for women, which provides a suitable base for medicalization of menopause. Especially after 1980's, the visibility of menopause has increased especially in the urban setting with the establishment of clinics and associations. Medical surveillance during menopause is both demanded by women and doctors, which also increased the use of HRT until WHI study was released. In that sense, it may be asserted that; although, pro-HRT doctors evaluate the relationship between cancer and HRT as 'false consciousness' asserted by Erol (2008), they also utilize the very same *fear* of cancer, -or osteoporosis- in order to prompt women to be on medical surveillance and making them more 'disciplined' patients (Erol, 2009: 380). As mentioned in the previous section the *fear* is managed in the context of menopause as a medicalized phenomenon.

As is seen, medicalization of menopause has very deep roots not only in the Western but also in the Turkish context. However, acknowledging medical institutions as a static entity about the discourse of menopause would also lead to a distorted image. Medicine too is influenced and influencing the discussions about menopause from inside and outside. For instance, McCrea claimed that the *disease model* draws reactions from inside of the medical community, even some doctors admit that ERT is related with economic and political issues (McCrea, 1983).

Within a parallel understanding, Murtagh & Hepworth (2005) arrayed two reasons that opened a road for medicine to pose a self-criticism towards itself. The first one is related with the increased emphasis of decision-making of women which is also highly related with the neoliberal economic context; thus, problematic. Second is the doctor's rejection of use of language categorizing menopause as a *disease*, which is influenced by feminist reactions against the experience of menopause.

As a result of these, menopause is moved from a position of *deficiency disease* or *femininity* to a *preventive* discourse. That is to say, a new value which health is adopted instead of *lack* and *femininity* (Murtagh & Hepworth, 2005). Yet, as argued also by Murtagh & Hepworth (2005) the reason for that change in language also has

a motivation that “menopause as a disease may negatively influence women’s health care decisions” (279). To be more precise, the rejecting the discourse of ‘disease’ is also related with its impact on women’s decision-making, or in other words, therapy continuance (279). The changing discourse of medicine towards menopause is apparent in Utian’s explanations about menopause defining it as “a fortunate alarm system for the individual to become involved in a preventive health program for the rest of her life” (1997: 7).

The feminist objections are focused around three points. Firstly, they advocated that what medicine called ‘symptoms’ are women’s experiences and they cannot be equated with each other. The construction of menopause in negative and medical terms increase the likelihood of medicalization and makes the ‘choice’ dependent of women’s decision-making coercive; and thus, problematic. Second, feminists supports the opinion that women’s experiences in menopause is diverse, which are distorted by monolithic medical explanations (Murtagh & Hepworth, 2005).

In the lights of these feminist accounts the change in medicine can be traced back. In the early 1990’s a collaboration between medicine and social scientists emerged together with the call of Kaufert for a multidisciplinary menopause research in 1990 leading to conferences and organizations held about the issue (Murtagh & Hepworth, 2005; Kaufert, 1990). With the influence of these collaborations the key aspects about menopause in medical terms has transformed itself from 1960’s to 1990’s. While menopause was understood as body is ‘lacking’ in 1960’s, 1990’s medicine acknowledges body as active and reactive and also positioned women as informed decision-makers responsible for their choices (Murtagh & Hepworth, 2005). Even this developments can also be criticized from many directions, it may still be evaluated as a positive improvement from some aspects like offering possibility to women and its effort of putting women at the center.

“Without a critical engagement that disrupts taken for granted truths and assumptions about knowledge and power relations it is not possible to construct an emancipatory and transformative practice of health care and preventive health care for women at menopause and beyond” (Murtagh & Hepworth, 2005: 287).

Thus, it is argued that feminists should not disdain or ignore these efforts flourishing among medical community. In fact, relations of epistemological foundations of medical and feminist concepts between fixed descriptions about definitions of bodily experience should be evaluated together to make inroads for medicine to pose self-criticism towards itself, as emphasized in Murtagh & Hepworth, 2005:

“Development in medical, feminist, anthropological, epidemiological, sociological, postmodern description and argumentation about menopause do not only occur within disciplinary or epistemological boundaries, rather they reflect and influence the direction of each” (276).

3.2. Media Representations Related with Menopause

Not only medical community; but also the media is an important messenger regarding menopause, which is highly related also with medicalization of menopause discussed above. Besides medicalization, it is argued that representations and general image of middle aged women in media should also be investigated in order to interpret which place middle aged women are located and what kind of messages media spreads in terms of menopause. Therefore, representations of menopause in media will be analyzed based on these two focus points. It is also assumed that these two sides of representation are also highly interdependent.

Firstly, as discussed earlier, the most important factor to manipulate discourse about menopause is utilizing the *fear*. In popular media the health concerns related with menopausal experience is reinforced. While this attempt has economic backgrounds simply like selling more drugs by advertisements; also media tend to create sensation about these issues to increase the level of attention. As a result, the general image of with menopause is formed, as if all menopausal women suffer from terrible physiologic discomforts leading them to have a miserable life not only at individual level but in their marital relationships as well. In that sense HRT is promoted not only for physiological changes; but also a necessary savior to please husbands or ‘saving the marriage’ (Gorman & Whitehead, 1989). Lupton (1990) analyzed TIME magazine in her article, in which she shows that the magazine used images emphasizing unaesthetic effects of aging and also contrasted it with the radiant appearance of

youth. The choice of wording also cannot be considered as neutral. To illustrate, as stated by Lupton (1990), articles related with menopause describes this experience with frightening words like ‘terrible’ headaches, the soaking night sweats etc. Martin (1987) observes an effort to relate older women with ‘breaking down’, ‘failing to operate effectively’ or ‘losing potency’. In addition, the gender identity of menopausal women is questioned in these magazine articles according to Lupton (1990) by implying that menopausal women become like a ‘man’ due to the *loss of femininity* based on husband/wife relations. On the other hand, women using HRT tend to be pictured with the words reminding sexiness and attractiveness of women like ‘supple and firm breasts’, ‘erect carriage’, ‘good muscle tone’ ‘skin as smooth and pliant as a girl’s’.

This image of menopausal women drawing a negative picture about the experience cannot be considered, as if it only influences middle aged women. Younger women too, may get afraid about menopausal transition. In today’s social context it can be asserted that the age of having children increased compared to previous generation which results in women give birth to their first child in their mid-thirties. The common discourse related with aging and menopause is depicted as ‘the biological clock is ticking’ inexorably down from youth to old age. Therefore, pressure of menopause is even apparent in younger women who postponed their child bearing plans. While this may increase the *fear* factor also among younger women and create a positive perception towards HRT, it is argued that it also deepens the other’ing of menopausal women in society.

Moreover, discussions in the media on HRT creates a perception that almost all women use; thus should use, HRT only by giving user rates for women. On the other hand, according to Klein & Dumble (1994); though, a lot of women start HRT for various reasons, also the rates of abandoning treatment is enormous. More than half of women stopped using HRT due to side effects or risk of breast cancer (Klein & Dumble, 1994). It would be too simplistic to conclude that women’s decision-making process or the notion of informed choice functions independently. The risk and *fear* factor promoted by doctors and media is very effective even it may be evaluated as

‘coercive’. In other respects, the rates of abandoning treatment shows women’s constant negotiation with these coercive dynamics surrounded around the decision-making process about HRT. Therefore, since media is a powerful tool to reinforce the profitable choice, in the case of HRT, women’s agency should not be ignored and it may be seen in even in statistical data, if looked for.

The context of Turkey shows very similar characteristics with the already existing discourse about menopause in media regarding European and North American contexts. The women in their menopausal ages are mostly absent or invisible in the level of agency (Komesaroff, Rothfield & Daly, 1997). Despite the developments in feminism the cultural unconscious about the topic of menopause is still unchanged (Kaplan, 1997: 112-113) and it is maintained that the cultural unconscious reiterated by Kaplan is even more crystallized in the Turkish case. For instance, the google image search is quite self-explanatory about the media representations of menopause. As can be seen below the search results for the word ‘menopoz’ (means menopause in Turkish) depicts this period within a context of an excessive distress suffering from headaches and hot flushes. Moreover, it can be seen that the stereotypic image of menopausal women holding a folding fan (yelpaze) is widely used.



Figure 1.2. Google image search results for the word ‘menopoz’⁵

Another example may be given from YouTube about the same issue. YouTube is an independent platform, where people commonly use it to get medical advice or participate in self-improvement projects. Thus, it is observed that the google web

⁵https://www.google.com/search?tbm=isch&source=hp&biw=1536&bih=734&ei=Co8yWrPTIoTWU_LLsJAE&q=menopoz&oq=menopoz&gs_l=img.3..35i39k112j018.1090.1841.0.1945.8.7.0.0.0.189.513.0j3.3.0....0...1ac.1.64.img..5.3.506.0...0.f6jPcb3qQQE

search for the word ‘menopoz’ (menopause in Turkish) mostly direct its users to YouTube as a source of information. However, the videos related with the word ‘menopoz’ is mostly contextualized in a medical framework, where ‘male doctors’ were presented to ‘cure’ menopause. Furthermore, the titles of the videos is mostly framed in a medical language in order to offer ‘cure’ for menopause for the women assumed to be seeking ‘cure’ for their menopausal ‘symptoms’. This makes the experience of menopause is something to be ‘get through’ with; rather than exploring self in relation with this transition. In the following figure it can be observed that no other discourse but medical one is allowed for the experience of menopause in order to enlarge the vision of women related with their menopausal experience:

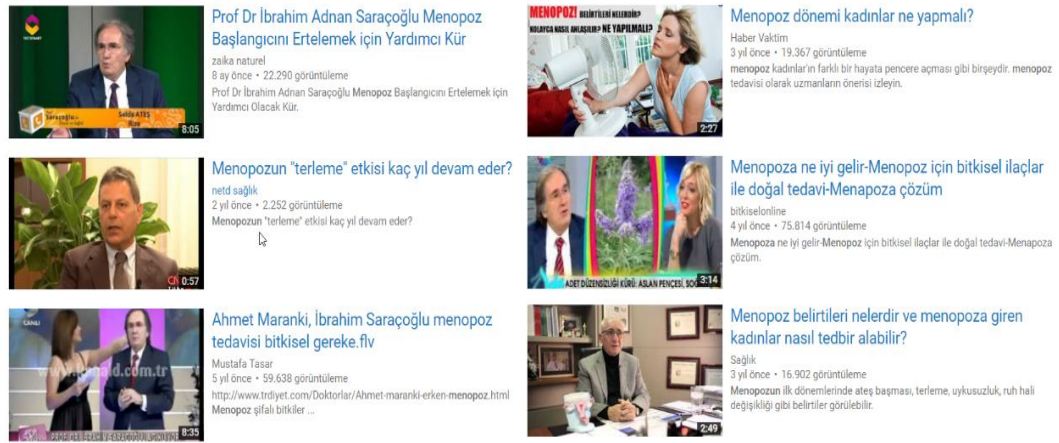


Figure 1.3. YouTube search results for the word ‘menopoz’⁶

The internet and search engines functions worldwide like Google cannot be ignored by spreading and reproducing knowledge in these contemporary days. It also represents an open source of information, where people ask things which otherwise cannot be dared to ask to any other person due to its anonymous nature. It is assumed that women utilize internet in order to get knowledge especially about taboo subjects including sexuality. Similarly, internet is assumed to be appealed a lot by women about the case of menopause. Here, the knowledge in internet about women’s bodily

⁶ https://www.youtube.com/results?search_query=menopoz

issues may be both speculative and manipulative. The importance of the messages spread by internet should not be ignored as exemplified in the case of menopause above.

Alongside of internet, TV is also an important element regarding the media representations related with menopause. In Turkish TV channels, the category of woman is showed almost entirely as young and beautiful, where again attractiveness is the prerequisite for *femininity*. This coincides with Kaplan's (1997) argument that the ideas of normative gendered body is the only representation related with womanhood in media. On the other hand, grounding on the 'mother-in-law status' mentioned in the introduction, older women is depicted as if they do not have any sexual desires or as if they are not sexual beings in Turkey. This image draws a parallel line with the Western context as well, as stated by Sybylla (1997), if older women are showed in TV's, it is mostly grandmothers who are safely identified within a role of feeding and nurturing with gray hair and children (254-255). There is also another image of older women, which is also problematic stressed in Greer (1992) and Komesaroff (1997) that older women are given the roles of either a healer, wise person, oracle or evil witch. In parallel, Campioni (1997) stresses that older women are tend to be depicted as evil stepmothers mourning her loss of youth and beauty, which is a quite familiar image from the most famous children's books. No doubt that, all of these images are distant from the existing ideal of *femininity* represented in the media.

To be more specific about the Turkish context, elaboration with some examples is required. Accordingly, the first example is related with the caricaturized image of 'menopoz teyze', (menopausal aunty in Turkish) which is widely used as a comedic element depicted by several well-known public figures and comedians.⁷ This image forms itself around the assumption that menopausal women are aggressive not only

⁷ <https://www.youtube.com/watch?v=fdhPESR9e4w&t=7s>
<https://www.youtube.com/watch?v=DtsP-hBk820>

due to the physiological discomfort of hot flushes; but also, they are aggressive because they are ‘sexless’.

“She begins culturally to enter a state of indefinable existence in terms of the dominant parameters of phallic sexuality and reproduction, which renders her redundant in a male-defined paradigm. This impossible condition operates culturally as a freak of nature, because her body/sex is no longer reducible to that of the ‘natural feminine’ state of representing the ageless (m)other, the forever silent center of support for everyone’s fragile subjectivity” (Campioni, 1997: 92).

All these connotations produce and reproduce the stereotypic image of menopausal women and labels the experience of menopause as a social stigma, which may make some women to be ashamed of their menopausal experience and thus disguise it in some social settings like workplace. This comedic nature produced in media about middle aged women in general, or menopausal women in particular is utilized in other productions as well. To illustrate, the TV show ‘Dünya Güzellerim’, which is a ‘fictionalized’ reality show, starred by Bülent Ersoy, Banu Alkan and Safiye Soyman gains its comedic motivation from the fact that all these three women are middle-aged, who ‘lost’ their physical attractiveness and transformed in bizarre characters. In that sense it is not surprising that Banu Alkan is the most ribbed character. She was an actress in Turkish cinema roughly between the years of 1970 and 1980, in which she represents the blond sex idol of Turkey even with the title ‘Afrodit’ (Aphrodite in Turkish). In these years she was young, beautiful, sexy, successful and rich; but things started to be changed after she gets older. As a result now she becomes a comedic figure, who refuses that not only her successful career but also her physical beauty has ‘ended’ long before. Therefore, she is depicted as a ‘hysteric’ women, who always tries to decrease her actual age and hide her deformed body. Her dip back into her past may be interpreted; as if, she is alienated from her subjectivity and this very alienation from self is presented in a context of ‘mockery’, because her appearance now is way different than before. In order to strengthen the image of these three women, who are presented as ‘freaks’ in the show, they are also contrasted with the companionship of Burcu Esmersoy, who is acknowledged as one of the most beautiful

women in Turkish show business in these days, whose appearance is ‘gorgeous’ in her thin, fit, beautiful body appearance.

In sum, media representations about the experience of menopause should be taken into consideration from two respects. First, it may be regarded as the main tool for the medicalization of menopause, since TV’s and Internet discussed here represents an open source whose anonymous nature may provide a convenient environment for women to get information about sensitive issues. However, in this open source menopause is mostly discussed with a medical discourse, where menopause is only explained in hormonal terms and male doctors are acknowledged as authorities. This is problematic, because it not only disregards possible other aspects regarding the experience of menopause such as its effects on women’s subjectivity or reproduction of heteronormative sexuality; but also, it creates a perception that all women’s experience is monolithic and same. Secondly, as emphasized in Sheehy (1991) in media, beauty is equated with fertility and youthfulness and menopausal women who remain outside of this category is depicted either as ‘grumpy/weird old lady’ or caregiving ‘grandmothers’. These are also related with self-alienation summarized by Lupton (1996) with following words, which is important for the next section in which sexuality in menopause is discussed:

“The meanings around the ageing female body in both popular and medical discourses center around the loss of attractiveness, fertility and function. Physical appearance is integral to feminine subjectivity in Western societies. The middle-aged and older woman’s body is typically portrayed as asexual and undesirable, and the loss of youth and sexual attractiveness is experienced as a major source of alienation and anxiety for many women, particularly those who have derived a sense of power and satisfaction from their sexual attractiveness” (92).

As a result, the attitudes of *fear* and *silence* associated with the menopausal experience becomes apparent in media representations. While medical discourse tend to utilize the *fear* of women and; and thus, promoting medical intervention in menopause via internet and TV, the visibility of menopausal women is allowed only if it is framed in a comedic way. Visibility by entertainment is highly problematic not only from the fact that it works as a validator about what is problematic about the

discourse about menopause; but also it further cultivates to silence the actual experiences of women since it is stigmatized as an element of fun.

3.3. Issues About Sexuality in Menopausal Years

Sexuality is probably is one of the most fragile topic related with the experience of menopause; on the other hand, it is probably the most undercover one also. It is crucial to note here that the issue of sexuality is deeply intersected with medicalization and media representations of menopause discussed above; despite the fact that, it is mostly assumed as a private individual activity. Thus, the researches covering midlife sexuality is not only limited but mostly based on surveys assuming that menopausal transition may cause problems in sexual life for women (Winterich, 2003; Mansfield, Voda & Koch, 1995). Moreover, midlife sexuality is investigated within the influence of menopause and aging which is a narrow conceptualization according to Winterich (2003) by advocating that sex should be discussed in the context of women's lives rather than only changes comes with menopause. On the other hand, she also argues that feminist sociologist should consider that cultural expectations of menopause, gender and sexuality may influence how women experience biological changes for sex (Winterich, 2003: 628). Hence, even discussing the issues like vaginal dryness or changes in sexual activity, cultural understanding of what menopausal transition mean for women's lives should be taken into consideration. Nonetheless, cultural meanings of sexuality in menopause may be mostly related with male dominated culture; however as hooks reminds it is not fully determined by it (hooks, 1989). Within hooks's feminist stance, this section includes not only the dominant discourse; but also, the cultural meanings about sexuality in menopausal transition is reviewed.

As discussed in Wilson's book *Feminine Forever femininity* tend to be equated mostly with heterosexual availability; so that, menopausal women may be regarded as unfeminine and unattractive or as a redundant machinery in Brook's terms (Brook, 1999; Leysen, 1996). Contemplating on sexuality only with sexual function is highly reductionist as claimed by Marshall (2010), which is again related with the assumption of rationalism in modernity. Criticizing the 'sexual functionality' in

menopausal period, Erol (2014) summarized the main themes surrounding the meanings of sexuality in menopause within four contexts. Firstly, the sexual desire may diminish with menopause; while the partner's remain same. Secondly, this change is tend to be related with protecting the domestic bliss by preserving women's attractiveness and sexual function. Third, medical intervention is evaluated as necessary in order to maintain marital union. Forth, marital infidelity is discussed as a possibility, if women do not perform sexually, which may be a fact that women tend to acknowledge and accept (Erol, 2014: 47). Thus, the perception of menopause is formed around not only as a tragedy of women; but also tragedy of men who are in need of his nurturing wife (Daly, 1997: 231-232). Erol's problematizations of these dynamics are all interrelated with each other and significant in discussing sexuality in menopause.

The most crucial notion here is the construction of sexuality in menopause as if it is a women's responsibility or duty. The idea that sex holding marriage together may be the fact in most cases. However the problem here is twofold. Firstly, women are regarded as the only party causing problems in sexual life, not men, specifically in menopausal years. The reason for that lies in the idea that women's *femininity* is judged based on their sexual function. For instance in his book named *Everything you wanted to know about sex* (1969) Reuben described menopausal women as "no longer a functional woman, these individuals live in a world of intersex. Having outlived their ovaries, they have outlived their usefulness as human beings" (287). Correspondingly, the second aspect in terms of sexuality is related with the perception that sex is a duty or obligation that women 'serve' to their husbands. Being sexually active is mostly included in a womanly role as wife (Sybylla, 1997). On the other hand, it is also a fact that sexuality cannot be only related only with women; but it is an interactive activity. Decreased sexual intercourse in marriage may have several reasons behind. According to Winterich (2003):

"Vaginal dryness is problematic for some women is because they do not discuss what they enjoy in sex. Not talking about sex is common from a psychological perspective (Leiblum 1990; Rubin 1990), but from a sociological perspective,

this phenomenon illustrates how women's socialization about gender and heterosexuality may result in women deferring to men" (635).

Similarly, the loss of libido cannot only be explained with physiological parameters such as decrease in estrogen; but it has more enhanced psychosocial aspects. That is to say, it cannot only be women's duty to maintain sexual intercourse. At this point, it is seen that men do not seem to feel themselves responsible about understanding menopause and reshape their sexual perspective accordingly. According to Erol (2014) men's reluctance to recognize menopause and menopausal changes may also stem from the idea that men do not acknowledge that they too may experience sexual problems in middle age (49). In parallel, sexuality of men is almost always discussed in media with the phenomenon of increased libido in contrast to women.

"The trope of the middle-aged couple where the woman is in menopause and the man is going through andropause is commonly used and reproduced by the media. According to this stereotype, menopause is constructed as a period of lost sexual desire and ability, while andropause is an increased period of sexual performativity (although not always performance)" (Erol, 2014: 55).

As emphasized in Erol (2014) the scenario of women's libido is decreasing; while men's is increasing is presented as a disastrous situation in marriage, where men seek sexual satisfaction elsewhere.

On the other hand, this opposite scenario is rarely discussed or mentioned only as a psychological anomaly of the woman (55). Here, a short overview about the experience of andropause should be digressed in order to enhance this debate; because, the approaches towards andropause is highly related and stands in a decisive position in constructing the meanings of sexuality in menopause. In Turkish context the experience of andropause remain only as a focus of medical intervention and about problems of erectile dysfunctions, which may result in performance anxiety in men. In parallel, as asserted in Erol (2014), both in medical and media texts andropause is mostly portrayed as a psychological issue relying on the fact that it has no definite physiological marker as menopause does. Thus, substantially, approaching the experience of andropause as a 'performance anxiety' justifies men's desire to pursue sexuality even out of the marital bound. As it is seen, men and women are approached

differently about sexuality in midlife and not men's but women's midlife experience, which may result in decrease in libido, is acknowledged as an anomaly. In her analysis Erol (2014) also problematized this gender inequality and concluded that women's increased sexual desires during menopause are also not tolerated as labeled as an anomaly as well:

"In most news articles mentioning andropause, decrease in sex hormones was almost used as an excuse for the lifestyle changes to which middle-aged men aspire. [...] The same 'life change' desire which calls for tolerance in men was not condoned for women, whether it was attributed to hormones or not. In most media stories the possibility of a woman having increased sexual desire in menopause and seeking a younger partner was not even considered as a possible scenario" (Erol, 2014: 55).

Although, there is not many researches about this issue, the contrast between the experience of menopause and andropause may result in an additional burden for women to deal with their husbands in this period and; thus, may increase the women's anxiety over sexuality in middle age (Erol, 2014).

A different aspect of sexuality in midlife reveals another inequality between men and women, if the difference in the experience of sexuality between single men and women are investigated. The availability of single men and women to find a sexual partner in midlife is way different between genders. It is assumed that a woman may face many more social obstacles than a man, due to her age, especially if her partner is younger than her; whereas, the relationship between a middle-aged man and a younger woman may socially be accepted easier. In the case of men, younger partner seem 'normal'; the other way around may be regarded as strange, in which women may be labeled negatively especially in the context of Turkey.

On the other hand it should be indicated that, since every women's experience is different there are also researches conducted in the Western context claiming that women do not necessarily observe decrease in their libido, vaginal dryness etc. or; although, their sexual desire diminished with menopause, they may not be complaining about it. To illustrate Delaney (1988) asserted that menopause is "a time women are freed from childbearing and child rearing, freed to a new enjoyment of

sex and renewed dedication to her work” (222). Similarly Dillaway (2005) gives place to Gannon’s (2005) and Wilbush’s (1993) researches that women enjoy sex than they ever had by desiring and anticipating sex in their menopausal years (407-408). Furthermore, in her research Erol (2014) inferred that even decrease of sexual activity may cause anxiety of infidelity for women, some of them may perceive this process as a relief from sexual obligations (48) (Winterich, 2003). Another studies show that sexual activity decreases with age because of husbands’ health problems, lack of partners, or cultural expectations assuming that sex declines with age (Deeks and McCabe 2001; Mansfield, Voda, & Koch 1995). As it is seen, sexual desire is a complex issue, which not only have social; but also, individual aspects. In order to deal with this complexity Winterich (2003) suggests for feminists that sexual history of women is as important as their accounts about sexuality in menopause; since, women’s descriptions of pleasure may differ from each other and influenced by social factors (Winterich, 2003). Therefore, decrease in sexual activity should not be only framed as if it is a ‘hormonal failure’ resulting in women cannot accomplish their ‘duty’ to their men, which is mostly the dominant discourse by medical community and media texts. Likewise, decrease in libido may not always reflect all women’s experiences of sexuality in midlife and menopause.

Although, feminist studies offers different perspectives towards sexuality in middle age related with the experience of menopause, the medical framework about sexuality in menopause mostly still constructs itself around the assumption that sexuality is women’s duty especially in marital relationships. Yet, according to Sybylla this framework gaining common acceptance among medical community was substantiated not until 20th century, when HRT was introduced (1997). According to Sybylla (1997), in 19th century aging was admitted on the idea that aged women are sexless. Women are told to avoid sexual intercourse; because, sexual arousal was considered as harmful and undesirable (222-223). By the beginning of 20th century old age has been ‘re-sexed’ by medical authorities (Erol, 2014; Marshall & Katz, 2013). This change in the perception is considered not only related with the advancements in biomedical technology or HRT; but also, with drugs for erectile

dysfunctions like Viagra providing ongoing sexual life (Erol, 2014). Thus, it would not be inaccurate to argue that, the advancements in biomedical technologies not only have contributed to medicalization of menopause, but also ‘healthization’ of sex, where sex has started to be considered as a sign of good health (Tiefer, 2006). To be more precise, it may also be argued that medicalization of menopause and healthization of sex are interdependent processes which interactively influence middle age sexuality.

In order to explain this interdependency several points should be clarified. First of all, it may be argued that healthization of sex makes sexuality a criterion for quality of life (Erol, 2014). Moreover, after HRT becomes widely used, it gains a position that ‘helping’ women to keep up with their husbands. In other words, as mentioned earlier, medical intervention to sexuality becomes legitimized. About this issue Erol (2014) declared that doctors are more concerned than women about maintaining sexuality (52). She gave place for Prof. Dr. Ertüngealp’s statement published in a newspaper article that menopause is ‘not only women’s but whole household’s problem’.

Since possible decrease in libido menopausal women is considered as a ‘sexual dysfunction’, medical intervention by HRT appears as a required solution. Lupton (1996) argues that challenging decay is the rational behavior. What is problematic here is the standards of decay and dysfunction is set by medical community in accordance with already existing gender inequality between middle aged men and women.

“In a context in which irrationality, emotional instability, ageing, sexual dysfunction and ill-health are negatively evaluated, and where menopause is portrayed as involving all of these, it is not surprising that women should seek to counter its effects by taking HRT” (Lupton, 1996: 97).

Lupton’s argument highlights once more the interdependency between medicalization of menopause and sexuality in midlife. However, as mentioned in feminist researches, sexuality in midlife is a more complex relation than medicinal approach. Erol’s accounts (2014) based on her research about the medicalization of menopause reveals

this reductionist approach of medicine towards midlife sexuality, in which physicians are interviewed about this issue:

“There was more emphasis on marital responsibility and men’s desires, and sometimes an attitude of blaming women for not fulfilling their husbands’ desires. I have not encountered any physician who referred to the relief that some women mentioned, and the general narrative of middle-age sexuality was less complex and more reductionist than that told by women. Part of this difference stems from a hormonal approach on a par with the dominant western medical paradigm that assumes lack of estrogen in menopause is at the root of all the problems a woman faces, including those in sexual life. Assuming sexual problems are attributable to vaginal dryness and painful intercourse, this approach can be understandable, but in general it overlooks the complexity of sexual relationships” (Erol, 2014: 51).

The lack of communication between partners intensifies the supposition that the problems about sexuality in midlife is arising from women. “Women’s desires are assumed to be either non-existent or irrelevant, and they are expected to lose interest in sex after menopause, whether or not this assumption reflects reality” (Erol, 2014: 57). As it is seen, heteronormative perception of sex not only condemns people, whose sexual behaviors are ‘deviant’ when compared with heterosexual sex, like LGBTI+ people; but also postmenopausal women are considered as outsiders from the heteronormative discourse of sex. On the other hand, as agreed with Winterich, menopause may not be the only reason that changes sexuality entirely. Rather, the connotations attached to sexuality in menopause come from an ongoing dominant expectation of male pleasure which is put at the center of heterosexual sex. According to Winterich:

“Women normalize the definition of sex as intercourse and do not act on their desire. These accounts illustrate how cultural ideas about gender and heterosexuality become internalized, re-created, and bolstered through interactions as women follow men’s leads and associate long periods of intercourse with masculinity” (Winterich, 2003: 636).

Therefore, researching sexuality in menopause requires a consideration about how today’s postmenopausal women are socialized with sex and what is their generational specificity. To achieve this, women’s accounts from their own experiences are required to show negotiations with heteronormativity before and after menopause by also considering the proliferation of *fear* and *silence* with the help of medicine and media

in menopause. By that, women's agency gains a precious entity for feminist struggle constantly operating against traditional ideas that sexuality is framed differently between men and women. As a result, it should be emphasized that sexism and ageism are interacting and negatively affecting women in terms of sexuality in menopause (Palmore, 1997). By giving a prominent quality to women's own accounts not only covering the menopausal period but also the cultural construction of heterosexual sex, sexuality is tried to be understood as a relation that women are also benefitting, not something in which women are expected to adapt men.

CHAPTER 4

METHODOLOGY & RESEARCH DESIGN

In this chapter, it is intended to provide a methodological map in order operationalize FST approach in discussing the experience of menopause in the light of existing feminist literature discussed in previous chapters. To be more precise, being coherent with FST, an appropriate feminist attitude will be sought among already existing feminist attitudes regarding the experience of menopause in order to set a course for dealing with my data. Furthermore, embracing a qualitative approach, the chapter is followed by a detailed narration about the research processes, in which the specifics of research case selection are examined by explaining and justifying the criteria for selection of participants. Subsequently, research methods and data collection processes are introduced, which is followed by sections about researcher's reflexivity and ethical considerations.

4.1. Feminist Standpoint Approach in Discussing Women's Experiences of Menopause

In the previous chapter, the feminist challenges towards the common discourse about menopause is discussed, where *fear* and *silence* crystallizes the *abjection* of menopause with the help of the construction of reproduction and sexuality as an essential aspect regarding the 'category of woman' or in Sybylla's terms *feminine ethos* by media and medicine. However, feminists itself show different and sometimes controversial approaches to the issue, arising from the fact that feminism contains approaches which may stand conflictual to each other. For this research, it has already declared that knowledge is partial in accordance with feminist standpoint accounts. In the light of this epistemological claim, it is necessary to figure out an appropriate way to approach the experience of menopause with a feminist perspective. In order to find an appropriate way to interpret the experience of menopause within a standpoint feminist framework, the variety of feminist attitudes towards this experience should

be exhibited and discussed in a critical look. According to Murtagh and Hepworth (2005) feminist responses regarding the experience of menopause may be categorized under four different approximations. These may be summarized as feminists (1) who *resist* the already existing medical discourse regarding menopause, (2) who offer *revision* about the meaning of menopause, (3) who support the individual decision making of women through *informed choice*, and (4) who emphasize the *multiplicity* of the experience of menopause.

There is given a lot of place in this study for the feminist scholars who *resist* certain aspects of menopause especially in terms of medicalization, media representations and sexuality, which point out crucial and valuable aspects constructing the meaning of menopause not only in individual but also in societal level. Dillaway (2005) explained this phenomenon with Bowles's model proposing that:

“The beliefs and expectations inherent in the prevailing sociocultural paradigm are responsible for the formation of specific attitudes toward menopause, which in turn influence the actual experience of menopause. That is, depending upon the cultural beliefs, values, and attitudes, menopause may be experienced by individual women as trivial or traumatic, negative or positive” (276).

Therefore, in order to reshape the social meanings of menopause, these feminists mainly line up with proliferating the opinion that menopause is either a neutral or a positive biosocial transition. In this way, not drugs but positive attitude to old age may become widespread; so that, women can age ‘gloriously’ (Dillaway, 2005; Klein & Dumble, 1994; Scutt, 1993; Gannon & Ekstrom, 1993). In order to materialize this idea Dillaway, for instance, defined menopause as ‘reproductive aging’, which is a distinct process from ‘aging’, based on her qualitative research conducted with women. In accordance with her research, women defined menopause as the ‘good old’ compared to other aging processes due to the fact that they are free from contraceptive use and menstruation burdening them. Also she argues that chronological age does not always reflect being old; because, contemporary commonalities across diverse age-groups blur the meaning of ‘young’, which enables women to define themselves by things other than biological reproductive capacity (Dillaway, 2005). Based on women's accounts about menopause, Dillaway (2005)

concluded that aging, reproductive aging (menopause) and feeling old are disparate things and menopause represents a continuity not an end which women are ready to 'let go off' loss of some bodily processes (412). Likewise, Gannon and Ekstrom (1993) emphasized that menopause should be perceived as a life transition like puberty. In that way, the focus may shift from a *deficiency* to viewing menopause as an inevitable life stage with new challenges and freedoms (277). Bowles (1990) believes that this paradigm may lead to positive attitudes and, in turn, positive menopausal experiences because the actual experience of menopause is more positive and variable than the stereotypic image of menopause. However, as Coney (2004) notes in *Menopause Industry* proliferating positive attitudes may not always be free from power relations due to capitalist interest. She argues that, immediately after the introduction of HRT, 'being at risk' becomes an integral part of the identity of menopausal women and this risk factor constantly tries to manage and re-orient women's bodies with medical surveillance and; thus, produces 'the menopausal body' attached to negative connotations.

From the accounts of feminists who *resist* the medical contextualization of menopause, it may be inferred that menopause may be assumed as a positive life transition; only if, medical intervention is avoided as much as possible by women and menopause is embraced as a life stage. However, it is claimed that the problem of the attitude of *resistance* lies in this very categorical denial of HRT. *Resistance* approach attributes an inferior position to women who prefer using HRT or allowed for other medical interventions from various reasons, which may be either saving her marriage or maintaining her beauty. Women's agency disappears in *resistance* approach and ignores menopause as a complicated and versatile experience by drawing a linearity between either 'using' or 'not using' HRT.

The second line of feminists according to Murtagh and Hepworth is *revisionist* feminist, who seeks for an alternative meaning of menopause. By attributing an alternative meaning to the experience of menopause these feminist turn their faces to 'nature' again by claiming that menopause is a spiritual awakening reestablishing the relationship between women and nature (Leng, 1997; Lupton: 1996). The most

famous feminist supporting a *revisionist* ideal about menopause is Germaine Greer advocating that aging and menopause is joyous transition:

“While Greer outlines a strong critique of medical menopause her response does not remain within the parameters of the medical menopause, rather she refers to an essential or natural woman to which the menopausal woman can ‘return’” (Murtagh & Hepworth, 2005: 280).

To put in other words, it may be argued that feminist who embrace *revision* about the meanings of menopause reinterprets *resistance* in a celebratory form. About *revising* the meaning of menopause Greer’s own accounts explain this goal very well in her idiosyncratic language:

“If we are to be well, we must care for ourselves. We must not cast the old woman out, but become her more abundantly. If we embrace the idea of witchhood, and turn it into a positive, aggressive, self-defining self-concept, we can exploit the proliferation of aversion imagery to our own advantage. It is after all no shame to know that lager louts find our presence inhibiting. Perhaps we do spoil things for all the boys together propping up the bar in the local pub or littering our highways and by-ways with their cans or bashing and knifing each other at football matches. So much the better. Why not wear a T-shirt that says ‘A glance from my eye can make your beer turn rancid’” (Greer, 1991: 409)?

As understood from her statement Greer argues that older women are a subordinated group in society. In order to emphasize her point, she remarks that there are a lot of stages in a human life worth celebrating, which are ritualized with rite of passages. Yet, for menopause there is no rite of passage to celebrate; although it means for women finally ‘to emerge’ in accordance with her claims about menopause (Leng, 1997). Rather, menopause means either nothing but *silence* or a medicalized bodily process. From considering this social fact and her statements, it is not surprising to estimate Greer’s position about HRT. She claims that HRT represents the symbol of patriarchy and consumerist culture imposing a certain type of femininity to women (Greer, 1992). In that sense, middle and old age is considered as an injunction for women to exorcise this femininity (Murtagh & Hepworth, 2005: 281). In her efforts to *revision* the meanings of menopause, it is seen that she tries to mobilize ‘anger’ by maintaining the slogan ‘it’s time to get angry’ (Greer, 1992). According to Greer (1992) this very anger combined with the maturity comes with old age may contribute

to women's struggle, because according to her accounts a woman lives her most wisest and competent years in her older life which comes with menopausal transition.

“Women over fifty already form one of the largest groups in the population structure of the western world. As long as they like themselves, they will not be an oppressed minority. In order to like themselves they must reject trivialization by others of who and what they are. A grown woman should not have to masquerade as a girl in order to remain in the land of the living” (Greer, 1992: 2).

Following Greer, Mackie (1997) and Campioni (1997) as well try to *revise* the meaning of menopause; not only for reinterpreting in a more positive way; but also utilize the menopausal transition as political tool to revolt against male supremacy. Furthermore, Mackie claims that male supremacy threatens the menopausal women most due to the prevailing position of women in modernity by being reproductive and desirable objects. “As menopause approaches, they (menopausal women) confront an entire governing code that decrees their placement according to prevailing values operating greatly to their disfavor” (1997: 22). Based on her argument she draws attention to the fact that women are stolen away from themselves, without even noticing that they are gone (Mackie, 1997). Hence, for Mackie as well, menopause represents an awakening for women to realize their true self. She appeals to women with these following words:

“[...] believe your own emerging stories, the language of your reawakened bodiliness. Activate that voice and listen to it against the distorted pictures generated by modernity, so often geared to keep us enchained. [...] I neither mourn nor regret its passing. Nor would I relinquish this chance, for the first time, to realize its influence and to experience the contrast of its passing, which releases me into another aspect of myself. Why give away half the World to stay the same, especially when the sameness was so heavily an imposed form? I would rather grab the chance for both release and insight. An insight that, through my own reactivated bodiliness, brings deeper gifts to enhance the more ‘mental’ praxes of understanding I had previously tried to build” (Mackie, 1997: 34-35).

Campioni (1997) also has a holistic understanding towards menopausal transition as a multifaceted experience. According to her argument, modernity deals with body as unconnected parts and; thus, interprets all the bodily changes as symptoms, which repress approaches interpreting these changes as a capacity, possibility or invitation.

In other words, Campioni (1997) claims that menopause is an opportunity for self-enhancing prospects and; thus, positive and liberating contrary to what is told about it. She believes, it is not coincidental that the position of wise people and healers have mostly occupied by older women from the beginning of ancient societies; due to the fact that older age brings in sudden insight, clarity of vision, heightened perception, and intense sensitivity to inner and outer worlds for women starting with the menopausal transition (91). Since, menopause is capable to open doors to clearer perception, Campioni (1997) also argues that this sociological faculty of older women is lost in modernist era. Therefore, following Greer, Campioni also advocates that ‘maintaining the rage’ of excluded older women in modern societies is an “empowering capacity for political disturbance embodied in the figure of older women” (83). By that revolt, heteronormatively imposed conceptions of *femininity* can be challenged and women can regain their legitimacy to age naturally.

Although, the *revisionist* approach towards menopause introduced with Greer, Mackie and Campioni immediately enhances vision and brings insight about menopausal transition at the first glance, it offers a highly mystified narrative about ‘the change’ and; thus, lacks a proper political insight. It is argued that, mystifying menopause neglects the political essence of the issue. Furthermore like feminist scholars, who *resist* to the cultural meanings of menopause, *revisionist* feminists also perceives women using HRT as enchained by patriarchy. Claiming HRT as evil is an essentialist understanding in just the same way as medical discourse praising HRT to make women remain ‘feminine forever’. This understanding describes women using HRT as weak; because it is assumed by *revisionists* that they foul their true self and their emerging capacities by taking drugs. Another problematic arises in *resistance* and *revision* approaches that they both claims a ‘natural’ human being having a ‘natural’ body. According to Lupton (1996) it is a puritan understanding implying that “women should accept the aging process gracefully rather than fighting it” (94). However, as discussed in earlier sections, the ‘natural’ cannot be puritan; because the body and bodily processes especially like reproduction and sexuality is highly interconnected with social dimensions. As Leng responds:

“Nature is not simply the passive object, the blank page to be written upon or etched, that the social constructionists position takes it to be. But neither is it the completely untheorized, self-evident, and innocent object that the classical feminist model of menopause takes it to be” (Leng, 1997: 289).

Therefore, the way that women are socialized about the processes of reproduction and sexuality or the culture women are born into may be highly determining about the perception of women not only about these issues or about their bodies; but also their understanding about what is ‘natural’. Therefore, it may be argued that especially *revisionists* missed the culture formed around reproduction and sexuality, which have deep influences on women’s experience; although, it is a natural process.

The efforts of feminists who intend to *revise* it are valuable and meaningful due to the fact that older women may experience a different kind of gender inequality and their existence is emphasized within their subjective specificities. On the other hand, it is argued that placing menopausal women; as if, they are returning to ‘nature’ is also highly problematic; because these kind of explanations are confined to modernist paradigm, since nature/culture dichotomy is not abolished but reformulated from the side of nature. Leng noted:

“Our thinking as feminists needs to be freed from these modernist constraints of essentialism, foundationalism, and nature, constraints that have grounded an entire generation of feminist politics on menopause and indeed the social-constructionist response to vault nature through culture” (Leng, 1997: 291).

Even if, women get wiser and more mature with menopausal transition, -not that it is unlikely- giving the title of ‘wise person’, just based on menopause and on its bodily repercussions, is problematic. The reason for that lies in the very argument of this study about body, which is inextricable from social dimensions. In this research, it is claimed that a woman gains perception about their bodies within certain social significances especially in the cases of reproduction and sexuality; thus, her body is interacting not only with nature; but also with culture. *Revisionists*, in that sense wear only another essentialist cloak, contrasting with the medical approach. Leng (1997) emphasizes a similar point arguing that; although, medicine and feminist interpretation seem standing oppositional to each other, in a deeper level both lies on a logocentric or metaphysical truth. Supporting Leng (1997), Kaufert asserts that “the

battle is not in the truth of menopause but rather in who controls the meanings of menopause, the medical profession or the feminists” (Kaufert, 1982: 153).

In sum, it may be alleged that both feminist who *resist* medial intervention, or who intend to *revise* the meanings of menopause have a dualist framework. Categorically rejecting synthetic estrogen indicates that medical intervention regarding menopause is considered as ‘distorted’. More importantly, this means that a ‘trueness’ is attributed to ‘nature’, which only reverses the challenged suppositions of modernity and neglects the negotiating agency of women. Leng (1997) describes this conflict between feminism and medicine as ‘game of truth’ arguing that the great divide between feminist and medical approaches is not a divide at all but two sides of the same coin, because feminist narrative seems self-evident as well:

“Nature is taken as purely self-evident, and its taken for grantedness generates a series of binary opposites that are then excluded from the feminist position on menopause. ‘Nature’ is thus pitted against ‘culture’, ‘drugs’, ‘high technology’ and other forms of patriarchal intrusions, and a feminist consciousness of the ‘natural body’ is produced as the only antidote to such interventions. Now this experience of nature functions as something quite foundational in the feminist discourse, so much so that the feminist model of menopause forecloses the possibility of the contractedness and partiality of its own position. In short, feminist model becomes a thought system based upon the unassailable foundation of nature” (Leng, 1997: 278).

Furthermore, since, especially *revisionist* approach assumes that all women experience, -or should experience- a return to nature described by Greer, it ascribes a monolithic quality to the experience of menopause and ignores diversities not only among women; but across histories and cultures as well.

The third feminist group, in accordance with Murtagh & Hepworth’s (2005) categorization, approaches to the issue more from a liberal point of view, advocating that a woman should be bestowed with the right of making an *informed decision* whether or not she decides to use HRT. Therefore, feminists should embrace the role of providing women tools to make their decision easier and more informed; instead of rejecting entirely the utilization of HRT. Worcester and Whatley (1992) asserts that HRT itself raises the questions about women’s decision making in order to balance risks, which should be considered as a personal decision based on both information

and personal history. Feminists who supports the *informed choice* of women do not object strictly to the use of HRT. In fact, they indicate that HRT may act as an agent for women's empowerment by helping them to understand their bodies and take control of the process of their menopause (Worchester & Whatley, 1992).

This approach may seem like paying regard to women's agency; yet, it is argued that the processes of women's decision making cannot be realized as smooth as it sounds. On the contrary, the process of making an *informed decision* is surrounded by power and pressure groups. Therefore, power dimensions discussed in earlier sections should not only be located; but also challenged by feminist knowledge, if women's decision making is evaluated as women's agency. Aside from failing to account for power in society, individual choice fails to account for social inequality and social differences as well. Indeed, it is itself a strategy of power which reinforces these inequalities by bringing a moral force to their existence (Murtagh & Hepworth, 2003). In order to broach this power dimension, it should be acknowledged that menopause is considered as a marker for disease prevention. According to Murtagh and Hepworth (2005), the discourse of disease prevention consolidates the views about menopause around factors of risk and benefit, which has a strong influence on *informed decision-making*. The risk-benefit perception provides a strong moral force for women; because to be sick of a preventable disease is morally reprehensible (Murtagh & Hepworth, 2005: 285). Moreover, it would not inaccurate to state that aside from medicine's conceptualization of risk and benefit; there are very limited sources providing women reliable, accessible and understandable information. Thereby, the possibility of a choice made outside of a medical framework is very limited as well, since the only source of information is clinic and clinician (Murtagh & Hepworth, 2005: 286-287). Additionally, the information about menopause offered in mass media also reflects medical outlook as discussed in earlier sections. Due to these powerful state of medicine in terms of menopause, it is agreed to Murtagh and Hepworth's (2005) arguments that the 'choices' of women, which are supposed to be based on *informed decision making* of women, are constructed and even may be evaluated as 'coercive' considering the existing discourse about menopause in

medicine and media. In the best case scenario, women may choose a ‘non-decision making role’ and leave the decision to their doctors, since the doctor appears as the sole authority on the issue (Theroux & Taylor, 2003).

Problems about the approach towards an *informed choice* expands considering the neoliberal economic setting both in Western countries and in Turkey from two aspects. First, the neoliberalist state tries to retreat itself from health-care costs resulting in protecting the health becomes an individual responsibility (Buğra & Keyder, 2006: 213-220). This setting in healthcare paves the way for *infomercials* in Gullette’s term (1997) produced by drug companies. *Infomercials* includes the promotion of certain drug (mostly HRT in this case) both in the form of commercial and scientific information and it may manipulate women in order to make them buy their product without an extensive inquiry; or whether or not the drug is really necessary. From these aspects, *informed choice* approach should be carefully and critically embraced.

The last group of feminists according to Murtagh & Hepworth’s (2005) perspective is postmodern feminists considering the diversity of menopausal experience; instead of, making reductionist claims as in the case of previous feminist groups especially in the case of HRT. However, Murtagh and Hepworth (2005) categorized all feminists as postmodern, who remarks on diversity of experiences or who favors intersectional approach in order to go beyond dualities and thus reductionist explanations. This categorization may overgeneralize the position of feminist standpoint theorists regarding diversity and partiality like Haraway and Harding as discussed earlier. Therefore in this study, this last group of feminist will not be categorized under the umbrella of postmodernism. Instead they are appraised as feminists regarding *multiplicity* of positions theorizing back and forth between modernity and postmodernity by harshly criticizing modernist foundations.

As discussed in the critics of *revisionist* approach these feminists consider neither accepting to use HRT, nor medicalization should be viewed as a passivity or victimization of women (Leng, 1997). Instead, they focus on “dismantling the divide

between nature and culture itself, to render the divide as simply impossible” (Leng, 1997: 289). Inspired from Leng’s (1997) argument Murtagh and Hepworth (2005) summarized this problematizations with following words:

“To do other than to resist is to be passive to and a victim of medicine and that therefore resistance is the only appropriate menopausal subjectivity offered by feminists. [...] The problem with either the medical reduction to biology or the feminist to nature is that they are closed explanations, they do not allow for the diverse experience and construction of menopause. Menopause is not one type of fixed physical or social experience. [...] Women at different times in history and in different societies and cultures have different life histories in relation to menopause. The menopausal body can inhabit the woman, through surgery or other processes. There is no singular ‘natural’ or normal menopause in this conceptualization of menopause, rather a diversity of manifestations and constructions. Denial of these differences effects a metaphysical closure” (Murtagh & Hepworth, 2005: 282).

Harding (1997) also agrees with this proposition by stating that debating about the pros and cons may limit what might be said about HRT (137). She adds that constricting the issue of HRT between using and non-using is harmful for women’s health movement due to the fact that it offers only two options for women’s subjectivity. They are either being “sick, misinformed, over-dependent on medicine and disempowered or well informed, engaging in non-medical and self-help practices and empowered” (140).

It is seen that whether medical or feminist, most of the discourse surrounding menopause locked into particular and social conditions and insist on nature/culture dichotomy. Haraway (1991); on the other hand, insists on blurring of nature and culture forming the basis for a reconstruction of ontology and politics beyond metaphysical closures. The coding of this new kind of politics needs no totalities but only embodiment of selves (Leng, 1997). Considering Leng’s and Haraway’s accounts, feminist model as well may be counted as a narrative or metalanguage. Yet, their intention for reformulation of feminist model does not include a mode of essentializing. The discussion about the concept of body in social theory held at the beginning of the study is very crucial at this point; in order to, accomplish the goal stressed by Haraway, which is a reformulation of a feminist model without essentialist claims. In parallel, in order to interpret the menopausal transition, Merleau-Ponty’s

claim of embodied subjectivity should be recalled, which does not suggest a separation between mind and body. According Merleau-Ponty, the body represents the linchpin of subjectivity due to the fact that the very existence of the body provides both the side and source of our having a world and living in it (in Rothfield, 1997). To be more precise, Merleau-Ponty's lived body is the site of human agency not just a material object controlled by the mind. Within this perspective, Merleau-Ponty addresses hormones as an aspect of sensibility and materiality, which can be perceived, tracked and measured (Merleau-Ponty, 1996; Rothfield, 1997). Consequently, the modernist and often essentializing character of hormones are reinterpreted as experience, which refers to embodying a range of possibilities rather than to dictate a particular form (Rothfield, 1997: 41-42). Within an understanding of embodied subjectivity Rothfield argues that "the question whether an experience is real (hormonal) versus psychological loses its significance" (Rothfield, 1997). Since menopause is understood as a field of complex experiences, resolving it into its constituent elements is not possible unlike as put in hormonal terms. Therefore, in this study a phenomenologically informed emphasis upon the corporeality of menopausal experience is embraced taking on board both subjectivity and materiality together as also argued by Rothfield (1997). More importantly, it would not be wrong to argue that the phenomenological understanding also stands parallel with Haraway's claim of partiality mentioned in discussing feminist standpoint theory. She affirms that:

"'Women's experience' does not pre-exist as a kind of prior resource ready simply to be appropriated into one or another description. What may count as 'women's experience' is structured within multiple and often inharmonious agendas" (Haraway, 1990: 113 in Leng p. 286).

It is seen that women's experience is contrasted with biological explanation of hormones in the case of menopause. On the other hand, due to its construction including subjectivity and materiality at the same time, phenomenological understanding of 'experience' may also respond to 'consciousness' as well. The meaning of this comparison between experience and consciousness highlights that experience is an intentional construction, or in Haraway's (1990) terms 'an artefact

of the first importance' just as consciousness as implied in Cartesian ontology. For that reason inspiring from Haraway, Leng states that experience too may be reconstructed, remembered, rearticulated (Leng, 1997: 286; Haraway, 1990).

It is clear that, phenomenological interpretation of experience emphasizes that bodily changes and transitions transforms subjectivity, which may be apparent in the experience of menopause as well. More importantly, it paves the way for women's agency. Hence, Daly (1997) implied that women renegotiate their social roles when they experience changes in their bodies (189).

To conclude, this chapter intend to draw a new line both in science and feminist politics following the contemporary postmodern insight underlining partiality of knowledge instead of reductionist statements. "Truth no matter who utters is constructed, relational, and partial" (Leng, 1997: 286). Thus, the experience of menopause will not be analyzed in the following chapters as a celebration of returning to 'nature' for self. Instead, women's agency will be sought by uncovering fields of bargain and negotiation regarding the existing discourse about the experience of menopause debated above. The political feminist practice which is tried to be grounded here; thus, does not originates from a basis of 'truth' or seeking a 'true knowledge' about the experience of menopause. Rather, the partiality of knowledge is offered for feminist politics. "In this model, there is no room for simply being feminist or antifeminist, resister or victim, pro- or anti-technology and drugs. Against the heritage of the metaphysical thought systems, there is only room for the powerfully heretical" (Leng, 1997: 292).

As reiterated by Leng (1997), it is indicated that the aim of this study does not direct itself to taking sides; but bypassing even rejecting dualities by prioritizing women's experience. This scientific approach differentiates itself from modernist approach due to the fact that it does not offer any bold claims; but pays attention to listening women. It is believed that this approach might alleviate the *abject* character menopause constantly reproducing *fear* and *silence*, both by encouraging voice of women and correspondingly diversifying opportunities in the medical field.

4.2. Research Case Selection

Since, a special importance is attached to women's experiences and women's own accounts in this study, the research process is tried to be enriched with conversations held with 20 women, whose technical details are elaborated in the next section.

It would not be wrong to claim that the research universe is vast since menopause is a bodily transformation experienced by all women. (As mentioned in the introduction chapter, this study includes only cisgender women. Therefore, period of menopause is operationally generalized to all women and excluded transgender women). Hence, participants of the research were required to be narrowed in terms of certain criteria. With the intent of that, case selection of research for this study is determined as women living in İstanbul as a member of the upper-middle socioeconomic class and actively working in jobs that could be categorized as white-collar.

Selection of participants can be justified due to four reasons. First factor is that İstanbul, which is a large metropole city, is recognized as finance and commercial center of Turkey. Especially considering private sector, districts like Zincirlikuyu, Levent and Maslak are occupied by headquarters of big companies and/or banks; thus, have the feature of business center adopting a 'plaza life'. As a result of all of these justifications, İstanbul is favored for research, because it would not be wrong to state that a significant part of the white-collar working profile, especially at the top executive level, is working in these neighborhoods.

The matter of *privilege* is second factor that formed the selection of participants. In the context of Turkey, it may be said that this group of working individuals, in terms of economic and cultural capital, belongs socioeconomically upper-middle income and status groups. In this regard, participants can be considered as a *privileged* group. As mentioned earlier, it is assumed that menopause experience deepens the subordinated position of women in society due to the *abject* character attribution. Hereof, it is argued that, probable loss of social status that women can encounter is most obviously observable in this *privileged* class. This choice about selection of participants is inspired on the outcomes from Agee's research:

“Women stated that this sudden “invisibility” made them aware of gender discrimination, which they often had not recognized earlier in their lives due to the power they had derived from being slender, young women operating from privileged class and race positions” (Agee, 1995: 86).

Prerequisite for active working is the third parameter that is considered during the selection of participants. Considering the increased participation of women in business life in Turkey in last 30 years, it is important that women representing research participants should actively work to historicize the menopausal experience and capture the differences between generations. In addition, the relationality between working environment and conditions established by menopausal experience is found valuable for intersectional analysis for the experience of menopause.

Lastly, as stated above, menopause experience is significantly interrelated and relational with health and medicine. The wellness trend that has become popular in Turkey and the Western world over the last 15 years, plays a role in selection of participants. Because healthy living concerns are assumed to be more widespread between the white-collar worker profile than the rest of the society.

If the research participants are briefly mentioned created around above referred concerns, the most significant and valuable judgement in this research would be no age limit is set. Instead, every woman who gave priority to the menopausal experience sometime in her life (and provided other case selection conditions) was included in the research. As strongly criticized in the previous chapters the medical institution that dominates menopausal experience tends to limit this experience to certain definitions. Specifying an age range is thought to be arising from this intention; rather than taking women’s accounts into consideration. In this context, the research participants consist of women ranging in age from 40 to 54. Although, the average age of menopause in Turkey is 45-47 years according to medical studies, more than half of the women, from whom research participants consist of, had experienced menopause long before the specified age interval. Refusing to set an age limit allowed for the study to uttering the experiences of women who are more invisible and marginal due to ‘early menopause’. Moreover, it also reveals that the situation labeled as ‘early menopause’ is not rare, underlining the question: ‘early, according to who?’

Majority of the participant profile consists of lawyers, engineers and bankers who are educated at university level. Average monthly income of these women ranges from 5000 to 10000 TL and average monthly income of household is between 8000 to 15000 TL. Although, all women from whom the research participants are consists of are in working life; it is seen that the mother of a large majority is the housewife.

As it is often pointed out in the previous chapters, menopause experience is related with topics like reproduction and sexuality. Therefore, in order to provide diversity and element of comparison to the research, research participants are selected from women with and without children and having different marital status. According to this, 2 of the research participants are never married, 4 are divorced, 1 is widow and 13 are married. In addition, 4 of the 6 participants, who do not have any child, are married and 2 are single. These conditions has brought to research significant insights; thus, valuable.

4.3. Research Method and Data Collection Processes

In this section, data gathering methods will be explained in detail based on research case selection whose specifics are mentioned in the previous section. To begin with, it should be stressed that this study does not aim for statistical information about menopausal experience. Therefore, it follows qualitative research methods. To be more precise, semi-structured in-depth interviews were held with women, who voluntarily consented to participate in the study.⁸ In parallel, snowball case selection method was utilized; since, research participants are not intended to be representative. As a result of snowball case selection, the occupations of women participating in the study appear similar, which are mostly concentrated on lawyers, engineers and bank employers generally from three distinct workplaces; since women directed the researcher to their friends and colleagues for further interviews.

The timing of the interviews was arranged in accordance with women's schedule and thus appointments were made beforehand. Since the women forming the participants

⁸ Field guideline can be found in Appendix B (English) & Appendix C (Turkish)

of the study are actively working, the interviews are conducted mostly in their lunch breaks or after their working hours. In general, the interviews lasted about one hour; yet, some of them were lasted both longer and shorter than that. Women who are volunteered to participate to the study were interviewed mostly in their workplaces, either in their personal offices or cafés nearby. Especially, for the interviews made during the lunch breaks, the limited time shows itself as a disadvantage; but, many women sincerely spared time for the study and most of them behaved flexible about time concerns. All the interviews were tape recorded after approval received from the participants before beginning interviews. The interviews recorded were transcribed and coded afterwards. The coding process was completed manually and after the coding is done the primary codes were filtered and further categorized based on their importance and relation with each other.⁹ The details of the codes and categories will be elaborated in the next chapter, where the findings and data analysis are discussed.

4.4. Researcher's Reflexivity

Since this study rejects objective claims and rather emphasizes that the knowledge is partial and intersectional, the possibility of a researcher holding an objective and impartial position is objected as well. Indeed, especially during the fieldwork, there were three points that researcher's existence were revealed and influenced the flow of the study from several aspects. Firstly, this study was written in library of a plaza building of a privileged public institution in Gayrettepe, in which many women working there were also interviewed. Aside from the interviews, I as a researcher, personally got acquainted with women working in this workplace, where mainly lawyers are working from various age groups. My existence working in that building as a researcher immediately got attention and my research topic awakened the interest of many, resulting in 'the menopause' was started to be spoken often. Additionally, I got not only the chance to observe working women (and men) in their workplace by witnessing their daily talks during lunch or coffee breaks; but also to participate to their conversations. As a data collection method, focus group studies were not

⁹ For more details see: Appendix A

preferred due to the organizational hardships. However, these conversations and observations participated in this workplace contributed a lot in order to capture the general opinions of men and women about the issues of menopausal experience, medicine, media, sexuality, reproduction etc. Hence, it would not be inaccurate to claim that my existence as a researcher created an ethnographic dimension for this study. More importantly, due to my very existence as a researcher preparing a dissertation about 'menopause' called for a scientific interest regarding menopausal change, which results in women in that workplace talking more about menopause and their menopausal experience with each other, which is eventually one of the main objectives of this study by bridging knowledge -formed from women's accounts- and politics for feminist struggle allowing for *multiplicity* of feminist accounts.

Secondly, as a researcher who is under 30 years old and unmarried, talking about sexuality was challenging with women, most of whom have children near my age. Instead of perceiving me as a scientific authority, they tend to approach the interview process with an effort to help me to accomplish my thesis. Not that I wanted to be perceived as a scientific authority; but, it should also be acknowledged that the age and the generation gap between the researcher and the interviewees did stand as an obstacle towards talking about sexuality from time to time. On the other hand, it is also observed that spending time with them in their workplace while writing my thesis also helped a lot to abolish that barrier in some interviews, if not in all of them. Yet, forcing them to talk about the intimate details about their sexuality would not be ethical as well. Thus, the women were not compelled with further questions to talk about their experience of sexuality except from what they want to share with me; even if it is acknowledged that sexuality is an extremely broad topic which cannot be captured with few questions only related with sexuality regarding menopause. Consequently, talking about sexuality was not easy due to my position as a researcher, who is younger and unmarried. If I were a researcher close to their age and/or married, it is assumed that detailing on sexuality would be more smooth and comfortable both for the researcher and the interviewee, which shows that researcher's subjective qualities strongly matters contrary to the modernist claim of impartiality.

Aside from reflexivity during the field, the interaction between the researcher and women is considered as crucial in feminist studies for the long run. It has already been uttered that studying about menopause as a researcher helped triggering women about sharing their menopausal experience with each other and, more importantly, created an awareness about menopause allowing to be talked more publicly and openly at least in that workplace that I prepared my thesis. Since it is an interactional process, the field and the study in general shaped my perceptions as well about women in their menopausal ages as a researcher. My most significant gain from this study may be considered as getting to know my mother's generation more closely by familiarizing with their lives and acknowledging that their negotiations with heteronormativity actually shaped the way my generation of women sees the world. If I intend to write a feminist thesis and identify myself as a feminist, I realized that my negotiations with heteronormativity are already inherited from theirs. As a researcher and a feminist this awareness brought me a broader perception of feminist struggle providing a crucial insight for my future studies.

These three aspects of reflexivity shows that the researcher is not only a part of the study; but, the interaction during the fieldwork with women may be considered as an important contribution for feminist movement as well. Hence, starting from this chapter, my subjective position is emphasized as a researcher in the study by utilizing statements written in first person pronouns.

4.5. Ethical Considerations

This study is accomplished through pursuing several ethical considerations covering the fieldwork process as well. To begin with, the content of the semi-structured interview was approved by METU Human Subjects Ethics Committee before fieldwork. During the fieldwork confidentiality of the respondents was regarded as a number one priority. Thus, 30 pseudonyms were designated before starting the fieldwork and at the beginning of the interviews, each interviewee was asked to choose a pseudonym for herself in order to represent her in the further processes of

research. It is assured to the women that the pseudonyms they chose and their real identity would never be paired with each other.

Finally, during the interviews it is tried to be careful and sensitive especially about two issues. Since menopause may be a distressing and bitter experience for some women, it is abstained from behaviors which may upset women. Parallel to this effort, the wording of the questions were selected carefully and especially about the issues of sexuality the respondents were never constrained to share more than they wanted to. Furthermore, especially about the matters regarding hormone therapy, the choices of women whether to accept or decline HRT, is not approached in a judgmental attitude.

CHAPTER 5

ENCOUNTERING WITH MENOPAUSE

This chapter is dedicated to discuss how women encounter menopausal experience including the ways in which women observe first physiological changes in their bodies, and what kind of emotional responses are attached to these beginning insights. At this point, I realized that ‘expecting’ menopausal transition may play a significant role shaping these initial responses and; thus discussed accordingly. Moreover, women’s effort to learn more about the experience of menopause is tried to be deciphered in order to explain how women ascribe their own experience to the dominant discourse surrounding menopausal transition in their personal researches related with menopausal change. Finally, from women’s accounts, the meaning of menopause is tried to be captured related with other embodied processes like aging, laboring, breast-feeding, menstruation etc. in order to further guide the discussion in terms of interactions of the experience of menopause. More importantly within all these realms, women’s subjective decisions towards the existing social constructions of menopause are especially focused by aiming to point out the agency of women negotiating against the possible *abject* character of menopause creating *fear* and *silence*. It is also important to note that, while locating women’s agency, the analysis pays regards to the intersectional aspects of women’s class and status positions by regarding their current occupational position, family background and income, which are assumed as interdependent and inextricable dynamics constructing subjectivity. This approach also helps alleviating monolithic explanations about menopause and; rather, highlights that menopause is experienced in various modalities bearing also upon intersectional characteristics forming women’s subjective positionality. This chapter holds rather an introductory analysis representing my fieldwork. In general, it is intended to show the possible paths that discussion about the experience of menopause might be elaborated further.

5.1. Beginning Insights: Getting Acquainted With Menopausal Transition

In the field, I usually preferred starting the conversation by asking when and how the women realized that menopausal transition appears and in which ways they reacted to it. I believe, the very first encounter with menopause is highly important because further relationalities regarding menopause are constructed around it.

According to my talks with women, I observed that remarks are highly differentiated between women who started experiencing menopause, arriving as an anticipated process and who faced with it as a totally unexpected phenomenon. Therefore, beginning insights of these two cases are discussed separately in following sections. After discussing menopause for women as an anticipated embodied process, ‘extraordinary’ cases, which includes menopause via emotional trauma and its intersections with another health related issues like cancer, will be elaborated in detail which I did not run across while investigating existing literature. In addition, this section has a special emphasis about the experience of ‘early’ menopause as well.

In these beginning insights several clues lurk in about further discussing the experience of menopause. Primarily, as mentioned in discussing the related literature about the experience of menopause third chapter, the *abject* character of the experience of menopause can also be seen in various statements, in which it is asserted that arrival of menopause may create *fear* and *anxiety*. Yet, these two assumed attitudes towards the experience of menopause is also challenged and negotiated by women, whom I spoke during interviews. Additionally, unlike the claim of *abject*, I discovered that the *abject* character of menopause is not demonstrated in the same way for all women and even may not necessarily appear in all cases. To be more specific, almost half of my respondents stated that they either took menopause in stride; or they found it rather relieving from some aspects as opposite to the claim of *abject*. As it is seen; even though, the experience of menopause may include *abject* prospects creating *fear* and *anxiety*, its features are fluid differentiating across different social settings and ways of embodiment, rather than a static one.

Moreover, during my interviews I had a chance rigorously to observe that women react variously to the issues related with different aspects about the experience of menopause, which supports my claim that the experience of menopause cannot be explained in monolithic presumptions.

5.1.1. Anticipating Menopausal Transition

In the field, all women I met to interview were almost over 45 years old. Yet, some of them experienced menopause earlier than expected and some of them experienced it within expected age ranges, which may be indicated roughly as over 45. This section aims to describe the beginning experiences of women; who experienced rather a smooth transition towards menopause. Accordingly, about five of my respondents declared that they have already think themselves as old enough for menopausal transition and; thus, did not experience any significant subjective breakthroughs related with the experience of menopause. From their accounts, I also discovered that these women did not severely experience almost any of the physiological discomforts as well, specific to menopausal transition such as hot flushes. For example Hande Kırmızı, who works as an advisor in a software company, explained that her menopausal transition did not trouble her physiologically:

“I guess I am an exception at this issue. Because I didn’t experience those things of menopause. I hadn’t experienced any of those things that everybody says, such as hot flush. I hope I will not experience in the future. I haven’t experienced any negative effect so far. I haven’t been affected in this respect.” (Hande Kırmızı)¹⁰

Before the interviews these women like Hande tried to ‘warn me’ emphasizing that they might not be a ‘proper example’ for me to represent a menopausal woman; due to the fact that, their physiological changes are occurring only in minor levels. Even one of my respondents told me during our conversations, before the official tape recorded interview, that she got the feeling that something might have been wrong in her body; because she did not experience any physiological changes -or in her words

¹⁰ “Şimdi ben o konuda biraz istisnayım galiba. Çünkü ben o menopozun şeylerini geçirmedim. Derler ya hani mesela öyle sıcak basmalar başka şeyler hiç birini yaşamadım. İnşallah da yaşamam. Öyle hiçbir negatif bir şeyini görmedim şimdiye kadar. Etkilenmedim o açıdan.” (Hande Kırmızı)

‘symptoms’- of menopausal transition except from the cessation of her menses and went to doctor to ask about this. As it is seen from these two accounts, there exists a highly medicalized image of menopausal woman and women interpret the changes in their bodies in accordance with this image and even got anxious, when their body did not react in the same way. From my literature review and general overview about the experience of menopause, I mostly confronted that this stereotypical image of menopausal woman often comes into light as a social stigma, which will be elaborated in following chapter.

In general, one way or the other, all women whose experiences are given place in this chapter emphasized that menopause is a ‘natural’ process that every women will go through; thus, no worries should be made. Nevertheless, the relationship that they established with the experience of menopause and midlife differs a lot from each other. To illustrate, Deniz Özgür, who works as a lawyer, laid emphasis on her midlife transition; rather than her menopausal experience and explained that the beginning of her 40’s was more devastating for her:

“You interrogate you know; was it my expectation from life? You have so many expectations. Not all of them actualize, naturally. That midlife crisis ruined my hormones pretty much. But menopause didn’t cause such a depression like of my ages of forty, probably because I did not experience those physical things. Maybe I might have felt depressed if I had experienced those things. [...] I think it is a natural process. It is not an illness, eventually. For example, I heard that there are some women who conceal that. I have nothing like that.” (Deniz Özgür)¹¹

From her statement, I concluded that her subjectivity may be influenced more from the beginning of her midlife; rather than menopause, whose relations with social life may be elaborated also in subsequent studies. In parallel, Zuhal, who is a former bank employer now working for a well-known aid society, experienced menopausal transition at the age of 42, claimed that although, her menopause ‘knocks her door’

¹¹ “Sorguluyorsun işte, hayattan beklentim bu muydu? Bir sürü beklentin var. Hepsi gerçekleşmiyor haliyle. O 40 yaş bunalımı benim hormonlarımı baya bir bozdu. Fakat menopoz, 40lı yaşlarımdaki gibi bir bunalım yaratmadı bende, fiziksel de pek bir şey yaşamadığım için herhalde. Belki onları yaşasaydım daha canım sıkkın olurdu bu konuda. [...] Doğal bir süreç olduğunu düşünüyorum. Hastalık değil bu sonuçta. Hani bazılarında mesela şey var duyduğum, gizleyenler oluyor mesela. Benim öyle bir şeyim yok.” (Deniz Özgür)

early, it did not upset her so much. Instead, like Deniz, she also stressed that stepping into aging with the beginning of midlife compelled her much more apart from menopause. As mentioned in discussing the existing literature, Deniz's and Zuhâl's statements carry parallel insights about the fact that aside from menopause as a marker, aging in general is another element socially pathologized and demonized (Komesaroff, Rothfield & Daly, 1997; Gulette, 1997).

On the other hand, as our conversation improves with Hande Kırımı, who declared that she experienced almost none of the physiological aspects of menopause, she made remarks about the issues about sexuality and indicated that her experience of menopause may have a negative role in terms of intimacy from various aspects. In my opinion, primary reason why it did not occurred to her mind to declare these impacts in the first place, lies in the very image of menopausal woman described in a moody tone and with an unbalanced body temperature. Even so, this stereotypic image carries clues about sexuality; its messages are rather given covertly.

Although, transitioning into a menopausal state may seem as an isolated event (and sometimes it really is an isolated event), older sisters may play an important role in order to guide their younger sisters about this experience.

“I witnessed it because my sister from the family went through menopause before me, I witnessed her discomfort. After her, I saw my cousins. I mean, we are almost in the same ages, but I saw them many years ago because they went through it before me. Mine is a bit of that experience. I mean, at the same time, I saw that it would not be too much trouble. It really did not happen.” (Nazan Bahadır)¹²

Nazan Bahadır, who is a bank employer working in the headquarters of a private bank in Maslak, considers her experience of menopause as ‘lucky’ due to the fact that it happened after 50 years old and almost without any physiological discomforts.

¹² “Aileden kardeşim benden önce girdiği için ona şahit oldum, sıkıntılarını gördüm. Ondan sonra kuzenlerimi gördüm. Yani aynı yaşlardayız hemen hemen ama onlar benden erken girdiği için ben onları seneler önce gördüm. Benimki biraz o tecrübelerden. Yani çok da sorun olmayacağını gördüm aynı zamanda. Gerçekten de olmadı.” (Nazan Bahadır)

Moreover, the experiences of her sisters have been a forecast for her about what might happen.

In sum, even menopause is experienced with minor physiological changes and within an ‘appropriate’ age range, the experience itself means different things for each women. So far, crucial intersections shows itself regarding the experience of menopause, which are stereotypical image of menopause, communication with family members and the relations with aging and sexuality. As it is seen; although, some of these relations point out menopause as a negative event, anticipating this experience may ease the *fear* and *anxiety* felt towards it. In the following section, these issues are reconsidered in a different situation, when the experience of menopause arrives unexpectedly.

5.1.2 Unexpected Arrival of Menopausal Transition

Since menopause is acknowledged as an inevitable process of reproductivity occurred with cessation of menses by almost in all women, I assume that little is actually wondered about what other things might be happening during menopausal transition until its arrival, including its social and subjective repercussions. Besides, the changes including physiological transformation are not possible to be fully perceived until it is embodied; even, it provokes any curiosity beforehand. Therefore, the very first encounter about the experience of menopause is evaluated as crucial; because, not only women may involve into an already existing discourse about menopause; but the transition itself is also new to them in an embodied sense. It is also a process that women can make sense of other women’s menopausal experiences. For me, as a researcher who did not experience menopause, this process is resembled with the beginning of menstruation. Yet, despite similarities, it is clearly recognized that menopause is a whole new embodied experience; thus, their first insights regarding the experience of menopause are asked to respondents. As a result of this effort, it is realized that menopausal change may manifest itself together with other social events; although it is assumed as a pure physiologic process in a biomedical sense. In accordance with that widely accepted definition, menopause is simply cessation of

menses, related with estrogen deficiency, accelerating with age. On the other hand, most of my respondents declared that menopause may begin also by trauma, emotional distress or other diseases/treatment processes. Actually, I was unfamiliar with these cases in the field, since I did not come across to it in the studies that I introduced earlier. Yet, menopause arriving due to an external impact is also interesting. To illustrate, one of my respondents was a widowed women named Melis Kızı1, whose menopausal transition has begun just after her husband died. Similarly, another respondent Güzin stated that her menopausal transition has started right after the demise of her mother. Together with the high level of stress dealt in contemporary life circumstances, this abrupt experience of undergoing menopause after the demise of the loved ones may makes sense. From the accounts of other respondents like Tülin, I concluded that experiencing menopause right after a traumatic event cannot only be pertained to today's generation of women; because two of my respondents, including Tülin, emphasized that after their fathers were passed away, the menopausal transition of their mothers started out of the blue. Moreover, many other respondents claim that divorce can create a huge emotional distress which may also trigger menopause. These respondents are inspired both from their own failed marriage stories and from the stories of other women, whom they are acquainted or related with. For example Fulden explained her own encounter with menopause in the age of 44 by relating it to her divorce:

“Menopause was never on my agenda. [...] I was already going to the doctor's routine controls every year. [...] The test was going on, and when I took that test, the doctors generally said: you won't go through the menopause before 50 years old. I didn't mind about it at all at that time [...] it was not at the forefront in my life. But then in 2013, I suddenly divorced. It was not on my agenda either, but I divorced somehow. Instantly, I divorced. A month after I was divorced, my menstruation was over.” (Fulden Karaca)¹³

¹³ “Benim hiç gündemimde yoktu menopoz. [...] Zaten her yıl doktora rutin kontrollere gidiyordum. [...] Test oluyordu, o testi yaptırdığım zaman doktorların genel olarak dediği şeydi: sen 50 yaşından önce menopoza girmezsin. Öyle hiç önemsemedim o dönemde [...] hayatımda hiç ön planda değildi. Sonra fakat ben 2013 yılında birden boşandım. O da hiç gündemimde yoktu ama artık bir şekilde boşandım. Hemen de boşandım. Boşandıktan bir ay sonra ben adet görmemeye başladım.” (Fulden Karaca)

Additionally, some of my respondents also declared that the emotional distress they face has prevented them to focus on changes in their reproductive cycle. For example, after a depressing period of divorce Cansel Keskin's sister went through menopause and despite her lack of menses for 7 months, she never saw a doctor; because she is too busy to cope with her other problems originating with divorce. Similarly, after her husband passed away Melis Kızıl declared that:

"I didn't have a chance to think about myself. I was severely upset and I had a ton of trouble accompanying to it. As a matter of fact, my menopause got lost in the shuffle. If it had coincided to a calmer period of my life, I would be a better follower of myself and my body at this issue." (Melis Kızıl)¹⁴

"My sister, for example, because she dealt with her own problems, had not gone to the doctor even though she did not menstruate for 6-7 months." (Cansel Keskin)¹⁵

From the statements of Fulden, Melis and others, it is seen that menopause is not a purely physiological phenomenon but also linked with social and psychological events faced by individual. According to the statements of these same respondents, they were completely unaware of the fact that menopause may begin after these triggering life events until they actually underwent all these, which is embraced as much more interesting. Explaining menopause; as if, hormonal mechanism is disparate and purely biological, disguises the cases that it affects and be affected from other subjective processes. Especially, women who start experiencing menopausal transition before the age they expect, complain about their unawareness about this; due to the fact that they could not take any precautions (e.g. egg freezing) beforehand. Here, the understanding of prevention becomes prominent. As mentioned before, Utian described the experience of menopause as a fortunate alarm system in order to take precautions for future health problems, which might occur in aging (1997: 7). Similarly, Murtagh and Hepworth (2005) stressed the change in perception in medicinal perspective towards the discourse of 'prevention'. Yet, I realized from

¹⁴ "Kendimi düşünecek hiç halim yoktu. Çok ciddi bir üzüntü ve buna eşlik eden bir ton sıkıntı yaşadım. Benim menopozun arada kaynadı aslına bakarsanız, belki daha sakın bir dönemime denk gelseydi, bu konuda kendimin ve bedenimin daha iyi takipçisi olabilirdim." (Melis Kızıl)

¹⁵ "Ablam mesela, kendi sorunlarıyla uğraşmaktan 6-7 ay hiç adet olmadığı halde doktora gitmemişti." (Cansel Keskin)

women's accounts, who experienced the experience of menopause earlier than expected, that the logic of prevention in medicine does not include informing women for possible ways of taking precautions and ensuring that they make their plans accordingly. In that sense, it is seen that medicine tends not behave in a preventive way beforehand; but offers solutions with HRT after menopausal transition has begun.

In these cases, preventive medical strategies can be only possible if doctors, especially gynecologists, develop a medical strategy which follows the emotional states of their patients and/or their reproductive plans as well. Yet, this kind of medical practice conflicts with already existing medical approach, in which individual body is assumed as a disparate and mechanistic entity from subjective formation. In contrast, it requires a broad understanding of subjectivity. Within this framework, prevention discourse works in a way covering preventive solutions after and before the experience of menopause and supports women by informing them and help to ease the shock effect due to the abrupt arrival of menopause. Additionally, this points out to the discussion between hormones versus experience that both Merleau-Ponty and Grosz advocates that experience as a whole must be taken into consideration instead of hormones. As an aside, for this study I am reluctant to give menopause a meaning, which should be avoided or prevented in the first place. However, preventive technologies are offered as a solution simply because, 'protecting reproductive capacities of women' is assumed as the priority of existing medical approach based on the history of the relationship between medicine and the experience of menopause mentioned in previous chapters. Furthermore, based on the remarks of women, who especially worrying about the *loss* of their reproductive capacities, precautions like egg freezing should be considered as crucial due to its irreplaceability once lost. Similarly, women who worry about the physiological outcomes of aging in terms of the deterioration may occur in general health and appearance of youth, menopause is uttered as a process which should be prevented as much as possible.

In connection with the first insights gained about menopause, the fieldwork also showed me that the experience of menopause may also be in conjuncture with other medical conditions. To be more precise, especially in the cases of breast and thyroid

cancer, I noticed that menopause may be interactive also with these kinds of medical conditions due to the fact that the treatment of these cancer cases may cause malfunctions in the ovaries resulting in menopause to arrive earlier. Considering the increasing prevalence of cancer cases targeting women such as breast, endometrial or thyroid cancer, this relationship should not be overlooked. Yet, in the existing literature that I analyzed, I did not come across stressing this relationship. On the other hand, even in my relatively small size of participants, three of my respondents went through these medical stages, which motivates me to address this relationship. For example Hale Toprak implied that radioactive treatment targeting her breast cancer caused her to experience menopause earlier. Similarly Tlin Pr and Piraye Yksek also replied that their history about thyroid cancer altered their engagement with menopausal experience. However, according to their statements, their doctors took different attitudes about warning them about the possibility of an early menopause than expected. Whereas Piraye’s doctor did not explain anything during the treatment progress; Tlin’s doctor was more aware of the possibility of an early menopause and informed her about it. Here, the difference in attitude regarding medical experts attract attention. As emphasized by Kaufert (1990) before, medicine as an institution together with medical community, should also not be taken into consideration as a homogeneous entity or as if it stands static towards developments in other realms of knowledge.

“Medically, it was not told to me. I was just told that (in the course of cancer treatment): ‘Never get pregnant. If you get pregnant, your child will be disabled’. Therefore, I was very afraid that I was in the period of birth control by saying that I should never get pregnant. But in the meantime, I could not be able to get pregnant anyway, perhaps because the eggs are exhausted. Of course, I didn’t know that back then.” (Piraye Yksek)¹⁶

¹⁶ “Tıbbi olarak bu bana söylenmedi. Bana sadece söylenen şuydu o zaman (kanser tedavisi sürecinde): Kesinlikle hamile kalmayın. Eğer hamile kalırsanız çocuğunuz sakat olur. O yüzden hani çok korkarak bir korunma süreci geçirdim o dönem. Aman hamile kalmayayım diyerek. Ama hâlbuki meğerse de zaten kalamayacakmışım belki de yani yumurtalar tükendiği için. Tabii bunu o zaman farkında değilim.” (Piraye Yksek)

“He said okay, but you still need to know, you'll go through menopause early. Is there a drawback for you? So now you're telling to a cancer patient; menopause. What would you think at that point?” (Tülin Pür)¹⁷

As understood from their remarks, not all these women establish the same kind of relationship neither with their doctors, nor with their cancer. Whereas, Piraye declared that her doctor should have informed her about the possibility of an earlier menopause; Tülin Pür said that she paid no mind about menopause because she took beating her cancer more seriously at that moment. In addition, doctor's attitude might differ from each other or change through time.

“If I had gone through the menopause suddenly without any other problem, it could have been a problem for me but at that time I have not been so focused on menopause, because I've had something bigger than that.” (Tülin Pür)¹⁸

Here, Piraye's statement has another dimension though. Although, her doctor did not warn her related with the possibility of an early menopause, she/he emphasized another issue regarding her reproductive capacity before starting her treatment, which is the possibility of her to get pregnant. It is seen that Piraye's doctor assumes a hidden hierarchy related with her reproductivity; or to be more precise, a hierarchy between the possibility of her to get pregnant during the treatment and the possibility of her never able to get pregnant after the treatment. This experience of Piraye with her doctor actually signifies the *feminine ethos* emphasized by Sybylla (1997), in which women are assumed as reproductive machines.

The case of Hale is also different, who was diagnosed breast cancer at the age of 38. She implied that her doctor mentioned about the treatment may result in menopause slightly earlier than expected; yet, she remained indifferent to that possibility and preferred to go with the flow. Nevertheless, it may be concluded that, similar with women going through menopause due to emotional distress, doctors mostly deal with

¹⁷ “Tamam dedi ama yine de bilmeniz lazım, erken menopoza gireceksiniz. Sizin için bir sakıncası var mı? Yani şimdi siz kanserli bir hastaya diyorsunuz ki menopoz. Ne düşünürsünüz o sırada?” (Tülin Pür)

¹⁸ “Tamamen hani hiçbir rahatsızlığım olmadan belki menopoza girseydim şak diye, problem olabilirdi benim için ama ben şimdi onun yanında daha büyük bir şey yaşadığım için hiç ona o kadar odaklanmadım.” (Tülin Pür)

the body and the subject, as if its parts are unconnected even other medical conditions overlaps with menopause together with some emotional burdens. Both of these cases show that a fragmented approach towards human subjectivity may hinder women to get prepared to the experience of menopause, even if they wanted to.

After discussing the experiences of menopause initiated via unusual processes rather than gradual decline in hormones; it should also be noted that the beginning of menopause may come unexpectedly; though, nothing unusual happens in women's life. In my interviews several women emphasized that encountering menopause was surprising for them. Even three of my respondents noted that they thought they got pregnant when their menstruation has ceased. Here, I should remind that all women I interviewed are well-educated and highly interested with their body and health due to their class and status position. Under these circumstances, it is not expected from them to confuse menopause with pregnancy. Nonetheless, these confusions are likely to happen; since, little things about the processors of menopausal change are actually known except from cessation of menses. Another reason behind this confusion may lie in the fact that menopause is an unknown embodied process; whereas menstruation and pregnancy were embodied processed experienced so far. For example Zehra, who is a bank employer in a top managerial status implied that she got anxious about the possibility of a pregnancy when her menstruation suddenly stopped:

“Mine was very surprising for me, it was highly unlooked for. I said God, if I'm pregnant or something...I went to the doctor in a state of shock, and we have a certain age, we have 9 years of age difference with my husband. It's impossible to want a child or something. I went with a lot of panic, by saying to myself that ‘God will not force me to do something I do not want’. Then I rejoiced at when the doctor said ‘you are in menopause’.” (Zehra Şimşek)¹⁹

Zehra mentioned that she experienced a huge relief learning that she was going through menopause instead of a possible pregnancy. The aspect of relief is discussed by Erol (2014) and Winterich (2003) asserting that menopause may represent a relief

¹⁹ “Benim çok sürpriz oldu hiç hesapta olmayan bir şey. Allah’ım dedim, hamile falan mıyım yoksa. Bir şok halinde gittim doktora, hani yaşlarımız da belli. Eşimle aramızda 9 yaş var. Çocuk falan istememiz mümkün değil. Çok panikle gittim, Allah’ım beni istemediğim bir şeye mecbur bırakma diye. Sonra doktor menopoza girmişsin deyince havaya uçtum sevinçten.” (Zehra Şimşek)

from sexual obligations and pregnancy risk. To illustrate, Zehra, declared that eluding the possibility of pregnancy due to menopause caused her to feel relief. That is to say, *feminine ethos* constructed around reproduction and sexuality may not necessarily result in *anxiety* for all women both from the aspects of sexuality and reproduction.

On the other hand, Piraye, who works as an executive administrative assistant in a privileged public institute, also consulted to her gynecologist right after the discontinuation of her menses. However, in the case of Piraye, her opinion related with this confusion differs from the case of Zehra. Piraye admitted that she simply could not ascribe this possibility of a menopause for herself. Moreover, she described the moment that she learned about her menopause with grief; whereas, Zehra gave exactly the opposite reaction.

“Strictly speaking, I could not understand. The doctor could not understand either. It was my bad luck. Because I have not had too many irregularities in my period within last year. My menstruation was normal. Only the periods were prolonged. They had not an exact end, they were ending by stretching little by little, even with a drop. I was wondering why this is happening. I went to the doctor several times. I had a spiral and the doctor thought it might be originating from the spiral. Then I suddenly went through menopause. I mean, I menstruated for a month, I didn’t happen next month, and I even thought I was pregnant. I thought I was pregnant or something. And there is a spiral. Then I went to my doctor's office after that. I said “Allah Allah” my period didn’t start. He said, let's see, and after that he told me, he removed the spiral. I said what will happen now, why? He said that your eggs are exhausted, he said completely. He said no eggs. He said, you are in menopause. Of course I had a shock there, because I went to this doctor before. I went him a few times in the last year, at least 2 or 3 times. He must have suspected. He did not doubt. I didn’t think of it anyway. I never minded it. Let’s say, I could not ascribe it to myself, but he should have been suspicious as a doctor. Of course, I quitted to go to that doctor. Because I got out there with a shock, I mean, when he said, your eggs are completely over, you are in menopause, and I was like, ‘what’?!” (Piraye Yüksek)²⁰

²⁰ “Açıkçası anlayamadım. Doktorum da anlayamadı. Benim şanssızlığım orada oldu. Çünkü son 1 yılda çok fazla adet düzensizliğim yoktu. Normal adet görüyordum. Sadece adetler uzuyordu. Tam bitmiyordu böyle az az, az az uzayarak gidiyordu, damla damla bile olsa. Ben de merak ediyordum bu neden böyle oluyor diye. Doktora gittim birkaç kere. Spiral vardı bunun spiralden kaynaklı olabileceğini düşünüyordu filan. Sonra birden bire menopoza girdim. Yani, bir ay adet gördüm, ondan sonraki ay adet görmedim ve hatta hamile olduğumu düşündüm. Acaba hamile miyim filan diye düşündüm. Spiral de var. Sonra doktoruma gittim ondan sonra. Dedim Allah Allah ben adet görmüyorum filan. Bakalım dedi ve ondan sonra bana dedi ki, spirali çıkarttı. E dedim ne olacak şimdi neden? Yumurtanız bitmiş dedi tamamen dedi. Yumurta yok dedi. Menopoza girmişsiniz dedi bana. Tabii ben şok geçirdim orada çünkü bu doktora daha önce de gittim. Hani bir sene içerisinde birkaç

As mentioned in the chapter related with research design, I arranged the fieldwork and the selection of interviewees without any predetermined age range contrary to general opinion. The only thing that I minded for, is the accounts of women declaring whether they either observed or still observing menopausal changes in their bodies. I realized a lot better how appropriate this judgement was, when I actually got in a face-to-face contact with women in the field. Because, even in my small and limited group of participants with 20 women, almost half of my respondents experience menopause much earlier than the predicated age range. Therefore, I believe that my research has opened a new door discussing the case of ‘early menopause’ which is even more disguised in terms of menopausal experience. In the existing literature that I worked on, the issue of early menopause was not covered. Two reasons may lie behind this lack. First of all, since the focus of my research is not ‘early’ menopause, I did not conduct an additional research about the issue. Actually, before the fieldwork, I supposed that the cases of early menopause is rather rare; thus, I could not imagine that I came across with that much women, who experience menopause earlier than the predicated age range. Secondly, and most importantly, most of the researches I analyzed, regardless of qualitative or quantitative, tend to shape their case selection in accordance with the assumed age ranges. Therefore, they might also have overlooked the cases of early menopause. In further studies about the experience of menopause, the literature review should be enlarged, so that it can also cover the issue of early menopause.

Here, a clarification is necessary. Since the notion of ‘early’ is highly relative, I left the judgement about evaluating the timing of their menopause to the women I spoke. To exemplify, one of my respondent Zuhall Işık declared that her menopause has started at the age of 42; but, she considers this age as normal due to the genetic factors related with the women in her family. On the other hand, Piraye evaluated her menopause arriving earlier than expected; although she was 2 years older than Zuhall

kez, en azından 2 3 kere gittim. Şüphelenmesi gerekirdi. O da şüphelenmedi. Benim, zaten aklıma gelmedi. Hiç aklıma gelmedi. Hadi ben konduramadım kendime ama onun bir doktor olarak şüphelenmesi gerekirdi. Tabi ben o doktora gitmeyi kestim. Çünkü oradan şoka girip çıktım hani yumurtanız bitmiş tamamen, menopoza girmişsiniz deyince nasıl yani ??” (Piraye Yüksek)

(44) when she firstly experienced menopause. In accordance with this consideration Esra, who is a public official in a privileged public institute, noted that she was 38 years old when she experienced menopause. She noted that menopause was totally an unexpected event for her at this age, and; thus, menopause struck her very badly causing her to sink into a depression for a while. Even during the interview, her eyes brimmed with tears several times due to the stress caused by talking about menopause. Among the reasons of her depression she also regarded other aspects related with menopause, yet she highlighted repeatedly that she could have dealt with her emotional state better if her menopause would arrive after around 45 years old.

“Because of menstrual irregularity, I already had my monthly checks, so as to know why it is like that? The period was shortening, color change, and so on. I was always going to a doctor every month or two. The doctor was trying to fix it with various medicines. [...] I never thought that what I was going through was related to menopause, since I had no idea that such a thing could happen. I observed sleep deprivation at that time. I could not sleep or I woke up at nights, which I never was that kind of person who lacks sleep. I never attributed those with menopause, because you don’t know these are related. I just thought that something happened and never linked it with menopause. Waking up at nights, hot flushes, although I am a person who always sleep by covering myself. Opening the cover, sleeping naked, these were my observations. I learned very later that those are linked with menopause.” (Esra Karadeniz)²¹

Two of my interviews with Gaye and Filiz, who are both bank employers in higher managerial positions in different banks, are especially important for my research; because, they experienced menopause in very early years of their lives. Accordingly, Gaye was 23 and Filiz was 33 when they firstly realized menopause has begun. Intrinsically, they both declared that menopause was totally an unexpected phenomenon for them and also it resulted in a devastating emotional state. Both of

²¹ “Adet düzensizliği ile beraber zaten ben aylık kontrollerimi yaptırıyordum. Neden acaba böyle oluyor diye. Adette kısalma, renkte değişiklik filan oldu. Sürekli ayda bir iki ayda bir doktora gidiyordum. Doktor da çeşitli ilaçlarla işte düzeltmeye çalışıyordu. [...] Böyle bir şeyin olabileceği hiç aklımda olmadığı için, o yaşadıklarımın menopozla ilgili olduğunu hiç düşünmedim. Uykusuzluğu gözlemledim. Uyuyama, gece uyanma ki hiç uyku problemi yaşayan bir insan değilim normalde. Mesela onları menopozun geleceği ile ilgili kendime şey yapmadığım için, bilmiyorsun. Bir şey oldu herhalde diye düşündüm ve onu hiç menopozla bağdaştırmadım. Gece uyanmaları, sıcak basmaları ki normalde sürekli yorganla yatan bir insanım ben. Yorganı açma, çıplak yatma bu şekilde yaşadım. Ama sonra işte bunların menopozla bağlantılı olduğunu sonradan öğrendim.” (Esra Karadeniz)

these women used the words ‘misfortune’, ‘unlucky’, ‘grim reality’ or ‘bad fate’ when addressing their age of menopause. Gaye explained her story with these words:

“I went to the doctor when I could not menstruate. Of course, the doctor did not tell me that this was a menopause at first. He said to me that we’d do reinforcements with drugs. Unfortunately, I learned this too late, the truth. Because I realized that the doctors’ guidance was also wrong all along. I was constantly going to gynecologists, but I realized that I went to the wrong doctor; I actually should have visited an endocrinologists, even though it was something that can be treated. I can say I’m a victim of doctors, totally. And I unfortunately learned it at the age of 43 that I went to the wrong doctors and I was too late in the treatment. This process is a bad luck for me, of course.” (Gaye Çalıklı)²²

As it is seen from Gaye’s and other’s accounts, the experience of menopause may involve in women’s lives unexpectedly due to several reasons and; thus, may influence women negatively. Additionally, it is seen that unpreparedness for this transition may increase the *fear* and *anxiety* about menopause in some women, especially who are awaiting it in later years of their lives. On the other hand, women, whose menopausal transition unexpectedly begun, might not have experienced much *fear*, in case they experienced this in later years of their lives. Even, it may result in relief, which means that menopause and *fear* are not necessarily related in all cases; but in some of them.

It is also highly interesting to note that, during the interviews most of women I spoke declared proudly that they never delay their routine gynecological controls; because they are well-educated and ‘bilinçli’ (consciousness). Here, Terzioğlu’s (1998) and Erol’s (2009) accounts about the construction of ‘modern women’ in accordance with Turkish revolutionary ideals again become prominent. Since the participants of my research fit the criteria of ‘modern women’, the concept of ‘bilinç’ appeared many times during my fieldwork as well. I also had a chance to observe that some of these women deliberately and eagerly tried to separate themselves from ‘bilinçsiz’ women

²² “İşte adet göremeyince doktora gittim. Doktor tabii ki ilk etapta bana bunun bir menopoz olduğunu söylemedi. Bana dedi ki işte ilaçlarla takviye yaparız size dedi. Ne yazık ki ben bunu çok geç öğrendim gerçeği. Çünkü doktorların da yönlendirmesinin çok yanlış olduğunu fark ettim. Ben sürekli kadın doğumcularla haşır neşir olurken meğerse yanlış doktora gittiğimi; beni aslında endokrinologların, tedavi edilebilir bir şey olmasına rağmen, onların görmesi gerekiyormuş. Tamamen doktor kurbanıyım diyebilirim. Ve ben bunu ne yazık ki 43 yaşında öğrendim. Yanlış doktorlara gittiğimi ve tedavide çok geç kaldığımı. Benim için şanssızlık tabii ki bu süreç.” (Gaye Çalıklı)

during our talks. This phenomenon also verifies Sancar's (2004) statement that traditional women are constructed as 'other' of the modern women, who are ignorant and dependent.

Although, these women care for their body and personal health as recommended by medical experts as 'bilinçli' women, it is noticed that it did not suffice for preparing them for menopausal change. Supporting this argument, many women quoted above claimed that they completely misinterpreted physiological changes happening in their bodies and did not relate those with menopause until their doctors told them. These aspects indicate that the relationship between women and doctors is problematic in terms of preparing women for menopause and doctors seem to fail providing women the appropriate knowledge to interpret the physiological signals happening in their bodies correctly, even in the case of women who are 'bilinçli', self-confident, well-educated etc. Correspondingly, Sinem Çiçek, who is a public official in Turkish State Mint, complained about her doctor's attitude, when she found out in his office that her menopausal transition has begun in the age of 39:

"My sister was 34-35 years old when she went through, so I mean, I had knowledge more or less, earlier on. My mother's menopause was late, there were such troubles in my sister. I could not think that I would go through so early, I was thinking that mine would resemble to my mother. Anyway, I went to the doctor when the irregularities started (in menstruation), immediately they analyzed, etc. The doctor said 'you went through the menopause' straight away. I was never expecting. My sister was also like that, but I always thought that my irregularity was seasonal or something like that. But when the breaks were drag on, I said probably, I might be in trouble like that. You know from your mother, you know from your sister, when you hear a detailed explanation from a friend you think 'could it be?' I mean, I visited the doctor by assuming that I have something like this, I guess. When I went to the doctor, and heard what he said; I was extremely upset at first. You expect to hear 'I'm sorry' or 'This'll pass' or a more eased, tempered way of telling the truth. No such things happened. When he saw that I was sad, he then told me to not to get upset." (Sinem Çiçek)²³

²³ "Benim ablam 34-35 yaşlarında oldu hani o yüzden öncesinde bilgim vardı az çok. Annem geç olmuştu, ablamda böyle sıkıntılar vardı. Ben hani kendimi şöyle erken olur diye düşünemiyordum, anneme benzerim diye aklımda şey yapıyordum. Neyse, Teklemeler başlayınca doktora gittim, hemen tahliller vs. yapıyor. Doktor direkt 'menopoza girmişsin' dedi. Hiç beklemiyordum. Ablamda vardı ama bende düzenlilik için mevsimseldir vs. diye düşünüyordum hep. Fakat aralar uzayınca dedim herhalde bende de böyle sıkıntılar olacak. Şimdi anneden biliyorsun, abladan biliyorsun arkadaşımından da detaylı bazı şeyleri duyunca bu sefer 'acaba mı?' hani demek ki bende de herhalde böyle bir şey var

I assume that these cases regarding with the communication with doctors might be poorer for women, who experience heteronormative pressure more deeply due to their class and status positions. Unfortunately, I did not have enough data to support this argument.

In sum, it is seen that the beginning of menopausal experience gives significant clues not only about the aspects of *fear/anxiety*; but also about their relationship with doctors and the lack of knowledge. In the following section these issues will be elaborated in accordance knowledge on menopause.

5.2. Sources to Learn About Future Outcomes

Alongside of these extraordinary events triggering menopause, my respondent's first feelings about the issue were one of my initial topic that I wanted to investigate in all interviews. Correspondingly; I also wanted to know more about whether they sought any sources of information to learn more about what to expect and what these sources are. The responds were highly diversified; yet I observed two motivation patterns behind researching about menopause. The first motivation behind a personal research is highly related with 'reversing the processes' started with menopause or; in other words, respondents seek answers in order to 'undo' menopause. The second motivation is more related with seeking information about what would come next including physiological and psychological impacts of menopause and how to ease them. Additionally, among my respondents, women who are most eager about researching menopause is mostly the ones who did not expect menopause or experience it younger than the age range for menopause declared in medical terms. In that sense, it would not inaccurate to assert that *anxiety* is the first and most important feeling in the cases that menopause comes earlier than expected or in a surprise. To

diyerek doktora gittim. Doktora gidince ve söyleyince; böyle ilk etapta çok üzüntüyle karşıladım. Doktor da direkt böyle söyleyince, sanki böyle 'üzülme', 'bir şey olmaz' der veya alıştırarak söyler diye beklersin ama öyle olmadı. Benim tabi üzüldüğümü görünce biraz şey yaptı, 'üzülmeyin' filan dedi." (Sinem Çiçek)

illustrate, Piraye told her effort to research about menopause form internet as a process which increased her already existing *fear* and *anxiety* about the issue:

“I did the following research first: How can I return it? Because I could not accept it, I did research to turn it back. I've researched a lot of things. Since I have been studying phytotherapy before, I thought I would do this with plants. [...] This research did not cause more worry or anxiety, because I always tried to find a solution; or I can put it like this, I already had anxiety, it has increased. The things I would experience scared me very much. In my body, I mean, acceleration of aging process, to fight against it, I have to nurture myself accordingly, and I have to buy foods according to menopause. I have to take better care of myself. After menopause, blood pressure comes out, diabetes comes out, and cholesterol comes out for women. These are the real things told by the doctors.” (Piraye Yüksek)²⁴

Piraye was quite anxious and frustrated to talk about impacts of menopause on her physiological well-being and she believes that her experience of menopause means a heavy burden for her in terms of maintaining good health. It is understood from her accounts that aside from distancing from *feminine ethos*, menopause also signifies a clear decay in general health. In my opinion based on the discussion mentioned earlier, Komesaroff's (1997) point was highly valid considering the case of Piraye, in which he argues that hormonal explanations dominating the medical practice leads to interpret menopause as a ‘deficiency’ and/or ‘decay’; instead of, seeing this transition as a continuous change of state and enforce positive self-image.

On the other hand, Esra Karadeniz, who experienced menopause at the age of 38, declared that she sank into depression roughly about two years; mostly because, she thinks that it has started way earlier than she expected. As a result, she chose intentionally to avoid researching about menopause in order not to agitate her already upset emotional state and not to frighten herself.

²⁴ “İlk önce şöyle bir araştırma yaptım: Bunu nasıl geri döndürebilirim. Kabullenemediğim için geri döndürmek için bir süreç araştırması yaptım. Çok şeyler araştırdım. Daha önce kendim de fitoterapi eğitimi aldığım için, bitkilerle bunu başaracağımı düşündüm. [...] Bu araştırmam Daha büyük endişe veya kaygı yaratmadı, çünkü işte hep çözüm aramaya çalıştım zaten; ya da şöyle söyleyeyim, kaygım vardı arttırdı gibi söyleyebilirim. Yaşayacaklarım beni çok korkuttu. Vücudumda işte yaşlanma sürecinin hızlanması bununla savaşmak, ona göre beslenmem gerekiyor, menopoza göre gıdalar almam gerekiyor. Kendime daha iyi bakmam gerekiyor. İşte menopozdan sonra, tansiyon çıkıyor, şeker çıkıyor, kolesterol çıkıyor kadınlarda. Hani bunlar doktorlar tarafından söylenmiş gerçek şeyler.” (Piraye Yüksek)

I interviewed two women whose menopause has started before the age of 35. One of these women Filiz Moyer who experienced menopause at the age of 33, stressed that her *anxiety* directed herself to know more about menopause and learn what might she undergo, which is different than the effort of undoing the process and rather focuses on being prepared for it. Although, her research slightly increased her *anxiety* about menopause, she added that it was necessary to take precautions to protect her body against possible deformations, even she started exercising regularly. Gaye Çalimli was my second interviewee, who was born with a rare medical condition and for this reason she had fewer eggs reserved in her ovaries from birth. As a result, she experienced menopause at the age of 23. Yet, Gaye's personal research was not extensive according to her accounts. Instead she declared that, she read newspaper articles only when she came across to them. More importantly, about her personal research, Gaye emphasized that she benefitted from listening the experiences of other women. Listening other women and sharing experience with each other is considered as very crucial and will be discussed in the following chapters.

As illustrated in the examples presented here, earlier experience of menopause than expected is likely to trigger feelings of *anxiety*, *fear* and depression. Furthermore, the narratives of women indicate that personal investigation about menopause mostly includes either overturning the process or learning about its future impacts, that is to say, mostly physiological aspects of menopause are in the focus of personal investigation. The women, who start experiencing menopause in expected years, also stated that they seek information from outside sources. Among these women one of my respondents, Suna complained about severe hot flushes and declared that she researched from internet in order to find home remedies to relieve from hot flushes because she is familiar to this complaint also from her mother and had a chance to observe her. As emphasized by Suna, some of my other respondents also mentioned that they had an opportunity to observe elder relatives like mothers, aunts, sisters and talk to them. Especially women who have elder sisters like Nazan Bahadır and Cansel Keskin explained that they talked to their sisters about their experience of menopause before, which made them familiar about menopausal transition.

As a medium of research, majority of women prefer internet as a preliminary source due to the fact that it is both convenient and anonymous, except from women who deliberately avoided investigating about menopause. As mentioned in the case of Esra Karadeniz, she did not research about menopause in order not to upset herself. Others mostly did not evaluate internet as a reliable source of knowledge. Apart from them, other women such as Melis Kızıl and Güzin Çelik declared that menopause is a natural phase of a woman's life; so no further research is necessary about this process. Germaine Greer (1991)'s emphasis on the natural state is apparent in these two experiences. Though, I noticed that women who do not feel the need to learn more about menopause are also the one who experience minor physiological discomforts and almost no psychological drawbacks. Therefore, Greer's appraisal of menopause as a natural transition, in which no outside interventions are needed, does not the case for everyone; but I argue that her argument indicates another representation of reductionism assuming there is only single way of experiencing menopause.

Aside from internet and elder relatives, the knowledge about menopause, which is acquired by women, comes from their doctors for the most part. The difference of the information obtained from doctors compared to internet and elder acquaintances bases itself on *trust* and *reliability*. Some of my respondents like Beren Yalvaç, Zehra Şimşek, Zuhal Işık and Nehir Erdem especially highlighted that they preferred consulting to their doctors about their menopausal transition and they did not need any further research as long as they do not skip their routine controls. In that sense, it would not be inaccurate to assert that women who establish a trustworthy relationship with their doctors allow for a constant medical surveillance and due to this *trust* they also do not question medical authority. This approach reveals that women like Beren, Zehra, Nehir and Zuhal may tend to overlook women's own accounts and not to feel the necessity to observe the real experiences of women nearby. In my opinion the key issue here is the notion of *trust*, because as discussed in previous sections, the 'modern women' and the 'modern medicine' have co-constituted each other as a foundational principle of Turkish revolution based on a modernist ideal. Moreover, the discussion related with the women's informed decision making should be recalled here stressed

by Murtagh and Hepworth (2005), which was criticized before by being a liberal analysis due to the fact that doctors and medical institutions tend to dominate the ‘information’ about menopause and hold the power which enables them to manipulate people on the discourse of *risk* and *fear*. As a result, it would not be inaccurate to assert that the informed-choice or in this case the issues of *trust* and *reliability* carry disguised elements of medical hegemony. In parallel, my case selection include women from higher socioeconomic backgrounds, belonging to upper-middle class. They are currently working and independent women in economic and social sense just as described as the role of women in Turkish modernization project. I believe, trusting the medical authority almost unconditionally and marking women’s own accounts as insignificant are assumed to be related with participants’ class position. To illustrate, Zuhall stressed that she only relies information coming from experts by implying medical experts:

“I usually prefer to learn by asking a doctor all the time when I want to learn something. Or watching something, from the specialists. Perhaps it may be, in order to be more widespread, the talks of expert doctors with more scientific content, such as videos on this topic on YouTube or TedX talks may be more enlightening.” (Zuhall Işıık)²⁵

Similarly, Hande Kırmızı and Deniz Özgür underlined that today’s women like her – modern women-, who is educated and independent, do not have to rely on knowledge coming from elder women as it was in earlier times:

“We already know and read. There is no getting information from some particular place, like old times. You read from everywhere. You open it from internet and read about menopause. So, there is no need for information from the friend or mother like it was in the previous generation. Now we look at the internet for more detailed information when we go through menopause, when we enter the age of menopause.” (Hande Kırmızı)²⁶

²⁵ “Ben genelde bir şeyi öğrenmek için hep doktora sorarak öğrenmeyi daha çok tercih ediyorum. Ya da bir şeyler izleyerek, konunun uzmanından. Belki şey olabilir, daha fazla yaygınlaşması (için) Youtube’da bu konuyla ilgili videolar, ya da TedX konuşmaları gibi daha bilimsel içerikli uzman doktorların konuşmaları belki daha aydınlatıcı olur.” (Zuhall Işıık)

²⁶ “Zaten okuyoruz biliyoruz. Eskisi gibi bir yerden bilgi almak ve şey yok. Her yerde okuyorsun. İnternette açıp menopoz ile ilgili bilgileri okuyorsun. Yani o yüzden de bir önceki nesil gibi arkadaşından annenden filan bir bilgi yok. Böyle daha şey bilgileri, detaylı bilgileri hani kendimiz bunu şeye girince menopoz yaşına girince artık biz internette bakıyoruz.” (Hande Kırmızı)

“So now, educated women like us can already access the information very comfortably. This is not a big problem as we regularly receive health care, but for others, Ministry of Family may be working on it, for example.” (Deniz Özgür)²⁷

Deniz Özgür’s accounts above reflects her comment when I asked her if women should be properly informed about menopause beforehand. I asked this question to all my respondents; because, I assumed that differing from other reproductive embodied processes such as pregnancy, menstruation etc. menopause is rather a solo experience, in which women deal with it alone. Suna confirmed my argument by claiming that women should be informed beforehand, especially in the Turkish context, where women have to cope with this process all by themselves. Esra Karadeniz emphasized this need by advocating that women can make their reproductive plans properly if they are formerly informed about it:

“I think it must be done, absolutely. It could be at least about themselves, when they will go through menopause or the decisions they will take at that moment, at least they can take their precautions. It makes more sense if conscious people and a conscious society grow up.” (Esra Karadeniz)²⁸

Nehir Erdem, who is an engineer working in a software company as one of top managers, stressed that this issue of informing women beforehand may help to normalize this process and; thus, alleviate negative feelings attached to it:

“I think, women should be informed beforehand. At least, it would not be a depressive thing anymore. It would be much better if they know that it is a natural life process, like puberty.” (Nehir Erdem)²⁹

To conclude, almost all women I spoke, talked about the empowering aspects of knowledge especially acquired before the experience of menopause; although their emphases were different from each other. Whereas, Deniz and Suna mentioned about

²⁷ “Yani şimdi bizim gibi eğitilmiş kadınlar zaten bilgiye çok rahat ulaşabiliyor. Sağlık hizmetini de biz düzenli aldığımız için bu çok sorun olmuyor ama işte diğer kesimler için Aile Bakanlığı’nın buna yönelik çalışmaları olabilir mesela.” (Deniz Özgür)

²⁸ “Kesinlikle yapılması gerektiğini düşünüyorum. İnsanlar en azından kedileriyle ilgili, ne zaman menopoza gireceğini veya o anda vereceği kararlar olabilir, onların önlemini alabilir en azından. Bilinçli kişiler ve bilinçli bir toplum yetişse daha mantıklı.” (Esra Karadeniz)

²⁹ “Bence bilgilendirilmeli. Bilgilendirilirse en azından depresif bir şey olmaktan çıkar bu. Ergenlik gibi, hayatın doğal bir süreci olduğunu anlarırsa çok daha iyi olur.” (Nehir Erdem)

‘bilinçlendirmek’ (making them to achieve consciousness) lower class women about their body; Esra stressed about the necessity of women to get in control of their reproductive capacities in order to empower themselves in terms of menopause. Nehir; on the other hand, perceives information as an important tool fighting against social stigma related with menopause resulting in emotional distress. Nonetheless, it can be said that they both agreed upon the lack of sufficient open sources to learn about menopause beforehand and considered providing these sources as empowering for women.

About this issue Fulden had a different; yet, significant framework. She argued, instead of increasing sources about the experience of menopause, which would include mostly medical and/or formal knowledge, she argued that conversing with peer groups and sharing experience with friends provide enough information about what a woman should know about the experience of menopause especially among upper middle class women.

“At my 52, I still meet with my friends from my ages of 13-15. So, they all are at a certain level of education and culture. We do not have things like that we would be like this or that if we had been informed before. We all have environments to inform each other in a way. A friend of mine, for example, went through menopause at the age of 28 and there were what she told us. I have never been in a trouble like this, but as I said, I am among a friend group from a certain level of culture, but I think that, on TV, all doctors are on every channel, 24/7. I mean, menopause is a thing that can be made the topic at least two or three days a week, especially for women who are more ignorant in these matters.” (Fulden Karaca)³⁰

She suggested that TV broadcasts should make programs in order to provide information about the experience of menopause by addressing middle and lower class women, who are ‘illiterate’ and perhaps assumed to be more dependent. From her accounts it is understood as well, she distances her class position from them implying

³⁰ “13-15 yaşındaki arkadaşlarımla 52 yaşında hala görüşüyorum. Dolayısıyla hepsi belli bir eğitim ve kültür düzeyinde. Hiç böyle önceden bilgilendirilseydik şöyleydik böyleydik gibi şeylerimiz o yüzden yok. Hepimiz birbirimizi bir şekilde bilgilendirecek ortamlarımız oluştu. Bir arkadaşımız mesela 28 yaşında menopoza girmiş onun bize anlattıkları vardı. Hiç öyle benim bir sıkıntım olmadı ama dediğim gibi ben belli bir kültür yapısı daha yüksek olan arkadaşlar arasındayım ama şunu da düşünüyorum, bence televizyonda 7/24 bütün doktorlar her kanalda. Hani menopoz bugün olmasa haftada iki gün üç gün konu yapılabilecek bir şey özellikle bu konularda daha cahil olan kadınlar için.” (Fulden Karaca)

that she is a modern woman capable of discussing issues like menopause among her friends. Additionally, I consider Fulden's remark about this issue highly important; because it seems that she values the option that women share their embodied experiences with each other as a source of knowledge. In later chapters, these kinds of sharing will be discussed in detail and will be compared with dialogue with doctors.

To conclude, the discourse related with menopause is a complex topic including many dimensions intersecting with power relations, which may contribute to the social devaluation of middle aged women. Especially matters of *trust* and *reliability* either to doctors or to women's accounts show itself as important designating the terms related with medicalization. What is more, in Turkish context the propensity to *trust* or *rely* only on medical experts regarding women's embodied experiences tend to be clinched with the idea of 'modern woman' or 'bilinçli woman' represented by upper-middle class women, who work in high status jobs and independent both in social and economic sense. Nevertheless, it would also be inaccurate to claim that remarks of all women are consolidated around medical experts when *trust* and *reliability* come to the forefront. I had several respondents like Fulden, who appreciated the sharing among women's groups or emphasized that both of these knowledge sources (medical experts vs. sharing among women's groups) have a distinct kind of validity. However, it cannot be denied that, there is a huge tendency to perceive the experience of menopause as a medical issue based on these beginning insights. Although, a lot of women embraced this experience as natural and objected to the medical perception constructing menopause as a disease, I observed a huge tendency to frame the experience of menopause in medical terms despite the fact that it is not structured solely in a discourse of disease as in earlier times. Some of the women I spoke with were interpreting their experience of menopause within this conflict; because the power held by medicine is growing each day in these days, where body and health are matters of self-expression and where the cost of aging is higher than ever before. This phenomenon addresses to the Roger's (1997) categorization of the ways in which *abjection* is ritualized. To remind her argument, it should be noted that aside from repression and sublimation, 'ritualization' is a powerful strategy in order to deal with

the *abject*. She argues that the experience of menopause is exposed to *pollution ritual* with medicalization which alters its social meanings.

5.3. Reinterpreting Other Embodied Experiences With the Experience of Menopause

As known, women are going through many embodied processes related with their reproductive capacities. In feminist studies there are many researches attaching importance to these processes like menstruation, giving birth, breast feeding, puerperality etc. Menopause can be considered as the last one among these reproductive processes; but also the most underestimated one also by feminist studies. In other words, as mentioned several times there are very limited resources especially in the Turkish context about the experience of menopause with a feminist perspective. Therefore, in the field I asked my respondents to compare and contrast their experience of menopause with other embodied reproductive processes they experienced in order to both enlarge my vision about the concept and discover its further intersections. As a result, my remarks about the issue indicate that the experience of menopause is highly intricate with the issues of aging and health. Even this inextricable structure results in the experience of menopause to be perceived as an indicator or ‘signal’ of aging and death. Accordingly, Piraye Yüksek identified menopause as “end of the road, or the beginning of the end.” Similar remarks were made by Sinem Çiçek implying menopause as “beginning of the ‘countdown’ for human’s life.” In these cases, aging is mentioned as a highly unfavorable period of human’s life. Thus, embodied processes reminding to individuals that aging has started, may be depressing for some, like Hale Toprak implied:

“Aging psychology can happen. Psychology of getting close to death can happen. I mean, it could be the psychological subconscious pressures to be perceived like ‘they are aged if they are in menopause’.” (Hale Toprak)³¹

³¹ “Yaşlandım psikolojisi olabiliyor. Ölüme yaklaştım psikolojisi olabiliyor. Belki de ondandır. Hani bu, menopoza girdiyse yaşlanmıştır gibi psikolojik bilinçaltı baskılar da olabilir.” (Hale Toprak)

Similarly, Nazan Bahadır described this as an ‘aging syndrome’ marked with the beginning of menopause, which may cause psychological unease.

“You feel you are getting old, clearly. I mean, like a hesitation as follows: I guess, it is something like elderliness, psychologically. It's an old age syndrome. I do not think it's about fertility, I think it's about old age syndrome. So, menopause means that you have reached a certain age.” (Nazan Bahadır)³²

Both Hale and Nazan explained the relationship with aging and menopause as psychologically challenging and hard to adapt. Additionally, the *fear* of aging influences how the experience of menopause is met. In that sense, almost half of my participants reacted against aging unhesitatingly as a troubled issue and as a fearful period to await. In other words, menopause on its own cannot be considered as *abject*; but together with the process of aging accompanied to it, the *fear* and distress increased. In order to support this argument many respondents emphasized that menopause would not have had a negative impact on them, if it does not accelerate aging processes. About this issue Deniz noted:

“I started using the hypermetropic glasses. For example, this had a more frustrating effect on me. I'm getting old, so I should use them now, like I'm old, you know. I think it was more effective compared to menopause. Now, it would be a lie if I say that I'm not afraid of getting old, every human being is afraid. One of them is the period of menopause, it foreshadows elderliness. It's like your eyes are weakening, it is like that.” (Deniz Özgür)³³

Here, it may be discussed also about the *abject* character of aging as well especially for today's world, in conjunction with the experience of menopause in further studies. When I realized that menopause and aging are often related with each other by my respondents in a negative way, I requested them to specify what their *fears* are regarding aging. Not surprisingly, almost all of my respondents talked about *fear* of

³² “Yaşlandığımı hissediyorsun net bir şekilde. Yani çekince olarak da şöyle: Bir yaşlılık şeyi oluyor herhalde psikolojik olarak. Yaşlılık sendromu oluyor. Doğurganlıkla ilgisi yok bence, yaşlılık sendromu ile ilgili galiba. Yani artık yaş kemale erdi, demek menopo.” (Nazan Bahadır)

³³ “Yakın gözlüğü kullanmaya başladım. Mesela bu bende daha sinir bozucu bir etki bıraktı. Yaşlanıyorum artık yakın kullanmaya başladım, işte yaşlandım filan gibi. Sanki bununki daha çok oldu bana etkisi menopozdan ziyade. Şimdi yaşlanmaktan korkmuyorum desem yalan olur. Her insan korkar. Onların bir tanesi de bu işte menopo dönemi, yaşlılığın habercisi. Nasıl gözlerin zayıflıyorsa bu da öyle bir şey.” (Deniz Özgür)

losing their health and becoming incapable of doing things that they can do now effortlessly due to the responsibilities they carry for work and family. Their statements may also be related with Sybylla's (1997) argument that the ideal qualities of body appreciated socially, hold the connotations which remain within the limits of active and youthful body. In that sense, by being inactive they may be disdained especially in their social setting, considering today's valuation of fit and healthy bodies as a way of self-realization.

Osteoporosis; thus, seems as a huge treat to them in relation with menopause by a lot of women whom I talked with. Moreover, the discourse about cancer and the increase of cancer cases enhanced their *fear* towards aging.

“First of all, I evaluate in terms of health, I am afraid of cancer. This is followed by osteoporosis; it is important especially in the name of quality aging. Teeth, bones are our biggest capital, because they are something that will not come again. It's bad that menopause brings those together.” (Piraye Yüksek)³⁴

It would not inaccurate to argue that the women I interviewed represent a limited group of people in Turkey who have access for the finest health care services and first-rate nourishment opportunities both from economic and geographical sense. Yet, the ‘horror’ towards losing health is highly visible. Some attached this horror to the increased cancer cases and some pointed out their working conditions in enclosed plaza buildings as a reason which might increase the possibility of ill-health. Whatever the reason is, in some women the medical concern is very high, which leads questioning the medical gaze; because it seems that it does not function to relieve individuals from health-related worries; in contrast it may increase *anxiety*.

Aside from *loss of health* with aging, almost half of my respondents mentioned the experience of menopause as *loss of femininity*, ‘failing to carry out feminine capacities’. These responses came to light when I asked them to compare their other embodied reproductive experiences with menopause. *Losing femininity* is discussed

³⁴ “Öncelikle sağlık açısından bakıyorum, kanser vakalarından korkuyorum. Bunun akabinde de işte osteoporoz kemik erimesi önemli özellikle kaliteli yaşlanmak adına. Dişler, kemikler en büyük sermayemiz yerine gelmeyecek bir şey olduğu için. Bu gibi şeyleri beraberinde getiriyor olması kötü menopozun.” (Piraye Yüksek)

in a theoretical setting in earlier chapters such as by Lupton (1990) and in discussing standpoint feminism, where the criticism was held against the relationship with femininity and reproductive functionality. However, this very issue will be elaborated in detail in the next chapter, where construction of *feminine ethos* and its impacts on the experience of menopause are conferred based on women's accounts that I acquired from my fieldwork.

For example Nazan Bahadır and Zuhal Işık compared their experience of menopause with their pregnancy and birth admitting that they both had serious embodied discomforts in those reproductive experiences; but they also think that it was worth those; because, they believe that they are rewarded with their babies afterwards. About this issue Zuhal mentioned about menopause as an embodied event, which does not have a 'happy ending' unlike others. Similarly, Nazan emphasized the bond between the mother and her baby as a 'reward':

"Honestly, pregnancy or birth has a little more sharing, of course. You're sharing with the baby. There is an exchange of love there. Menopause does not have it. Because of that, I think it is very different, of course. It's so different that when you give birth - after all, you have your baby in your hands - you carry 9 months, you suffer so much, at the end, you are rewarded with a something beautiful."
(Nazan Bahadır)³⁵

About this comparison with other embodied reproductive processes, the experience of menopause is contrasted with the first experiences of menstruation by three of my respondents. The reason for that lies in Brook's argument (1999) that the experience of menopause should be handled in its relationalities with menstruation; because menstruation is also highly related with the processes of *abjection* as well. Here, the emphasis on self-confidence and maturity becomes prominent. As Hande Kırmızı claimed, her experience of menopause is easier to deal with compared to her menstruation; because, now she feels herself more prepared for it:

³⁵ "Valla hamilelikte doğumda filan biraz daha bir paylaşım var tabii. Bebekle bir paylaşım yapıyorsunuz. Bir alışveriş, bir sevgi alışverişi var orada. Menopozda o yok. Onun için bence tabii ki çok çok farklı. O kadar farklı ki, doğurmakla –sonuçta bebeğini eline alıyorsun- Hani o kadar 9 ay taşıyorsun, sıkıntılar çekiyorsun sonuçta güzel bir şeyle o ödüllendiriyor seni." (Nazan Bahadır)

“My most difficult period is when I first menstruated, because it is a period that I lived in a smaller environment, and without any knowledge, that my mother is not talking to me in this matter, never talking and never giving any information. But I learned from my friends and you are 13-14 years old, you know. You need physical things, for example you need a sanitary pad. That period of mine was more difficult.” (Hande Kırmızı)³⁶

Similarly, Nehir Erdem argued that menstruation is a much more important phase in a women’s life due to its influence on later life. Since, menopause is the issue of women, who reached a certain age and level of maturity, its impact on individuals in terms of self-confidence and character development are regarded as less. Whereas, as agreed by Nehir that women are immature at these ages and; thus, the subjective and social influence of menstruation may be much more visible on individuals, she also concluded that; although, menopause has fewer and less severe impacts in a woman’s life based on her account, she still described the experience of menopause as ‘tragic’ since it reminds aging.

“I think they are more effective things: I mean the first menstruation of a young girl, for example, I think the effect of it is much greater for the life of a person. But there is something, for example, that all of them have troublesome sides; but for example one shows you are growing up, on the other, you bring a child to the world. It's (menopause) a bit touching. A tragic story. It tells you that you get old. Something that shows you're old.” (Nehir Erdem)³⁷

Likewise in the case of health, the relationship of menopause with other reproductive processes were also described as a road that does not have turning back from, which is also portrayed under the umbrella of ‘aging’. To express in other words, what is meant by ‘aging’ may include both *loss of good health* and *loss of femininity*. What is more, these messages behind ‘aging’ tend to come with the aspect of *fear* and emotional distress not only in subjective but also in social terms. It is highly important to note here that these anxieties are not visible in every women that I talked, and even

³⁶ “Benim en zorlu dönemim ilk regl olduğu zamanki dönem çünkü daha küçük bir çevrede ve bilgisiz bir şekilde eve annemin bu konuda benimle konuşmadığı, hiç konuşmadığı ve bilgi vermediği bir dönem. Ancak arkadaşlarımdan öğrendim ve de hani 13-14 yaşındasın. Fiziksel şeylere ihtiyacın var mesela bir orkide ihtiyacın var. O dönemim benim daha çok zorlu geçmiştir.” (Hande Kırmızı)

³⁷ “Onlar bence daha etkili şeyler yani bir kadının, bir genç kızın mesela ilk regl olması, bence bunun etkisi çok daha büyük kişinin yaşamına. Ama mesela şey var işte hepsinin gıcık sıkıntılı tarafları var; ama mesela biri büyüdüğünüzü gösteriyor, öbüründe dünyaya çocuk getiriyorsun. Bu evet biraz acıklı. Mutsuz bir hikâye. Yaşlandın diyor sana. Yaşlandığını gösteren bir şey.” (Nehir Erdem)

in women who expressed that they experience some sort of *fear* and/or *anxiety* it appears in a distinct way for each woman. For example, for some women these aspects of menopause related with aging did not revive feelings of *fear* and *anxiety* at all. In contrast, both kinds of *anxiety* may appear simultaneously as I came across from the accounts of some women during fieldwork.

On the other hand, *fear* of ‘losing good-health’ and *fear* of ‘losing femininity’ may also stand conflictual to each other resulting in one dominates the other. To illustrate, whereas Deniz Özgür, quoted above, implied that her utilization of reading glasses reminded her aging and influenced her negatively more than her experience of menopause; Esra Karadeniz emphasized that the finitude of her reproductive capacities was the worst for her compared to other physiological effects of aging in terms of general health. Even she emphasized that she did not worry herself about the possibility osteoporosis, which is mostly assumed as the worst case scenario related with the *fear* of menopause especially in the cases where menopause comes earlier than expected:

“For me, the important thing here is the end of my fertility, the feeling that I will never have a child again. It was the important point for me. The fact that osteoporosis is connected to the menopause does not really affect much. I consider it as something normal.” (Esra Karadeniz)³⁸

In sum, the beginning insights of women about the experience of menopause lay emphasis on the fact that menopause is not only a physiological issue but related with many other dynamics like aging in general, even may result in feminine identity to be questioned. In the light of these insights, next chapter is engaged with the social aspects of menopausal experience focusing on social stigmatization, construction of *feminine ethos* and personal health as a matter of self-expression.

³⁸ “Benim için burada önemli olan doğurganlığımın bitmesi, bir daha çocuk doğuramayacağım duygusu. Benim için önemli olan nokta oydu. Kemik erimesinin menopoza bağlı olmasının aslında çok bir etkisi yok. Onu normal bir şey gibi görüyorum.” (Esra Karadeniz)

CHAPTER 6

EMBODYING MENOPAUSE

This chapter aims to discuss embodiment of menopause in relation with themes of social stigmatization, construction of *feminine ethos* and the effort for obtaining an ever-healthy and young body as a matter of self-realization within contemporary social setting. It is important to note that physiological changes occurring in a woman's body due to menopausal transition will not be focused on its own in a biological sense; but they will be embraced together with all these social relations mentioned above and subjective decisions accordingly. In this regard, women's involvement in social settings like work, marriage and family are especially focused in order to reveal in which way the experience of menopause transforms social relations in those realms. Accordingly, it is observed that women's class position, professional status, and marital status or whether they have children or not play crucial roles shaping in which way menopausal embodiment influences women's subjectivity and in which way the experience of menopause and aging may have an impact on women's already existing social position. Moreover, the experience of 'early' menopause once again shows itself as a crucial dynamic shaping women's social lives and decisions, which will be investigated in detail.

As a result, it is realized once more that embodiment of menopause cannot be reduced to its physiological 'symptoms'; rather, reformulates and reshapes certain social relationships together with physiological changes, which appears distinctively in each women and; thus, cannot be generalized as if all women experience the same in menopause. Nevertheless, similar patterns of behaviors and judgements are also visible based on women's accounts, which they shared with me during our conversations. For example, I realized that aside from its physiological discomforts, the experience of menopause may have great impact not on all but on some women in terms of feeling themselves as invaluable and *useless*. In the same way, I also spoke

to women who felt themselves more valuable and *useful* after midlife. Especially about this new subjective state, relocated in terms of value and *usefulness*, it is recognized that social interactions are highly decisive. Furthermore, it should be also stressed that these social aspects of menopausal experience is powerful enough to shape women's interaction with physicians and their decisions about whether they decide utilizing HRT or not. In other words, even in terms of medicine, the experience of menopause cannot be solely a matter of human biology.

During my conversations with women, they not only emphasized their experience of menopause in general; but sometimes they mentioned their experiences as a middle-aged women intersecting with other issues mentioned above. In that sense, it is understood that the meaning of middle age may differ between men and women and in some cases this difference shows itself favoring men instead of women based on some of my respondent's accounts.

To conclude, investigating how menopause is embodied is not only in order to illuminate the other dimensions of *abject* the character of menopause, -or whether this experience represents *abject* for all; but also carries important insights to reveal how the category of woman is constructed and how women's oppression may differentiate itself in middle age, which have not been considered as an important topic in feminist studies. Also, it is tried to discover in which ways feminist theory can and should engage itself with the experiences of middle aged women which are often neglected as a source for women's struggle.

6.1. Discussing Physiological Challenges of Menopausal Embodiment in the Context of Social Life, Self Image and Social Stigmatization

To begin with this section, it would be useful to look over what kind of physiological challenges women may face during their menopausal transition. In chapter 3 existing literature about the experience of menopause has been reviewed and several physiological inconveniences have been mentioned, in which hot flush was the most known and common one followed by the risk of osteoporosis. In parallel, women that I talked to, admitted that before the interviews they thought our talks would focus on

these physical impacts. Therefore, they started the conversation whether they experience these physiological discomforts or in which way they are appearing. This phenomenon actually shows parallelisms with Lock's study (1995), because it also demonstrates how medical discourse on menopause manipulates the perception of women's own experiences.

To begin with, I should express that more than half of my respondents relayed their physiological experiences related with menopause not as severe as I thought it would be. In fact, almost all of them said that they experienced mild discomforts; although, for some of them physiological indications of menopause such as hot flushes and vaginal dryness may be challenging from time to time. Even so, none of my respondents mentioned these challenges in a way that they represent an obstacle towards leading their lives as they want. Although, physiological challenges directly related with menopause were not strongly referred, almost all women somehow complained about 'gaining weight' almost as their major concern related with the aging and menopause, or declared their concern about being more prone to weight gain.

"The scariest part for me is whether I would gain weight during menopause. I did not care about anything else that much; not that much happened anyway." (Fulden Karaca)³⁹

"I am having difficulty losing weight compared to the past. My issue is with that. Because I really don't like excess weight." (Gaye Çalıklı)⁴⁰

"I assume gaining weight is a part of this. I gained weight. But I did not feel much else. However this is not related to menopause; but more about age. I gained weight but... I have become less confident. But later I lost weight. The more I lost, the more beautiful I have found myself. It seemed like my clothes were fitting better. I now started to gain weight again and I am feeling 'down' again. You can't lose weight easily like in the past; so it is more demoralizing." (Hande Kırmızı)⁴¹

³⁹ "Beni en çok tedirgin eden tarafı menopozda kilo alır mıyım kısmıydı. Diğer şeylerine o kadar takılmadım ki olmadı zaten fazla bir şey." (Fulden Karaca)

⁴⁰ "Eskiye göre ben de kilo aldığım zaman çok zor verebiliyorum. Benim de o anlamda bir sıkıntım var. Çünkü ben hani kilodan hoşlanmıyorum hiç." (Gaye Çalıklı)

⁴¹ "Kilo alma herhalde bunun bir parçasıdır diye düşünüyorum. Kilo aldım. Ama onun dışında pek bir şey hissetmedim. Bu ama menopozla alakalı değil; yaş ile alakalı aslında. Kilo aldım daha böyle şey

Especially from the accounts of Hande, it is obvious that change in body weight is directly related with the sense of beauty and self-image and, thus more important than other physical signs of menopause. Cansel Keskin also talked about the negative effects of gaining weight and added the other physical signs of menopause as a reason for emotional distress and even depression.

“I started to gain weight; I can’t lose weight, the body is storing water. In the meantime, however, you are concerned that ‘no matter what I do I will never be able to lose weight’. You see cellulites, drying skin, and you know all of this is related to estrogen. For starters, your skin loses humidity - it starts to dry up and then your body starts forming these...lumps; the bones are getting bigger. Once you see that, you think even if you lost weight, you will still not have the aesthetic look you strive for - and that is very depressing; for a short time but still. In the end, you have a body that you all your own and that is changing, it is not easy.” (Cansel Keskin)⁴²

Before closing the discussion about the physiological changes and its impacts on self, women’s relations with these changes are worth speaking of. Suna, who is a confident and active woman, declared that she suffers from hot flushes the most, which sometimes makes her unable to maintain her daily tasks.

“It really bums you out, and in those moments you want to just leave. I mean you don’t want to work, it is really taxing psychologically. I mean, it is very tough to get through. It affects you emotionally.” (Suna Elibol)⁴³

It is apparent that Suna’s relates her complaints to her concerns about work life. From her accounts, it may be inferred that working is an important dimension for women

oldum. Kendime daha güvensiz oldum. Ama daha sonra kilo verdim. Kilo verdikçe kendimi daha güzel buldum. Aynaya bakınca kıyafetlerim daha yakışıyor gibi geliyordu. Şimdi yine kilo almaya başladım ve ‘down’ olmaya başladım yeniden. Artık insan eskisi gibi de hemen veremiyor, daha moral bozucu o yüzden.” (Hande Kırmızı)

⁴² “Kilo almalar filan başladı, kilo veremiyorum, vücut su tutuyor. O arada tabi ‘ayy işte ben bundan sonra ne yaparsam yapayım hiçbir zaman zayıflayamayacağım.’ diye endişeleniyorsun. Selüiti görüyorsun, derinin kurumasını görüyorsun ve bütün bunların da östrojen ile bağlantılı olduğunu biliyorsun. Bir kere cildinde nem oranı düşmeye başlıyor, kurumaya başlıyor sonra vücudunda pütür pütür şeyler oluşuyor, kemikler gittikçe irileşiyor falan. Onu görünce biliyorsun ki zayıflasın da bile istediğin estetik görüntüye sahip olamayacağını düşünüyor olmak baya bir bunalıma sokuyor bir süre, geçici bir süre ama işin gerçeği bu. Sonuçta benim dediğiniz bir bedeniniz var ve o değişiyor, kolay değil gerçekten.” (Cansel Keskin)

⁴³ “Çok sıkıntı veren bir şey zaten öyle olduğu zaman çekip gitmek istiyorsunuz. Yani ne çalışmak istiyorsunuz, psikolojik olarak gerçekten bunalıcı. Yani, çok zor bir durum onu atlatmak. Duygusal olarak etkiliyor tabii ki.” (Suna Elibol)

about how they confront physiological discomfort and their decisions for seeking cure. When I asked Suna about that, she affirmed that she is making use of dietary supplements in order to ease her hot flushes.

“I was talking to a friend, and she gave me something. Something to help with the hot flushes. It is called ‘isoflavone’ and it is secreting fake estrogen to the body. More so, the body starts secreting estrogen after taking it. It is herbal, and good for 6-7 months and it has been 5 months for me. It was so easy for the past 5 months, all my troubles are gone. But hormone treatment etc.? I don’t think I would do it. Maybe if I was having a really difficult time.” (Suna Elibol)⁴⁴

Several crucial points can be drawn from Suna’s statements. Firstly, she confessed that she used this dietary supplement not because her doctor prescribed it, but one of her friends suggested. This and similar examples show that helping each other by introducing alternative remedies for their ‘symptoms’. Secondly, she expressed that she probably would refuse HRT unless her physiological discomforts compelled her. In that sense, decisions related with utilizing HRT is rather a complex issue as many feminists discussed. For example, Greer rejects using HRT and approaches it as an enemy of women. Similarly, Nehir emphasized how physiological discomforts become compelling in work life. She exemplified her mother, who severely suffered from menopausal challenges occurred in her body.

“For example, if my mom was working during this time, it could have been much more difficult. It is not easy to cry at the office; I know my mom had cried a lot during her menopause.” (Nehir Erdem)⁴⁵

Filiz Moyar, who experienced menopause at the age of 33, also compared working women with housewives.

“I have to have meetings and client visits in my line of work. It looks quiet here right now, but we meet with corporations, visit the clients etc. I might not have

⁴⁴ “Ben bir arkadaşım ile yine konuşurken, onun kullandığı bir şeyi aldım. İşte bu ateş basmalarını engelleyecek bir şey. Vücuda şey yapıyor, ‘isoflavone’ diye bir şey, vücuda sahte östrojen salgılıyor. Daha doğrusu onu aldıktan sonra vücut östrojen salgılıyor. Bitkisel bir şey, 6-7 ay filan idare ediyor ve gerçekten benim 5 ay oldu. 5 aydır o kadar rahatım ki, gerçekten o bütün sıkıntıları bitti. Ama hormon tedavisi filan bilmiyorum, herhalde kullanmam. Yani çok zorlanırsam belki bilemiyorum ama.” (Suna Elibol)

⁴⁵ “Mesela annem de bu döneminde benim gibi çalışıyor olsaydı çok daha zor olabilirdi. İş yerinde oturup ağlamak o kadar kolay değil, ben çok ağladığımı biliyorum annemin menopoz döneminde.” (Nehir Erdem)

the same degree of comfort that I want in every environment. So, I can manage my hot flushes here but if I am on a client visit and that (hot flush) happens, it can be very difficult. But there is a solution to this which is this (shows a hand fan). On top of that I am taking medication, hormone medication. Right now I feel lighter due to this hormone medication. If I was a house wife, I could just take a deep breath and move on, but because it is an office and we are with men all the time, these stuff escalate to be uncomfortable.” (Filiz Moyar)⁴⁶

Filiz’s stress is mostly related with hot flushes and its visibility in front of her customers and male colleagues. From her accounts, it is understood that hot flushing is quite different than sweating; but also perceived in relation with the feeling of *shame*. Sinem also declared similar concerns, emphasizing that being an active working woman increased her anxiety about being stigmatized. They elaborated on that issue within following words:

“I am bothered by something, when people tell me ‘oh you are sweating Filiz’. Like it is abnormal and nobody else sweats but only I am sweating. I am bothered by that, to be honest.” (Filiz Moyar)⁴⁷

“Maybe this process would be easier if you are at home, but when you are out, in a vehicle, or talking to someone, or there is something to do for the kids, and hot flushes came, sweating, can’t focus on the topic at hand - we of course have difficulties like this. You immediately feel when your face is red. You worry about what the other person will think and wonder if you are in that state again when you are sweating.” (Sinem Çiçek)⁴⁸

⁴⁶ “Ben meslek gereği toplantılara katılıyorum, müşteri ziyaretleri yapıyorum. Burası şuan sessiz görünmekle beraber, biz kurumsal firmalarla görüşüyoruz, müşterinin ayağına gideriz, ziyaret ederiz falan. Her ortamda da istediğim konforu bulamayabilirim. Dolayısıyla sıcak basmalarında burada ben kendimi şey yapabiliyorum ama müşteri ziyaretine gittiğim zaman geliyorsa o şey (hot flush) çok kötü olabiliyorum. Ama bunun için de bir önlem var o da şu. (yelpazesini gösteriyor). Ayırca ilaç alıyorum, hormon ilacı şimdi. Şu an hafiflemiş durumdayım, ilaç sayesinde, hormon ilacı sayesinde. Ev hanımı olsam ‘hüf’ yaparım geçerim ama ev hanımı olmadığımız için, biz hep iş ortamında olduğumuz için ve erkeklerle de birarada mesaide olduğumuz için bu konular rahatsız edici noktaya geliyor.” (Filiz Moyar)

⁴⁷ “Bir de şeyden rahatsız oluyorum, ‘aa terlemişsin Filiz’ dendiği zaman. Sanki çok anormal bir şeymiş hiçkimse terlemiyor bir tek ben terliyorum gibi oluyor o zaman. Öyle şeyden rahatsızlık duyuyorum, yalan değil.” (Filiz Moyar)

⁴⁸ “Evde olsan belki bu süreçleri daha iyi atlattırın ama dışarıda olsun, bir araca girdiğinde olsun ya da birisiyle konuştuğunda olsun, çocuklarla ilgili bir durumun oluyor gidiyorsun, o anda tabi hemen yüzün gözün kızarıyor, ter basıyor, konuştuğun bir şeye odaklanamıyorsun olayı yaşadığın için, bu tarz sıkıntılar yaşıyoruz tabi. Yüzünün kızardığını hemen hissediyorsun. Karşıdaki insan ne düşünecek diyorsun, yine aynı şeye mi büründüm diye düşünüyorsun boncuk boncuk terleyince.” (Sinem Çiçek)

From Sinem's accounts, I concluded that as her feelings towards her hot flush appearing itself as a shameful experience are related with the aspect of labeling by others in social environments of women like work. The issue of labelling will be elaborated further in coming paragraphs; since, except from Filiz, many other women pointed out their discomforts to be labelled as 'menopausal'. Another reason lies behind Filiz's discomfort about her hot flushes can be related with her age of menopause, which is out of the generally accepted range. Nevertheless, she also affirmed that HRT helps her dealing with not only her 'symptoms'; but also with the aspects of *shame* and labelling as well and described herself as more 'relieved' with HRT as a working woman.

The issue of *shame* is also apparent in Güzin's experience of menopause, who is one of my respondents declaring that she severely suffers from hot flushes. She and Hale also declared that hot flush is highly related with one's existing emotional state, not only a hormonal play coming out of the blue.

"When there is any form of trouble around you, when you are bothered by something, it is almost like a hot water spring, it pours out of everywhere. For example I could not go to the hairdressers because of the heat of the thing, and the expected hot flush caused the flow. And it (the hairdresser) is usually a guy, maybe it would not be such a big deal if it was a woman, but of course having water flow is uncomfortable." (Güzin Çelik)⁴⁹

"I also noticed if you are in a tense environment, the hot flush happens more, if I am calm it is relatively rare. For example in April I had been to Alanya and it was the beginning of summer. I did not feel such a thing, or the heat of the place either; it is not about the temperature." (Hale Toprak)⁵⁰

Except from hot flushes occurring dependently on women's emotional state, physical challenges can also be a factor influencing one's emotional state. Deniz Özgür, who

⁴⁹ "Bulunduğunuz ortamda en ufak böyle bir sıkıntı olması halinde, bir şeyden rahatsızlık duymanız halinde resmen böyle bir kaynak su, hani nasıl kaynak sudan fışkırır, hemen her taraftan akıyor. Mesela kuaföre ben ilk başlarda gidemiyordum çünkü oturduğum anda o şeyin sıcaklığı da, bir de hani ateş basacak düşüncesi de biraz ön plana çıkınca anında akıyordu ve hani genelde de erkek olduğu için belki bayan da olsa hiç fark etmez de su akmış olması insanı çok rahatsız ediyor tabi." (Güzin Çelik)

⁵⁰ "Bir de fark ettim ki gergin ortamdaysam, daha sıcak basması oluyor, sakın isem pek olmuyor. Mesela Nisan ayında Alanya'ya gittim ve orada yaz başlamıştı. Hiç hissetmedim, oranın sıcaklığını bile hissetmedim, sıcakla ilgili bir şey değil." (Hale Toprak)

experienced physiological challenges of menopause rather mildly, complained not about her sleeping problems creating a physical discomfort but expressed the negative emotional state caused by her sleep disorder pushing herself to question her life.

“I used to have a good sleep schedule. I started having sleep problems. For instance you wake up in the middle of the night, at 3 or 3, for no reason, and you just sit there and think about stuff. Think about this or that, or what happened etc. I was in such a mood. You think about everything. Some sort of hopelessness about life. A feeling close to depression - I had that. The sense of not being satisfied, like ‘ok I have I have lived this long and this is that it?’. But because I was aware of this, I could talk myself out of this, saying it is just the hormones doing this.” (Deniz Özgür)⁵¹

Deniz, by distancing her subjectivity from her body, soothes herself by thinking that the restlessness she experiences is the result of hormonal activity occurring in her body. Deniz’s experience reveals the connection between mind and body as discussed with Merleau-Ponty and Grosz in forming her subjective state. Hers and aforementioned women’s statements also revealed the embodied aspects of gender relations legitimizing the reformulation of sex and gender distinction. In order to emphasize this point Hande’s experiences in her work environment, would also be useful. She expressed the dimension of ‘relief’ for herself as a woman, which comes in parallel with midlife; because she admits that she is now free from being perceived in a sexual way by her colleagues and; thus, can behave in a more natural way.

“About being middle aged - not to call it menopause but being older than a certain age. We are working here. There are few people here our age; everybody is young. Everybody is like a son / daughter for us. That is why we can do all sorts of jokes and stuff. When I was younger, I always considered what if I was misunderstood, but now everybody is young enough to be my child and I have no concerns about being misunderstood. When I say something, I have no concerns that it will be understood in a sexual context or not - and it is quite relaxed.” (Hande Kırmızı)⁵²

⁵¹ “Benim uykularım çok düzenliydi. Uyku bozukluğu yaşamaya başladım. Mesela gecenin bir yarısı kalkıyorsun 2’de, 3’te sebepsiz, öyle olunca da oturup kuruyorsun kafanda. Onu düşünüyorsun, bunu düşünüyorsun, o ne oldu bu ne oldu filan. Öyle bir ruh haline girdim ben. Her şeyi düşünüyorsun tabii. Böyle bir umutsuzluk hali yaşamdan. Depresyona yakın bir his. Onu yaşadım mesela. Bir tatminsizlik hissi, işte yaşadım yaşadım bu muydu gibi. Ama onun da bilincinde olduğum için kendi kendimi hep telkin ettim hormonların sana bu yapıyor diyerek.” (Deniz Özgür)

⁵² “Orta yaşlı olma, menopoz demeyelim yani belirli bir yaşın üstünde olmaktan bahsederseniz. Biz şimdi burada çalışıyoruz. Bizim yaşımızda olan insanlar çok az, herkes genç. Herkes bizim çocuğumuz çocuğumuz. Ve bu yüzden de her türlü espriyi, her türlü şeyi yapabiliyoruz. Daha gençken hani yanlış

Her accounts also make me think about the aspect of *desexing* in midlife mentioned while introducing Lupton's (1990) study about the experience of menopause. Whereas, *desexing* is mostly approached in an undesirable way also in Lupton's study, the attitude of Hande showed that it may also provide women an opportunity to act and behave like themselves freely without having the concern that their gender may influence their social relationships especially in their workplaces. On the contrary, in the field several women were talked about issue of *desexing* in a highly negative way also, which shows parallelisms with Lupton's study (1990) elaborated in the next section related with the constructions of *feminine ethos*. Nevertheless, it may be concluded that embodiment of menopause and aging in general reflect on social relationships, in addition to the subjective state, which can be captured from Hande's remarks.

About physiological challenges, Fulden noted a controversial point also noted by Erol (2014) especially in the case of working women, where menopausal complaints are seen as a "sign of weakness and vanity, in contrast to being too busy with a job or housework" (376).

"I think, you know the ones who have the biggest trouble, like sudden sweating or suddenly feeling flustered, are that way because they cannot unwind enough. I don't think those people are doing anything to unwind at all. I think they are taking the easy route, like a pill and think 'that is the worst that can happen'." (Fulden Karaca)⁵³

"Well it creates boredom, flustering, irritation etc. I always think this is exaggeration and just excuses made by the women." (Zehra Şimşek)⁵⁴

anlaşılmı ihtimalini her zaman düşünürken, şimdi herkes benim çocuğum yaşımda ve artık hani bu beni yanlış anlar diye bir kaygı hissetmiyorum. Bir şey söylerim, cinsel anlamda veya başka anlamlarda beni yanlış anlar diye bir düşüncem yok rahatım yani." (Hande Kırmızı)

⁵³ "Ben şöyle düşünüyorum aslında, ne denir ona, o hani çok sıkıntı yaşayanlar hani birdenbire terleyenler ya da birdenbire daralan tiplerin aslında yeteri kadar deşarj olamadığı için öyle olduklarını düşünüyorum. Ben onun için o sıkıntıları yaşayan insanların aslında kendilerini deşarj etmek için hiçbir şey yaptıklarını düşünmüyorum. En kolay yolu seçtiklerini, hani hap alayım, bir küçük hap ne zararı olacak gibi aldıklarını düşünüyorum." (Fulden Karaca)

⁵⁴ "İşte şöyle sıkıntı yapıyor, ateş basması yapıyor, sinir yapıyor falan. Ben hep bunların kadınların kendi abartıları ve bahaneleri olduğunu düşünüyorum." (Zehra Şimşek)

Fulden's and Zehra's similar remarks, yet focused more on some women's inability to keep themselves engaged with daily life by managing to discharge their negative experiences. Here, my respondents can roughly be categorized into two distinct groups, which are experiencing menopause with minor and major discomforts. The reasons behind this difference might be social, physiological or both. Yet, for all cases, I believe that the denouncing and stigmatizing approach of women towards other women, who experience menopause with major physiological and subjective discomforts, is highly problematic and precarious by implicating that they are exaggerating their discomforts. It strengthens the already existing unjust relations towards middle aged women.

Due to my opposition against mind/body dualism, one of my major arguments is that the embodiment of menopause as a result of aging, takes an active role in forming subjectivity. When I asked about the influence of aging and menopause in particular, I received variety of responses, most of which are associated with positive developments in perceiving self. Topics related with 'maturity', 'selfishness', 'appreciation of self' became prominent in our talks about aging.

"When you get to your 40s, I believe you are starting to mature slowly and this change has started for me. I am more easy-going, more compassionate, more listening, more trying to understand - I mean more empathic. I like how I am now. You are mature, maybe you have different life goals, and your anger and everything is gone." (Tülin Pür)⁵⁵

"I can say I am more mature. More reasonable. I think I am more reasonable during this process at home. At work too. It is like an acceptance. Knowing myself more, and more acceptable, and not having objections as much. I mean I don't believe aging was such a bad thing for me honestly." (Deniz Özgür)⁵⁶

⁵⁵ "40'lı yaşlara girişte, yavaş yavaş olgunluk olduğuna inanıyorum ve bu değişim başladı yani bende. Daha yumuşak oldum, daha merhametli, daha karşımdakini dinler, daha onu anlamaya çalışan bir şekilde, yani empatiyi daha fazla yapmaya başladım. Bu halimden de memnunuz. Olgunlaşıyorsunuz, belki hayattan beklentilerin daha değişiyor, daha hırçınlığın, şeyin gidiyor." (Tülin Pür)

⁵⁶ "Biraz daha olgunlaştığımı söyleyebilirim. Daha makulüm. Bu süreçte ben daha makul birisi olduğumu düşünüyorum evde, ev yaşamında. İş yaşamında da öyle hatta. Yani daha bir kabulleniş oldu. Kendimi daha fazla tanımak, daha bir kabulleniş, çok fazla öyle itirazım yok artık. Yani bana çok kötü geldiğini düşünmüyorum açıkçası." (Deniz Özgür)

“It affects your perspective whether you like it or not. Living the moment, or living in a way that I prefer feels better. You do things that you prefer more. Maybe when you are young you don’t realize this or because your awareness improves you become happier. This is also true for your choices, you don’t live something that you did not choose like when you were young.” (Zuhal Işık)⁵⁷

Their statement did not directly indicate the experience of menopause; instead, they covered a more general picture of aging, when talking about becoming more mature. The most crucial point, which can be inferred from their remarks, may be the fact that they did not evaluate the aging process as evil, or in order to express it in a more theoretical way, they do not perceive aging as ultimately *abject* even if they mentioned also its disadvantages. However, not every woman experienced these effects. Some of them insisted on that maturity is mostly bound on person’s character like Güzin Çelik:

“I don’t feel mature because my spirit is not like that. Sometimes I tell myself “you should show your age” but this is related with one’s spirit.” (Güzin Çelik)⁵⁸

Similar with Güzin, Nazan also declared that in her case menopause and aging are indifferent factors affecting her maturation due to her character. Yet, she also admits that these processes may have a ‘maturing’ impact for some women.

“I have always been a responsible person. Not many things change in such people. Menopause period may cause maturation for lively, self-obsessed people, but I have always been mature.” (Nazan Bahadır)⁵⁹

Zehra also refused the idea that menopause or aging contributes her maturation process, but linked maturation with grief and suffering events happening in one’s life.

⁵⁷ “Bir kere insanın bakış açısını etkiliyor ister istemez. Anın değerini bilmek, ya da kendi tercih ettiğin şekilde yaşamaya devam etmek daha iyi geliyor. Daha tercih ettiğin şeyleri yaşıyorsun. Gençlikte insan daha çok zamanım var diye belki bunların farkında değilsin ya da farkındalık arttığı için doğal olarak mutluluk da artıyor. Tercihlerin de ona göre, seçmediğin bir şeyi yaşıyorsun gençlikteki gibi.” (Zuhal Işık)

⁵⁸ “Ben olgun hissetmiyorum çünkü ben ruhen ben hiç öyle olmadığım için. Hatta zaman zaman kendime şöyle diyorum ya artık hani ‘sen belli bir yaşa geldin o yaşı taşı!’ Ama bu insanın iç dünyasıyla ilintili bir şey olsa gerek.” (Güzin Çelik)

⁵⁹ “Hep sorumluluk sahibi bir tiptim ben ya. Böyle insanlarda fazla bir şey değiştirmiyor bence. Belki çok uçuk kaçık, hiçbir şeyi düşünmeyen kendini düşünen insanlarda belki bu menopoz dönemi oturmalarını, olgunlaşmalarını sağlayabilir ama bende hep vardı o zaten.” (Nazan Bahadır)

“I still don’t think I am mature. I am a bit childish in general. People grow mature when they start losing their beloved ones. Thanks to god they are still alive. I am still like a child despite my age. However I used to let others to oppress me. But I am not like that anymore. For example back then, we were trailing behind men pretending that they are our lives. Now I don’t care. Even my current spouse says, you are doing what you want to me as you didn’t say anything to your old husband.” (Zehra Şimşek)⁶⁰

Zehra’s statement is especially important due to her comparison of her attitude towards men with her younger self. She clearly and self-confidently emphasized that in her middle ages, she does not let any men to oppress her. Her statement makes clear that her attitude towards her husband in her second marriage has changed drastically. She also clarified that she defined her own path and made her judgements accordingly. However, Zehra’s change of subjective perception and/or her attitude in gender relations cannot only be related with menopause but it can be evaluated as a result of accumulation of her life experiences related with men, marriage etc. Additionally, as she get older, the progress she made in her job and her increased financial status might be contributed to her decisions and self-confidence as well. In parallel, Fulden, who has recently divorced made similar remarks:

“They raised us all wrong. I don’t know about the women you have talked to but my parents were teachers so to say, I was a child of an educated family but they raised us faulty. ‘Women should do all the work, should be docile, should do the cleaning, dishes, cooking and laundry.’ I was like that also. I remained married for 20 years, these were my duties for 20 years. Yes, I was working as well. Now, it’s impossible, let alone my husband, I can’t endure anyone now. That’s why I told you, I got more selfish. What I mean by selfish is to realize my self-worth. I wish I could have divorced when I was 37-40 years old, that’s my opinion now. Perhaps, it would have been difficult with kids, but I would manage it somehow.” (Fulden Karaca)⁶¹

⁶⁰ “Ben hala olgunlaştığımı düşünmüyorum. Benim biraz fazla çocuksu bir yapım var genel olarak yani. Bence insana -allah gecinden versin- sevdiklerini kaybetmeye başladıktan sonra da bir olgunluk geliyor. Şu an allaha şükür hepsi hayatta öyle bir şey yaşamadım. Şimdi hala çocuk havasındayız. Bu yaşa gelmemize rağmen. Ama mesela şu var. eskiden kendimi çok ezdirirdim. Şimdi ezdirmiyorum artık yani. Mesela o zaman böyle bir erkeğin peşine takılıp hayatımız oymuş gibi davranıyorduk. Şimdi işine gelirse diyorum. Hatta şimdiki eşim diyor, eski eşine hiç çenen açılmamış şimdi bana yapıyorsun yapacağını.” (Zehra Şimşek)

⁶¹ “Ya bizi çok kötü yanlış yetiştirmişler. Bilmiyorum senin konuştuğun kadınlar nasıl, ben güya annem babam öğretmedi, eğitilmiş bir ailenin çocuğuydum ama yani çok da, nasıl söyleyeyim, hatalı. Yani genelde kadın öyle evde her işi yapacak, sesi çıkmayacak, temizlik, çamaşır, bulaşık, yemek, ben de

Like Zehra, Fulden also declared that her decisions she took about her life, especially about men, are different compared to her past, which probably influenced by her divorce. What is crucial from her statement is her discovery of the value of herself, which is implied by her as becoming more 'selfish'. In that sense, it can be inferred that now Fulden feels herself as more capable of privileging herself in middle age years. Furthermore, in my opinion Zehra's and Fulden's remarks have a political importance as well. As it is seen, middle age may also be interpreted as a reassessment for women in order to review their life decisions especially regarding men in their lives or their marital relationships. In parallel, middle age can be considered, especially for the generation I studied with, as the period women gained a substantial autonomy due to their advanced career and financial status. No wonder that the class and status position of these women are one of the major factor co-constituting elements of their autonomy as a privileged group. On the other hand, middle aged women are mostly invisible both in society and in feminist theory, or even if they are visible their visibility is pushed to the limits of the 'disease discourse' related with their menopausal experience, or stigmatized. These results show there are social obstacles hindering the proliferation of positive attitudes towards aging, whose necessity is argued in Dillaway (2005), Klein & Dumble (1994) and Gannon & Ekstrom (1993), in order to struggle the medicalization of menopause and oppression of middle aged women. Furthermore, feminist theory should include middle aged women, who are often neglected within women's movement and seriously consider their voices or demands. Because, although they do not necessarily define themselves as feminists, it can be argued that they tend to be more aware about women's oppression from their own experiences. Such an approach would be a significant achievement in terms of women's movement in general and women's empowerment in particular.

öyleydim. 20 yıl evli kaldım, 20 yıl boyunca yaptığım, evet hep çalışıyordum ama genel olarak böyle yani. Şimdi olsa mümkün değil, bırak kocamı hiç kimseyi çekecek psikolojim yok. Onun için diyorum sana bencilleştim. Bencilleştim derken, kendimin değerli olduğunun farkına varıyorum. Ben 37-40 yaşındayken boşanmayı becerebilmeliymişim keşke, şimdi bu fikirdeyim. Belki çocuklarla yaşamak zor olurdu ama gene de yapardım." (Fulden Karaca)

Another aspects of physiological change is related with social stigmatization parallel with the arguments of Sheehy (1992) and others mentioned in earlier chapters. Especially, the experience of hot flush may easily lead to a matter of mockery and/or women's aggressive mood in middle age may easily be related with her experience of menopause; thus, menopause can be considered as a social label.

I should assert that not all participants declared that they are suffering from the aspect of labelling related with their menopausal experience. Similarly, almost half of my respondents also do not carry any concern of being stigmatized as menopausal, based on their work and family relations. For instance Esra, refused the idea that her experience of menopause reflected others as a matter of social stigmatization; although she is one of my respondents who drastically suffered from emotional challenges of her experience of menopause.

“Menopause don't have any affect on me about those issues. I didn't feel any change on glances to me.” (Esra Karadeniz)⁶²

Yet, even if Esra did not experience any sort of stigmatization almost all of my respondents including Esra agreed that there is a socially accepted aspect of menopause related with stigmatization and a stereotypical image of a menopausal woman, who is depicted as unreasonable. Furthermore, they gave me some examples from their close friends, relatives or colleagues, who were imposed to some sort of stigmatization related with menopause; although, they did not personally experience it. For example Suna recalled a memory of hers about this issue occurred in work:

“We are working in aviation sector. For instance one of my friend and I were helping to passengers when I was 28. She was a bit short-tempered and one of the passenger called her ‘menopausal bitch’. And then she said, you said bitch to me, it's okay, but I don't understand why you called me menopausal. Because she wasn't on that age. That means menopause is an insult for men.” (Suna Elibol)⁶³

⁶² “Menopozun bana o konularda hiç etkisi olmadı. İnsanların bana bakışının değiştiğini hissetmedim.” (Esra Karadeniz)

⁶³ “Biz havacılık sektöründe çalışıyoruz. Mesela bir arkadaşım benim daha 28li yaşlarındayken, onunla beraber yolcularla ilgileniyorduk. O sırada o birazcık asabi sinirliydi, yolcunun birisi ona ‘menopozlu orospu’ dedi. Sonra kızcağız dedi ki; ya dedi tamam orospu falan hepsi tamam ama bana menopozluyu

As seen, she shared her experience with me by acknowledging the experience of menopause as an insult from men's perspective. Very similarly, Gaye also declared that she witnessed a colleague of hers labelled as 'menopausal' in a libelous way by her superior.

"I witnessed an example at another office. There were times our chief called people menopausal when he was angry. That can be said to youngs too. It's like an insult." (Gaye Çalimlı)⁶⁴

In both examples, young women were labelled as 'menopausal', which shows that the experience of menopause does not only indicate a stereotypical image but tend to be utilized as way of insulting women. Additionally, Filiz gave an example from her personal experience, which is also striking in order to show that the insult of 'menopausal' is so widely accepted that even once upon a time she also used:

"I attended English courses when I was your age. We were mixed and maximum 10 people. And two ladies were always turning the AC on such that we were freezing. They were older than us. Menopausal womeni menopausal women, I was grumbling. It's always cold because of them. Saying menopausal is like an insult in society. For example, defiant menopausal when they are angry. This is a fact. Even I was doing it, now I realized." (Filiz Moyar)⁶⁵

Aside from hot flushes, the stereotypical image of menopausal women are mostly related with two other aspects, which can be named as using a 'hand-fan' (yelpaze) and being aggressive or unreasonable. Also in the interviews the word 'hand-fan' is widely used in order to describe about menopausal women, which made me understood that holding a hand-fan is perceived as the number one distinguishing

neden yakıştırdın anlamadım diye tepki verdi, çünkü menopoza girecek yaşta değil. Demek hani erkeklerin bakış açısında menopoz bir hakaret biçimi." (Suna Elibol)

⁶⁴ "Kendimde değil ama gördüğüm bir örnek oldu, bir başka eski iş yerimde. Böyle sinirlendiği zaman filan işte menopozlu deyip insanların böyle yaftaladığı olmuştü amirimizin. Gence de bu şekilde söylenebiliyor. Hakaret gibi olmuş yani." (Gaye Çalimlı)

⁶⁵ "Senin yaşlarındayken İngilizce kursuna gitmiştim. Karma insanlar var, 10 kişiyiz maksimum. Ve oturduğumuz yerde hep klimayı açıyorlar soğuk, buz gibi, titriyoruz biz üşüyoruz falan. Açıları da iki tane bayan. Yaşı da bizden büyüktü onların. Menopozlu kadınlar, menopozlu kadınlar, ben söyleniyordum yani. Zaten hep onlar yüzünden soğuk oluyor falan diye. Menopozlu denmesi hakaret gibi bir şey yani toplumda öyle bir şey. Menopozlu deniyor yani. Mesela sınırları bozuluyor veya atarlı menopozlu. Böyle bir şey var. Ben bile yapıyormuşum demek bunu, şimdi farkına varıyor insan." (Filiz Moyar)

feature reinforcing to be labelled as menopausal. For, instance Hale mentioned about the experience of her cousin, who felt ashamed about using her hand fan.

“My cousin told me that she was hot flushed and couldn’t use her hand held fan due to embarrassment.” (Hale Toprak)⁶⁶

Another attitude related with the stigmatization of menopause manifests itself in the form of mockery exemplified by women I spoke with. Additionally, some women expressed that it may be annoying from time to time as stated by Melis:

“People always make a joke about it (menopause). We sometimes witness that cliché. Maybe sometimes we are really like that and don’t realize. Because maybe it’s really hot. But when you say it’s hot, we are labeled on that instant. This is not nice. For example I’ve never in such a mood. I don’t know how I look for others.” (Melis Kızıl)⁶⁷

Like Melis, Zehra also emphasized that her experience of menopause is made fun of by others especially, when she is angry at something.

“They make fun of it and say don’t mess with her but whenever I get angry it’s associated with menopause.” (Zehra Şimşek)⁶⁸

“There is a saying, menopausal mood. For some reason, menopausal women always imaged as angry, problematic and bad-tempered. Like adolescents. Even it’s said that if a woman entered menopause and her child entered adolescence, it’s impossible to live in that house. Males always think like that. I don’t think males can show empathy for this.” (Piraye Yüksek)⁶⁹

It is understood from Zehra’s and others’ statements that there is a great tendency of equating menopause with a constant mental state of being aggressive and bad-

⁶⁶ “Kuzenim metroda çok sıcakladım, utandım yelpazemi çıkaramadım demişti.” (Hale Toprak)

⁶⁷ “Bunun (menopoz) sürekli esprisi yapılıyor. Zaman zaman o klişedeki şeyleri yaşadığımız tabii oluyor. Belki bazı zamanlarda gerçekten öyleyiz ve farkına varamıyoruz. Çünkü belki gerçekten ortam o sırada sıcak oluyordur. Ama işte siz ‘ay ne sıcak’ dediğiniz anda o etiket yapışıyor. Bu hoş değil. Benim mesela hiç o tiple özdeşleştirdiğim bir ruh halim olmadı. Dışarıdan nasıl gözüküyorum bilmiyorum tabii.” (Melis Kızıl)

⁶⁸ “Gırgır yapıyorlar, aman işte fazla dokunmayalım menopozda, sinirlendiğim zaman hemen ona bağlıyorlar mesela.” (Zehra Şimşek)

⁶⁹ “Hani böyle bir laf vardır ya işte menopozda, menopoz halleri. Hep nedense menopoza girmiş kadın böyle sinirli, sıkıntılı, aksi, problemlili gibi. Şey gibi ergenlikte olan çocuklar nasılsa işte. Hatta hep diyorlar ya işte kadın menopozdayken, çocuğu da ergenliğe girdiyse ee Allah o evde yaşanmaz artık filan gibi erkekler sırf işin o tarafına bakıyorlar yani. Burada bir empati kurmaları mümkün değil gibi düşünüyorum.” (Piraye Yüksek)

tempered, which reveals another aspect of stigmatizing menopausal experience and devaluation of women's reactions. On the other hand, this may not even reflect the reality at all. As discussed related with the process of maturation some of my respondents claimed that they perceive themselves as much more compliable compared to their younger ages. Whereas Gaye related this change in her personality to her abandoning of HRT, Tülin related it with her aging.

“On the contrary, I became a calmer person. Because while I was using those hormone drugs, they were wearing me down. I felt nervous and agitated.” (Gaye Çalıklı)⁷⁰

“I was more taut. I'm not saying I was aggressive and uptight, but I used to be stricter, more discreet, colder, more distanced to others. I don't allow most people to be too close to me, it's just not my thing. For example this interview, this is not my style at all, in fact it was something I would never allow. Meeting new people is not my thing. I started to be softer, more temperate, I started to open myself outward. Like I said, I don't like too many new people entering in my life. I am really not into people contact. I am not much of a people person. But now, how shall I put it, I feel that I am more understanding. For example, I wasn't able to show my feelings that much like this, I was not a person to cry and get emotional easily. Now when I watch TV or when something happens I just cry. Someone hugs someone or something happens to someone, be it a happy or sad, I just start to cry profusely, that was something I would never be doing. People around me perceive this as a very positive development. That; as I get older, I am becoming more compassionate, more moderate, friendlier.” (Tülin Pür)⁷¹

Especially, in the work environment this kind of labelling may be even discriminative. Whether they experienced that kind of discrimination or not, a lot of women that I

⁷⁰ “Tam tersi ben daha sakin bir insan oldum. Çünkü o hormon ilaçlarını kullandığım süre içerisinde onlar beni çok yıpratıyordu. Daha böyle gergin ve sinirli hissediyordum.” (Gaye Çalıklı)

⁷¹ “Ben daha serttim. Şöyle işte, agresif ve katı değil ama etrafıma karşı daha sert, daha ketum görünümlüydüm, daha soğuk daha mesafeliydim. Çok insanı hala daha yanıma yaklaştırmam, mesela bu görüşme, bunu yapabilmek hiç benim tarzım değil, benim izin vermeyeceğim bir şey aslında, konu olarak değil, yeni insanlarla tanışmak benlik bir şey değil. Daha yumuşak, daha ılıman olmaya başladım, dışa karşı kendimi açmaya başladım. İşte çok fazla hayatıma yeni insan girmesinden hoşlanmam. Sevmem yani çok insan. Çok hümanist değilim ben. Ama şimdi nasıl diyeyim, daha anlayışlı olduğumu hissediyorum. Mesela ben daha böyle tepkilerimi çok göstermezdim hani çok fazla böyle ağlayan şey yapan bir insan değilim. Şimdi televizyon seyrederken ya da bir şey olduğu zaman ağlıyorum. Birisi birisiyle kucaklaşıp ya da birisine bir şey olsun, mutlu olsun hüzünlü olsun oturup şakır şakır ağlıyorum ki hayatta yapmayacağım bir şeydi. Bunu etrafımdaki insanlar çok olumlu bir gelişme olarak algılar. Hani yaşlandıkça daha merhametli, daha ılımlı, daha dost canlısı bir hale geldiğimi” (Tülin Pür)

interviewed declared that it is really unpleasant and unacceptable especially in the workplaces. For instance Fulden expressed that these kinds of attitudes should not be tolerated in workplace:

“It's not appropriate, that's the right word, it's not appropriate. But it depends on where they put that label or how they put it. If people say things like “She's menopausal” or “She's so tense, you can't stand her” or “I don't want to work with her” in an office setting, of course that would make me upset. But same lines of detest comes in other circumstances, someone says something like “Don't pay attention to her, she's just menopausal”, I wouldn't care, I would never mind that. I am trying to be as calm as possible at the office. I'm usually a calm type.” (Fulden Karaca)⁷²

Cansel and Suna addressed to the coercive impacts of stigmatization of their menopausal experience, as tendencies of ‘hiding’ their physiological indications and controlling emotional reactions accordingly. Cansel emphasized her discomfort about people judging her reactions on the basis of her menopausal state and evaluated it as degrading. On the other hand, Suna, who suffers from hot flushes, focused on her experiences of hot flush at work, which she cannot react out loud due to her concern as being labelled as ‘menopausal’ especially by her male colleagues.

“If a woman is just a little bit aggressive and above a certain age, people are quick to label her “She must be menopausal”. And, of course, I am not comfortable with such kind of association. For example, you try to pay more attention to your daily actions, you don't want people to say things like “Oh, she's menopausal too, that's why she's so edgy”. Nobody likes to be subjected to something like that. You feel like you're being put down, when this is used as a joke, a funny material. Because it's something you already have trouble about, even without others involved.” (Cansel Keskin)⁷³

“Hot flushes are big trouble in the office environment. For example, I feel like I am burning and I want to turn the air conditioner on, but people are freezing. I

⁷² “Hiç şık değil, doğru kelime bu, şık değil. Ama hani bu biraz nerede o etiketi yapıştırdıklarına ya da nasıl yapıştırdıklarına bağlı. İş ortamında menopoza kadın, sinirlidir çekilmez bu şekilde ya da ben onunla çalışmam filan derlerse tabii ki çok bozulurum. Ama özel bir yerde görmüşüm, ‘aman menopoza kadın boş ver onu’ derlerse hiç önemsemem geçer giderim. İş ortamında zaten olabildiğince sakin olmaya çalışıyorum. Biraz da sakin bir tipim.” (Fulden Karaca)

⁷³ “İnsanlar kendi aralarında bir kadın biraz agresifse yaşı da varsa hemen ‘aa menopoza girdi herhalde’ diye bir etiket yapıştıveriyor. Ve ben de ona bağlanmasından tabii ki rahatsız oluyorum. Mesela şey yapıyorsun, hareketlerine dikkat etmeye çalışıyorsun insanlar işte sana ‘aa işte bu da menopoza girdi o yüzden sinirli’ filan demesini istemiyorsun. Onun aleyhinde kullanılmasından hoşlanmaz kimse. Aşağılanmış gibi hissediyorsun bu olay bir espri komiklik malzemesi olarak kullanıldığında. Çünkü zaten kendin de sıkıntı duyduğun bir şey.” (Cansel Keskin)

know that if I say “Someone just turn that that air conditioning on” it will be too telling, but among our group, among the females, we are able to disclose such things directly.” (Suna Elibol)⁷⁴

Their statements support the idea that the experience of menopause is indeed invisible, or what is more important, forced to be invisible due to stigmatization, which may be extra burdening especially in the workplace. The tendency of hiding is sometimes featured as a defense mechanism by women in order not to be offended like in the example of Piraye.

“You know how people talk, that woman is edgy cause she’s single, she doesn’t have a husband, angry for she has no man. She’s nervous, she’s menopausal. For that reason, women may be trying not to show. I believe that’s what’s happening.” (Hale Toprak)⁷⁵

“I always hid it, just to avoid that. Because of that label, people will put that label in the blink of an eye, that’s why you try to keep things discreet. Because it is hurtful.” (Piraye Yüksek)⁷⁶

The issue of hiding the experience of menopause will be further evaluated when discussing the ways in which menopause is talked about in the next chapter. I think Nazan’s suggestion about how to overcome the menopausal stigma is quiet crucial, which also gives clues about political power of ‘talking about the experience’.

“I think we should refute that interpretation. What’s it got to do with that? Just because a woman is nervous; does that mean she is menopausal? Does every woman deserve that stigma? It’s all about the personality. How can we achieve that? By communicating, that’s how.” (Nazan Bahadır)⁷⁷

A lot of women found my question important that whether media reinforces the stigmatization of menopausal women, which also reveals the social mechanisms

⁷⁴ “İş ortamında olduğu zaman (sıcak basması) zaten sıkıntı. Mesela bana ateş basıyor ben klimaları açmak istiyorum ama insanlar donuyor. Şimdi “Ay açın şu klimaları” desem direk deklare etmiş gibi olacağım ama kendi aramızda, hatunlar arasında deklare edebiliyoruz.” (Suna Elibol)

⁷⁵ “İşte şey hani, kadın bekar onun için sinirli, kocası yok, erkek yok onun için sinirli. Menopozda onun için sinirli. O nedenle kadınlar belli etmemeye çalışıyor olabilirler. Ben böyle olduğunu düşünüyorum.” (Hale Toprak)

⁷⁶ “O olmasın diye işte gizledim hep. Çünkü o etiket, çat diye o etiketi koyarlar diye, insan onu biraz çaktırmamaya çalışıyor. İncitici bir şey çünkü.” (Piraye Yüksek)

⁷⁷ “O algıyı çürütmeliyiz bence. Ne alakası var çünkü eğer sinirliysen; ya da her sinirli kadın menopoza mı giriyor yani. Ya da o yaftayı mı hak ediyor ne alakası var halbuki. Kişilikle ilgili tamamen. Bu da nasıl olur, konuşarak olur.” (Nazan Bahadır)

behind labelling of middle age women in a macro perspective. My first question related with that issue was how the women in their age is represented in media. Many women I talked with agreed on the fact that being ‘taş gibi’ (:expression in Turkish referring to fit without showing any physical signs of decay and bodily deformations) is assumed as a prerequisite for middle aged women to find a place in media. This issue is clarified by Zehra and Hale with following words:

“Women at our ages, can only be relevant on the media, if they really maintain their looks and beauty. Only headlines such “caught on the beach”, “still dazzling hot” other than that they do not take much place.” (Zehra Şimşek)⁷⁸

“If you have noticed there’s a media cliché, like “45 years old and still has a rocking body”. In the past 40 meant old, but it appears that now we are supposed to be bombshell still at 45.” (Hale Toprak)⁷⁹

Moreover, according to Hale the stereotypical image of menopausal women is used as a means of comedy and entertainment in the media. She supported her impression by referring to the movie ‘Deliha’ that she had watched recently:

“Did you see that movie ‘Deliha’? There is the character, Gupse Özay's mother, a woman in menopause and it is the summer heat. She’s got that folding fan, edgy, with both feet in a washbowl. I recommend you to see that picture. It is an exaggerated depiction, but this is how it is presented.” (Hale Toprak)⁸⁰

Piraye approached the issue differently by arguing that the features related with the stereotypical image of menopausal women in media is due to moral concerns. She advocates that hot flushes or being aggressive are the most visible, but also more ‘morally acceptable’ signs of menopause. Therefore, the image builds itself on these signs but not others like decrease in sexual desire.

“I think it’s because that’s the easiest part to disclose. Now, for instance, they cannot say much about the receding sexual appetite. These are things that fall

⁷⁸ “Bizim yaşlarımızdakiler anca gerçekten görünümlerini, güzelliklerini koruyorlarsa gündem oluyorlar medyada. Plajda yakalandı ‘taş gibi’ vücuduyla dikkat çekti, şeklinde yer alıyor anca onun dışında pek yer almıyorlar.” (Zehra Şimşek)

⁷⁹ “Farkındaysanız şöyle yazar: 45 yaşında olmasına rağmen taş gibi. Eskiden 40 yaş yaşlı bir yaştı ama işte şu an 45 yaşında bile ‘taş gibi’ olmamız isteniyor demek ki.” (Hale Toprak)

⁸⁰ “‘Deliha’ filmi izlemiş miydiniz? Şu Gupse Özay’ın annesi rolünde –işte yaz sıcağı bir de menopoza bir kadın var.- Elinde yelpaze, sinirli, iki ayağı leğende. O kareyi görmeyi isterim. O abartılı bir sahne ama bu şekilde lanse ediliyor.” (Hale Toprak)

more into privacy area. But these hot flushes etc. are not subject to moral judgments, it can more clearly expressed in daily life or on the media, most probably because it is easier to disclose that part. That's how these women are pictured, hot flushes, aggressiveness, folding fans etc. Maybe because other aspects cannot be disclosed.” (Piraye Yüksek)⁸¹

Correspondingly, the media tending to be acknowledged as a site which capitalism and consumer culture manifests itself and transmits social messages accordingly. In that sense, my respondents generally agreed that women represented in media are mostly young and attractive. The estimations of my respondents related with media representation of women in general, and middle aged women in particular, shows parallelisms with related studies conducted by Komesaroff, Rothfield and Daly (1997), Kaplan (1997) and Sybylla (1997), which are discussed in the second chapter about media representations of middle aged women. To support this claim, I found Sinem's and Melek's remarks crucial:

“Commercials and media uphold the appearance, we're in a capitalist system after all and that focus is not much unexpected, we're in a consumerist society, people pay more attention to the nicer, more appealing images, which is why they leverage on tempting images. For example, even in a car you can see a female figure, or even with commercials for car tires, the last place you would expect to see a female figure. And no surprise all of these female subjects are attractive eye candies.” (Sinem Çiçek)⁸²

“On the news programs there are almost no women at my age, as a host or a moderator. Or at least that's what I see. But apart from that, they are not on news hours or on other routine programs, I think that's part of their selling strategy, to draw attention to their channels. I mean a person can be an announcer just because having a beautiful voice and quality of diction, but maybe Turkey still couldn't get past that point.” (Melek Zeyrek)⁸³

⁸¹ “Galiba açıklanabilir kısmı kolay olan bu olduğu için. Şimdi mesela şeyi pek dile getiremiyorlar işte cinsel dürtülerin olmamasını mesela. Bunlar daha ahlaki şeyler. Ama bu sıcak basması filan ahlaki yargılara girmiyor, daha net ifade ediliyor toplum içerisinde veya basında medyada hani o kolay ve şey yapılabilir kısmı olduğu için belki öyle yansıtılıyor kadın. Sıcak basmaları, agresif bilmem ne yelpazeli filan diye. Diğer şeyler aksettirilemiyor diye belki.” (Piraye Yüksek)

⁸² “Reklamlar, medya daha görselliğe dönük bir yer olduğu için, sonuçta kapitalist sistem, daha çok tüketime dayalı bir toplum olduğumuz için insanlarda daha güzel daha alımlı olan karelerde daha çok dikkat çektiği için, onun için onu kullanıyorlar diye düşünüyorum. Mesela bir araba reklamında bayan figürü ya da hiç olmadık bir araba lastiği reklamında bile bir bayan figürü kullanıyorlar ve bu figür tabi hep çekici bayanlar oluyor.” (Sinem Çiçek)

⁸³ “Haber programlarında mesela yaşıtlım kadın sunucu diyelim, veya moderatör var. Gördüğüm ya da en azından. Ama onun dışında normal haber bülteni ya da rutin hani programlarda yok çünkü biraz bence televizyonlarda filan odaklanmayı sağlamak için bence bir satış stratejisi. Yani sadece sesi ve

Melek's point is especially important since it reveals that middle aged women working in media, especially those in front of camera, may be discriminated and excluded despite of their merits and may be facing the risk of being circumvented by younger colleagues. Nevertheless, like Nazan did, Zuhall also agreed on the possibility of abolishing the stereotype of menopausal women by talking about it and addressing their visibility in media:

“The more it is discussed, the better. I don't want to be judgmental but instead of the ridiculous matchmaking shows or other shallow programs, it would be better for all women, if menopause is explained and depicted as a normal and natural thing.” (Zuhall Işıık)⁸⁴

In this section, the main discussion is formed around physical challenges and physiological changes related with the experience of menopause and its repercussions in social life, which may result in stigmatization of women in social life. Additionally, women's responds to menopausal change and the influence of middle age on their subjectivity are tried to be covered. In the next section, the relationship of menopausal experience in constructing the *feminine ethos* will be discussed in detail.

6.2. Discussing the Menopausal Embodiment in the Context of Constructing the 'Feminine Ethos'

One of the most remarkable aspects related with the experience of menopause focuses itself on *feminine ethos* reiterated by Sybylla (1997), which is also highly apparent in my interviews with women. This issue can also be related with women's oppression related with their experiences of menopause. The reason for that lies in the social construction of 'the feminine' based on its ability or 'function' of reproduction. Moreover, women's subjectivity is tend to be ignored as a sexually desiring being. Rather, in heteronormative social relations women are objectified and their

diksiyonu iyi olduđu için birisi spikerlik yapabilmeli ama daha onu aşamadı aslında Türkiye belki.” (Melek Zeyrek)

⁸⁴ “Ne kadar konuşulursa o kadar iyi. Yani şimdi yargılamak için söylemiyorum ama o saçma evlilik programları ya da başka içi boş programlar yerine bu yaşadığı şeyin normal olduğunu ev kadını da olabilir, çalışan kadın da olabilir, normal olarak yaşanan bir süreç olduğu kabullenilirse ve bu u haliyle gösterilirse herhalde hepimiz açısından daha iyi olur.” (Zuhall Işıık)

relationship with sexuality is formulated, in which men are privileged and, thus, expected to be sexually satisfied by women. Secondly, related also with reproduction and sexuality, the mainstream image of *femininity* forms itself around being ever-young, beautiful and sexually attractive. Correspondingly, ‘motherhood’ is perceived as sacred and often seen as a primary *raison d’être* of all women. In the Turkish context, it would not be inaccurate to assert that the emphasis on motherhood becomes even more prominent compared to Western context due to cultural differences in spite of Turkish modernization project. Especially nowadays, contemporary political atmosphere in Turkey goes hand in hand with neoconservative policies by the rise of neoliberal economic system adopted by AKP government. AKP is mostly known from its discourses objecting to ‘gender equality’ while supporting ‘gender equity’, due to the assumed ‘natural’ differences (*fıtrat*) between men and women.⁸⁵ While uplifting women’s motherhood identity President of Turkish Republic Recep Tayyip Erdoğan’s declaration that “women, who are not mothers, are deficient and incomplete” is quite self-explanatory as well.⁸⁶ Like Marshall (2010) argues, equating *femininity* with the function of reproduction and sexuality is highly reductionist. On the other hand, it should also be emphasized that it is profoundly hegemonic, which co-constructs women’s identity not only during menopause but also during women’s whole lifespan. Therefore, together with physical aging, the experience of menopause may be extra burdening for women and even may become a source of alienation from self, due to the fact that it is related with the *failure* of feminine identity as also argued by Gulette (1997). Certainly, these are the dominant heteronormative approaches towards womanhood and do not necessarily embraced by all women, who differs from each other due to various social characteristic such as class and status. These heteronormative values are also not static and open to negotiations through women’s agency and feminist movement. In the next sections I’ll be elaborating on these issues by regarding women’s agency, class and professional status and try to figure out how

⁸⁵ http://www.bbc.com/turkce/haberler/2014/11/141124_kadininfitrati_erdogan

⁸⁶ <https://www.theguardian.com/world/2016/jun/06/turkish-president-erdogan-childless-women-deficient-incomplete>

women relate their experience of menopause and middle age with the hegemonic ideals of *femininity* and how gender discrimination appears itself in midlife between men and women.

6.2.1. Reproduction & Sexuality

“Fertility is very important for a woman. For most women, losing fertility can seem like losing half of their womanhood. But the onset of menopause does not mean you have to lose everything, what matters is how you perceive it.” (Tülin Pür)⁸⁷

What Tülin Pür states, emphasizes women’s challenges regarding their experience of menopause and change in their perception of identity as women. The sadness related with the *loss* of reproductivity is stressed also by many participants whether they have children or not. A lot of women stressed they hardly accepted the idea of not being reproductive and compelling especially at the very beginning of menopausal change, though they were not planning to have more children like Zuhal and Sinem.

“That was the most important aspect in my mind. It's not I really wanted to have another child, but it feels bad to know that you will not be able to give birth to child anymore. I mean, I do not have a plan for that, I have my daughter, I wish from God a healthy life for her, but just saying what if I had another child, you know that you do not have that chance. That hurts, I can't help it. After my daughter, I had two miscarriages. Unfortunately, I lost them during my pregnancy. After that, I did not insist on this. And then, I was in menopause, but as I said, I do not regret it, but it just gives a feeling of incompleteness. Here's the thing; I wanted my daughter to have a sibling but there's no other way but to accept that this will never happen. Knowing the facts alone doesn't prepare you, for example, we all know that one day we will die, but we feel the pain deeper when someone close to us dies. This is something like that. It's tough to accept, hard to be strong to accept it. It's difficult to live with feeling. Though, it doesn't bother me much now, at first, it was hard, it was not a good feeling knowing that I am no more able to give birth to a sibling to my daughter.” (Zuhal Işık)⁸⁸

⁸⁷ “Şimdi, bir bayan için doğurganlık çok önemli. Doğurganlığını kaybetmek ona hani kadınlığının yarısını kaybetmek gibi geliyor da olabilir çoğu kadın için. Ama yani menopoza girmek senin her şeyini kaybetmeni gerektirmiyor ki, tamamen kafanda bitiyor senin için.” (Tülin Pür)

⁸⁸ “Benim açımdan en büyük şey şuydu. Aslında düşündüğüm bir şey değildi başka çocuk doğurmak ama o çocuğu doğuramayacağını bilmek kötü hissettiriyor insana. Hani öyle bir plan yok hayatımda, allah sağlıklar versin kızım için ama hani bir tane daha olsa mıydı desem şu an öyle bir şansım yok. O üzüyor ister istemez. Benim kızımdan sonra 2 defa bebek kaybımız oldu istemsiz bir şekilde. Hamileyken maalesef kaybettim. Ondan sonra da çok ısrarcı olmadım bu konuda. Ondan sonra zaten bu döneme girdik ama dediğim gibi böyle bir pişmanlığım yok da sadece insanda şey bir yoksunluk duygusu hissettiriyor. İşte sadece şey, kızımın bir kardeşi olmasını istedim. Şu an artık kesin olarak

“Of course, it was difficult to accept at first. I have two children, I wasn’t thinking of another child, but for example then thought I wish had a third one, that made me so sad. Two kids were enough and suddenly it wasn’t enough anymore, I had this urge that should have had more children. That was really glooming for me.” (Sinem Çiçek)⁸⁹

Zuhal admitted that once she got used to the idea of not being able to give birth, she felt herself more comfortable about it. Similarly, Esra, who experienced great distress related with menopause puts forward her *loss* of reproductivity as the most crucial factor upsetting her -even describes her emotional state with the word ‘collapse’- compared to other health related concerns related with menopausal change like osteoporosis; because she thought she has lost her *femininity*.

“I had the feeling that my womanhood and my fertility were gone. What is important for me that my fertility was over, that I cannot give birth to a child again. To me that was the most significant aspect of it. Bone loss associated with menopause didn’t have much impression on me. I see that as something normal. The only thing that impresses me is the loss of that fertility. That was the only thing that made me feel depressed, I was having a serious breakdown. Honestly, other aspects of menopause didn’t really strike me much.” (Esra Karadeniz)⁹⁰

Within a similar framework Nehir Erdem, who had her second child despite the warning of her doctor that she is close to menopause, admitted that she might have been more negatively obsessed about her experience of menopause; if she could not succeed to give birth to her second child.

olamayacağını kabul etmek. İnsan bazen gerçekleri, mesela hepimiz bir gün öleceğimizi biliyoruz ama en yakınımızda biri öldüğünde bunun verdiği acıyı daha derin yaşıyoruz. Bu da onun gibi bir şey. Kabullenmek, kabullenebilmek belki. O gücü hissetmek insana zor gelen. Şu an çok etkilenmiyorum. Ama ilk başlangıçta, kızımın kardeşi olamayacağını, kardeş yapamayacağımı hissetmek çok iyi gelmemişti.” (Zuhal Işık)

⁸⁹ “İlk başlarda tabi kabullenmek zordu. İki tane çocuğum var, başka çocuk mesela düşünmüyordum, keşke bir tane daha olsaydı mesela o beni böyle çok üzdü. Öncede iki tane çocuk bana yeterli gelirken birden bana yeterli gelmemeye başladı, keşke bir çocuğum daha olsaydı düşüncesine kapıldım. Ya baya baya üzüldüm yani.” (Sinem Çiçek)

⁹⁰ “Kadınlığının ve doğurganlığının elden gittiğini filan düşündüm ben. benim için orada önemli olan doğurganlığının bitmesi, bir daha çocuk doğuramayacağım duygusu. Benim için önemli olan nokta oydu. Kemik erimesinin menopoza bağlı olmasının aslında çok bir etkisi yok. Onu normal bir şey gibi görüyorum. Beni etkileyen tek şey o doğurganlık özelliğimin kaybolması. Çöküntüyü sadece orada yaşadım, ciddi anlamda aşırı bir çöküntü yaşadım. Onun haricinde ötekiler pek gözümde değil açıkçası.” (Esra Karadeniz)

“If I didn’t have my second child menopause could have bothered me seriously, it could have a strong impact on me.” (Nehir Erdem)⁹¹

The *loss* of reproductivity and emotional distress related with it appears more dramatically in the cases where menopause arrives relatively earlier and unexpectedly. The experiences of Gaye and Filiz illustrated it very well. They both said that they got panicked when they discovered that they are stepping in menopause and would not be able to give birth anymore. However their reactions slightly differed. While Gaye was sorry about not having another possibility of pregnancy, Filiz’s concern was about declining possibility of finding a partner to get marry.

“It’s a bit different from my point of view. Since I had very early menopause at a very young age, I panicked that I will not be able to have a child, it wasn’t about getting old. That was in my head. Because every woman indeed has this yearning for motherhood. And I wanted to experience that process like many other women. But unfortunately with the early onset of menopause, I could not live any of them. An early menopause combined with a late marriage.” (Gaye Çalimli)⁹²

“I was just frozen. It doesn’t sink in at first, because I am not married. I have no one in my life. What is the end result of this, you will not be able to give birth anymore, that is the clear result. I was living the moment at that time, it had no effect on my life. There was nobody in my life. I had the idea of marrying in the back of my head, but it does not work like that. When I met my husband, years after that, I told him about it in the beginning. I told him that I have no possibility to bear a child, I wanted to play the cards open from the get go.” (Filiz Moyar)⁹³

After Filiz’s above mentioned statement, I asked to her whether she experienced any anxiety about impossibility of getting married.

⁹¹ “İkinci çocuğu yapamasam çok takılabilirdim buna, yapamasaydım çok etkilerdi beni diye düşünüyorum.” (Nehir Erdem)

⁹² “Benim açımdan biraz daha farklı. Ben çok erken yaşta girdiğim için menopoza bende de şöyle bir şey oldu: ‘Yaşlanıyorum’dan ziyade ‘eyvah çocuğum olmayacak’ diye paniğe girdim. Ben öyle bir psikolojinin içerisindeydim. Çünkü her kadının içerisinde aslında bir annelik duygusu yatıyor. Ve o süreci yaşamak isterdim diğer pek çok kadın gibi. Ama ne yazık ki erken girince bunların hiçbirini yaşayamadım. Erken girip, geç evlenince hatta.” (Gaye Çalimli)

⁹³ “Ben donup kaldım, o zaman da anlamıyorsun çünkü bekarım. Hayatımda da kimse yok. Nedir, sonucu ne bu işin, çocuk doğuramamak gibi bir sonucu var. Benim için sadece o an o var, çünkü henüz başka bir etkisini yaşamaya başlamamıştım. O zaman baktığımda kimse yok hayatımda. Evlenmek düşüncesi vardı kafamda ama iş öyle olmuyor tabi. Üstünden seneler geçtikten sonra eşimle tanışınca, ilk tanışmamızda söylediğim şey böyle bir şey bende yok. Doğurma gibi bir ihtimalim yok, dedim ki kartları baştan açık oynamak istedim.” (Filiz Moyar)

“Of course I had that anxiety. These worries still persist, though. It’s like we are married and it’s all done now, I don’t think it’s over. One day my husband can face me with a desire to have a baby. You can’t say this will never happen. Nothing is guaranteed.” (Filiz Moyar)⁹⁴

Very crucial points may be inferred from Filiz’s response. Not only that she experienced anxiety related with finding a partner; her concern related with her reproductive inability still carries on even after she got married. She thinks that one can never be sure if her husband may want to have children in the future. However, aside from her concerns related with her husband’s expectation, she admitted that the idea of becoming a mother has become less and less appealing to her through time. Even she declared that during our interview she has begun thinking about being childless in a positive way.

“Sometimes you see a little child, running and hugging his /her mother, that is a beautiful scene, unconditional love etc. but on the other hand I think I’m glad that I don’t have a child. We are already aged, my husband is 10 years older than me. I’m 40 and he is 50, and I don’t think we can cope with something like that. Let’s say a child is born and grew up, I’m going to board that child on the school bus. I would have a heart attack, just thinking what may go wrong in the shuttle, what if the driver did something to my child. I’m not sure if I can handle something like this at that age. You will leave the child with a caregiver, a maid, leave your child with an uneducated, poorly informed woman. That’s why I do not feel so sad anymore. I really do not feel upset about it at all anymore. [...] Looking on the bright side, I do not know if it is really bright but I made a positive side out of it for myself. I have no child, I am at ease, nothing to burden me, I devote myself a lot of time.” (Filiz Moyar)⁹⁵

Nevertheless, I also realized that for my respondents who could not have children due to their experience of menopause, pursuing medical solutions in order to sustain the possibility of having children stands in a significant place. The women I spoke with

⁹⁴ “Tabi ki böyle bir endişem oldu. Bu endişelerim hala devam ediyor ama. Yani şimdi evlendik bitti oh tamam, aldım bitti gibi olmuyor yani. Günün birinde bir evlat sahibi olma isteği ile karşıma geçebilir eşim de yani. Böyle bir şey olmaz diye bir şey yok. Hiçbir şeyin garantisi yok çünkü.” (Filiz Moyar)

⁹⁵ “Hani evet bazen böyle aa ne güzel çocuk sarılıyor, koşulsuz sevgi falan tamam eyvallah güzel ama bir yandan da iyi ki yok ya diyorum. Bir de yaşımız da büyük ya, eşim benden 10 yaş büyük. Ben 40 o 50, kafamız da almaz ya. Diyelim çocuk doğdu, büyüdü ve servise bindireceğim. Ben ölürüm o servis şöförü çocuğuma ne yaptı ne yapmadı diye. Benim yaşım kaldırmayabilir bu işi artık. Bakıcıya mı bırakacaksın, elin bakıcısına mı bırakacaksın bilmediğin, eğitimsiz, bilgisiz kadına mı bırakacaksın. O yüzden o kadar üzülmiyorum artık. Hiç üzülmiyorum yani desem yeridir. [...] İşin olumlu taraflarına bakarsak yani bu olumlu mu bilmiyorum ama kendime göre bir olumluluk tarafı yarattım. Çocuğum yok rahatım, kafam rahat, kendime zaman çok ayırıyorum.” (Filiz Moyar)

about this issue mention the advancements in medical technologies ‘gratefully’, one of which is ‘egg freezing’ allowing women to have children also after fertile ages. Cansel, who is not married, explained that her stress related with menopause drastically decreased when she had her eggs frozen; although, the possibility of having children in the near future is not very high for her due to the lacking of a proper male partner. Similarly, Filiz expressed sadness about this possibility of egg freezing since she missed that chance.

“I started having periods when I was seeing my doctor and I said to myself that since I am seeing a doctor and I have eggs, let’s freeze the eggs; and then I had the courage to do something I have never dared to before. I realized that this process can eliminate my fear a little bit; because you can still have kids even after you are in menopause.” (Cansel Keskin)⁹⁶

“Freezing the eggs could have been an option. Science allows it. Yet I was too late for all of it.” (Filiz Moyar)⁹⁷

Brook argues that evaluating the experience of menopause without considering its relations with menstruation is quite difficult (1999). In that sense, I posed a question to my respondents in order to seek interpretations about the meanings of menstruation according to them. Upon this questions many of my respondents declared that they feel themselves relieved about getting rid of menstruation referring to limitations on daily life, PMS syndrome, cost of sanitary napkins and fatigue related with bleeding. However, some of them also affirmed that they realized how precious is bleeding despite its discomforts after they experienced menopause. About this issue, Tlin mentioned HRT in a positive way due to the fact that it triggers menstruation.

“Even though I was on vacation I was really happy when I had my period after a long time. We were at the beach, it was the second day of our holiday, we were

⁹⁶ “O ara geen srelerde doktora giderken adet olmalar bařlayınca dedim ki madem řey var doktora gittim, yumurtalar filan da var, yumurtayı toplayalım dedi. Hi normalde cesaret edemediđim bir řeye o zaman cesaret ettim. Aa dedim bu korkumu aslında bir nebze rahatlatır. En azından nk menopozda bile girsen ocuk sahibi olabiliyorsun.” (Cansel Keskin)

⁹⁷ “Yumurta dondurma gibi bir nlem alınabilirdi aslında. Tıp buna izin veriyor. Ama bunların hepsi iin ben ge kalmıřtım.” (Filiz Moyar)

only going to stay one week there, and I was not even thinking about not being able to swim.” (Cansel Keskin)⁹⁸

“Exactly, I was feeling much better when I had periods after taking those pills. I do not know if it is because you feel fertile or maybe the body relaxes. I am not having periods now, am I unhappy? I am feeling fine about it if my body is fine. Because what do we always want? We all want to have periods forever. Last year in November I had my period on its own accord. I was shocked since I was not using any pills for four months. Was I unhappy? No, I was happy. Why was I happy? Why do women feel happy? Because the bloating in your stomach goes away instantly and you feel awesome. And I just had a baby but knowing that you can never have another child makes you sad.” (Tülin Pür)⁹⁹

“When you are having your period regularly you just want them to finish quickly because of all the changes in your body. However, when you are in menopause you realize having your periods is a blessing. You even miss the menstrual cramps and it is very healthy to have your hormones on healthy levels.” (Hale Toprak)¹⁰⁰

“For instance, at home I have lots of tampons and sanitary pads. I could not give them away. Even if I have my period again, why do I need to have sanitary pads in different sizes at home? I could just keep a few and give away the rest; I don’t know why, but I just keep them all.” (Hale Toprak)¹⁰¹

At this point, as a woman who suffers from polycystic ovarian syndrome (PCOS), I also can sympathize with them about this issue; because bleeding is a kind of achievement for me too; even I sometimes envy women who complain about their PMS syndrome.

⁹⁸ “Hatta uzun zaman sonra ilk adet olduğumda bir sevinmişim hatta tatilde olduğum halde bir sevindim sormayın. Denize gitmişiz tatilimizin ikinci günü, bir hafta kalacağız. Beni aklıma hani denize giremeyeceğim filan bile gelmiyor.” (Cansel Keskin)

⁹⁹ “Aynen öyle, ben o yüzden o ilaçları içip de adet olduğum zaman kendimi çok iyi hissediyordum. Artık hani doğurgan mı hissedersin, vücudun verdiği bir rahatlama mı? Şimdi adet olmuyorum, çok mu mutsuzum? Hiç de takılmıyorum yani vücuduma bir zarar vermediği sürece. Çünkü hep ne isteriz? Hep adet olmayı istiyoruz. İlk defa geçen sene kasım ayında kendiliğimden adet oldum. Ama üç dört aydır falan ilaç kullanmıyordum şok oldum. Sevinmedim mi? Hayır, sevindim yani. Çok sevindim neden? Niye seviniyor insan? Şöyle, karnınızın şişkinliği bir anda iniyor, o kadar iyi hissediyorsunuz ki kendinizi. Bir de ben daha yeni doğum yapmışım ama bir daha çocuk doğuramayacağınızı bilmek de çok üzücü oluyor.” (Tülin Pür)

¹⁰⁰ “Adet görürken işte aylık sıkıntılar olunca insan aman hemen bitse de rahatlasam diyor. Ama menopoza girince anlıyorsunuz ki o büyük nimetmiş. O sancılar bile özlenir hale gelebiliyor. Çünkü psikolojik olarak işte yaşlandım düşüncesi, bir de hormonun çalışması da sağlıklı bir şey.” (Hale Toprak)

¹⁰¹ “Mesela benim evde bol bol tamponlarım, boy boy orkidlerim poşetin içinde duruyorlar. Onları bir türlü veremedim. Yani belki tekrar kanamam olur diyeyse bile neden boy boy hepsinden duruyor, değil mi? Bir iki tane dursun gerisini ver değil mi, bilmiyorum ama böyle.” (Hale Toprak)

Due to the finitude of reproductive abilities the experience of menopause may be challenging and socially pressurize women by being childless. Some women mentioned that they feel uncomfortable when someone asks about if they have children and/or why they do not have children. Gaye expressed her extreme feeling of *shame* regarding these kinds of questions and added that they do not influence her that much now as is used to be.

“Of course, I felt it a lot. I felt it a lot over the years. I still get questions about it. Some question why I do not have any kids at the age 48, and I tell them ‘I could not’ and shut them away. It was not always like this. In the past when someone asked me this question I felt mortified. I felt incomplete. I used to think I was an incomplete woman. Everybody has kids. There were times I had uproars because I did not have any kids. Of course, I felt this way, society pressures you about this.” (Gaye Çalımlı)¹⁰²

Before my fieldwork, I assumed that the issue of reproductivity in relation with the feeling of *losing femininity* would be much more visible in women who are unmarried, or married but do not have children. In this regard, the findings of field was surprising for me because I realized that this is not necessarily the case in every women. In fact, except from Gaye and Filiz, who both experienced menopause at the very early ages (before 35 years old), the majority of women, who have no children either by choice or due to being single, emphasized that their experience of menopause did not make a devastating impact on their lives. Only Cansel, who is unmarried, declared that she is frustrated as she is unable to become a mother, which also makes her question about the meaning of her life. Others on the other hand like Suna, who is married but did not want children, and Güzin, who is single, expressed that they did not feel remorse about being childless; although the arrival of menopause reminded the problem and made them think about their choices once more.

“For 3-5 months I felt ‘I have never got married, nor I had kids, what happens now? Was it all this?’ I have never felt I could have kids. What really struck me

¹⁰² “Tabii tabii çok hissettim. Yıllar boyunca çok hissettim. Hala hala bana soranlar var. Gelmişim 48 yaşına, bana hala niye senin çocuğun yok diyenler oluyor. Ben de diyorum ki ‘olmadı.’ Deyip kestirip atıyorum. Ama eskiden öyle değildi. Birisi bana bu soruyu sorduğu zaman, yerin dibine giriyordum. Kendimi eksik hissediyordum. Ben tam bir kadın değilim galiba diyordum. Herkesin çocuğu var, çocuğu var. Niye benim yok diye isyan ettiğim zamanlar da oldu. Olmaz olur mu yani toplum baskısı.” (Gaye Çalımlı)

about menopause was the issue of kids. I feel that when a woman went through everything in life at a right time and on top of that have kids then menopause is nothing to fear. In a way, I think that after 1 – 2 years life gets simpler and women get more comfortable.” (Cansel Keskin)¹⁰³

“It was too late when I thought about it; in fact, I can say that I barely thought about it. Raising kids requires having responsibilities. And when I thought about it I was too late. Fortunately, I did not have any; as a result, I cannot comment on this issue, in fact I barely can remember how/when I got my periods. Everything normal and the way it should be that I do not even have memories. I see being without kids as an advantage. For instance, when people learn my age they automatically assume that I am like this because I do not have kids. My life view is just different. When you don’t have kids, when you don’t have those responsibilities, you are more relaxed, and you can move around more freely. If your husband is understanding and open minded, then you can continue as free as you were before you got married.” (Suna Elibol)¹⁰⁴

“When I first learn I was in menopause I wish I had kids, but it did not wreck me that much to be honest. I had ‘if only’s, but there was nothing I could do since I was unmarried and there was no one who thinks similarly. It did not make me feel I need to rush things about getting married.” (Güzin Çelik)¹⁰⁵

Statements of Suna and Güzin reveal that being childless and anxiety over *losing* reproductivity do not necessarily relate with each other. This is also apparent from Sinem’s and Zuhale’s statements, which are given place at the very beginning of this

¹⁰³ “‘Ee ben hiç evlenmedim, çocuğum da olmadı, peki şimdi ne olacak, hayat bu muymuş buraya kadar mıymış’ gibi bir duyguya kapılıp onu çok uzun süre yaklaşık 3-5 ay filan bu duyguların etkisini yaşadım. Çocuğumun olmayabileceğini ben hiç düşünmüyordum çünkü. Beni menopoza konusunda en çok etkileyen çocuk mevsusu oldu. Ama öbür türlü hayatının sürelerini doğru bir şekilde yaşamış insanlar için menopozun, bir de çocuğu da varsa, korkulacak bir şey olduğunu düşünmüyorum. Bir anlamda aslında insanların üzerinde o 1-2 yıllık sürecin ötesinde hayatın daha sadeleştiğini daha rahatladığını falan düşünüyorum ben.” (Cansel Keskin)

¹⁰⁴ “Çok geç düşündün yani aslında düşünmedim diyebilirim. Çocuk büyütme çok sorumluluk sahibi olmayı gerektiren bir şey. Düşündüğüm zaman da zaten geç kalmıştım. İyi ki de olmamış, o yüzden hani işin o tarafını bilmiyorum hatta ne zaman nasıl regl olduğumu bile hatırlamıyorum şu an. Her şey bana o kadar normal ve olması gereken bir şeymiş gibi geldi ki. O yüzden hiç hatırimda bile değil. Çocuksuz olmayı avantaj olarak görüyorum ben. Mesela benim yaşımı sorup öğrenenler. ‘A demek ki çocuk yapmadığı için böyle’ diye onunla bağdaştırıyorlar. İşte daha böyle genç görünmemi daha rahat olmamı kastederek. Hayata bakış açım daha farklı. Çocuk olmayınca öyle bir sorumluluğu üstlenmeyince daha rahat daha özgür daha serbest hareket edebiliyor insan. Eşin de daha anlayışlı daha açık görüşlü birisiyse, evlenmeden önce nasıl özgürsen öyle devam ettirebiliyorsun aslında.” (Suna Elibol)

¹⁰⁵ “İlk menopoza girdiğimi öğrendiğimde, keşke bir çocuk sahibi olsaydım diye düşündüm. Ama bu bende çok büyük bir çöküntü yaratmadı açıkçası. Hani keşkem oldu. Ama yani yapılacak bir şey yok çünkü hani bir evlilik de olmadığı için, düşünebileceğim tarzda bir insanla da karşılaşmadığım için o süreçte... Hani bir çabuklaştırayım, evleneyim gibi bir şeye de girecek kadar da önemsemedim açıkçası.” (Güzin Çelik)

section. It reveals that emotional distress about *losing* reproductivity may not solely be an individual issue; but have social foundations about the meanings related with the *feminine ethos*.

The *loss* of reproductive abilities may also be an important dynamic making women to question their identity as feminine person and perceive the experience of menopause as a threat to feminine identity. Some women defined this issue as ‘hard to adapt’ or ‘hard to accept’. Piraye was one of my respondents who deeply suffered from the arrival of menopause and even defined it as a personal tragedy for her; not only from the aspect of reproductivity but also due the decrease in her libido and her decaying body.

“I could not accept that my functions as a woman ended. I could not make peace with it and I rebelled against it. I was not expecting the timing and it finished all at once. If it was gradual I could have expected it. As I know menopause is a part of getting old and decreasing levels of estrogen leads to old age, my skin and hair changed. On top of it, I am divorced, and I am a single woman. I need to cope with life all by myself, I need to fight more, and I need to rush to everything myself. With my sexual desires diminishing I felt like I turned into a man... I lost my identity in between life’s challenges. I lost my identity as a woman.” (Piraye Yüksek)¹⁰⁶

During our talks, she mentioned her years of youth with a great longing and admitted that she still rebels against the idea of both aging and menopause. She related her distress about the image of menopausal women in the society as well.

“When a woman enters menopause the aging really begins and the image of being a women shatters. You know with no longer being fertile... Furthermore, there is a perception. When you look at a woman, regardless of her age, she can be older than be, she can still be beautiful and has a certain sexual appeal. You can say that “Look, what a sexy woman”. Yet, when you hear in word menopause in that conversation this perception immediately shatters. Even when you can find a woman well-groomed and sexy regardless of her age, when you

¹⁰⁶ “Kadınlık fonksiyonlarının hani bitmesi, kabul edemedim bunu. Kesinlikle kabullenemedim, çok büyük bir isyan oldu. Beklemediğim hem zamansız, hem birden olması. Hani böyle alıştıranak filan olsaydı hadi tamam beklenen bir süreç olabilirdi. Ve menopozun da bir yaşlanma süreci olduğunu hani östrojenin vücutta bitmesinin kadını yaşlılığa sürüklediğini bildiğim için cilt dokusu, saç dokusu değişiyor. Bir de ben boşanmış olduğum için, tek kadın olduğum için, hayatla da kendi başıma mücadele halinde olduğum için yani daha çok savaşmam lazım daha çok uğraşmam lazım, her şeye benim koşturmam lazım derken özellikle cinsel dürtülerin de gitmesiyle beraber ben birden bire böyle tam hani tam artık erkek gibi... Tam hayatın yaşam kaygılarında, mücadelesinde koşturmasında filan kimliğimi kaybettim. O kadın kimliğimi kaybettim.” (Piraye Yüksek)

realize that she is in menopause there is a certain awkwardness. It is as if ‘Ah, she is no good then’”. (Piraye Yüksek)¹⁰⁷

The subjective experience of Piraye is also related with ‘beauty’, which is one of the constructing elements of *feminine ethos*. Based on my personal observations and her statements, I can say that Piraye is a very attractive woman with her blond hair and blue eyes, who meets the Western beauty standards. Therefore, it should be noted here as well; although, her perception of beauty and its relation with her experience of menopause will be elaborated in the following section dedicated to the discussions related with youth and beauty.

Another crucial element related with her statement reveals itself in the last sentence of her response, which is feeling *useless*. The exact word *useless* appeared in many interviews with various women, which is interesting to note; although considering the fact that all my respondents consist of a socially privileged group of women, who are professionals and achieved a substantial level of autonomy in their lives. When I noticed the high frequency of the word *useless*, I made a small arrangement in my interview template and reformulated as a question to pose at my respondents by asking whether they feel themselves as less *useful* related with their experience of menopause. Some of my respondents agreed on this.

“For a while after menopause I did not feel beautiful. I think that depression and all of it is related with fertility. You think as if you are no longer useful for anything. I got on the verge of tears and felt like crying whenever this topic was on. It affected me a lot psychologically.” (Esra Karadeniz)¹⁰⁸

¹⁰⁷ “Menopoza giren kadının artık tamamen yaşlanma sürecine girdiği o kadın imajı yıkılıyor. Doğurganlığın gitmiş olması filan. Hatta daha ziyade bakın algı denen bir şey var. Yani şimdi bir kadına bakın güzel yani seksapeli olduğunu, yaşı fark etmez benim yaşımda olabilir daha büyük olabilir, baktığınız zaman bir seksapeli vardır. Aa ne hoş kadın ne seksi kadın dersiniz. Ama o konuşmanın içerisine menopoz lafı girdiği anda o algı birden bozulur yani. Yani kadını siz seksi görmenize rağmen yaşı da olsa bakımlı hoş seksi görünen bir kadın olarak görüyorsunuzdur. Ama menopoz lafı işin içine girip dönüp şey olduğu zaman nedense birden bire ‘hıııı’ gibi bir durum söz konusu oluyor. Hımm ‘O işe yaramaz’ gibi bir durum oluyor işte.” (Piraye Yüksek)

¹⁰⁸ “Menopozdan sonra kendimi güzel hissetmedim uzun bir süre. İşte o duygusal çöküntüyle beraber hepsi yine aslında doğurganlıkla bağlantılı diye düşünüyorum. Ha işte bundan sonra ne işe yararım ki; filan diye düşünüyorsun. Bu konuyla ilgili konuşulduğunda da gözlerim doluyordu, ağlamak istiyordum. Psikolojik olarak çok etkilemişti beni.” (Esra Karadeniz)

“In Turkish society, I feel that, fertility of women is a good thing and if a woman is not fertile then she is not useful. Isn’t that the case?” (Filiz Moyar)¹⁰⁹

“I have never wanted kid. I still do not want kids. Yet, that feeling is heavy for a woman. I questioned that feeling also. I asked myself why I am feeling bad because of something I have never wanted and no longer can have. I used to ask my doctor everyday “Is there a risk of me getting pregnant?” I do not know why I ask that. I mean a risk of pregnancy. The question of whether I can get pregnant. Is it a scientific curiosity or my subconscious, I do not even want to know. I do not know how I would feel if the doctor answers there is absolutely no risk; the doctor answered me ‘the risk is too small to even consider’ the last time I asked. But yes, there is a feeling of uselessness to it.” (Hale Toprak)¹¹⁰

“I would be lying if I told you I did not feel it too much. Yes, at first saying it out loud made me feel like everything has come to an end. As if you are half a person, something is lost, like after a certain age woman lose all their aspects and you become useless.” (Güzin Çelik)¹¹¹

Even women, who declared that their experience of menopause did not caused them high levels of emotional distress such as Güzin and Hale, emphasized that the feeling of *uselessness* has haunted them for a while especially at the beginning. It should be noted though, not only the feeling of *uselessness* but also the distress related with *loss of femininity* were permanent for the majority of women that I spoke with. They underlined that through time they were able to manage these feelings and eventually felt better about themselves focusing on their other subjective achievements as women. On the other hand, several women objected to the idea of feeling *useless*. Zehra and Fulden even considered it as a positive development due to the fact that they are now free from the risk of pregnancy.

¹⁰⁹ “Türk toplumunda sanırım, kadının doğurgan olması iyi bir şey, doğurgan değilse işe yaramaz. Değil mi öyle bir düşünce var.” (Filiz Moyar)

¹¹⁰ “Hiç çocuk istemedim. Hala da istemem. Ama o insana bir ağır geliyor gerçekten. Ben de sorguladım ama bu hissi. Zaten istemediğim bir şey, garantiye aldın artık niye kötü hissediyorsun diye. Ama insana bir ağır geliyor. Belki işe yaramazlık hissi mi, kadınlığım bitti gibi bir his mi ortaya karışık böyle duygular yaşadım. Hatta her gün işte doktora soruyorum ‘Risk var mı?’ diye. Onu niye sorduğumu bilmiyorum. Gebelik riskinden söz ediyorum. Hamile kalır mıyım sorusu. Bilimsel merak mı, bilinçaltımdan onu bilmek mi istiyorum. Hiç yok derse nasıl hissederim hani yok denecek kadar az dedi en son gittiğimde ama evet öyle bir işe yaramazlık hissi var sanırım.” (Hale Toprak)

¹¹¹ “Çok olmadı desem yanlış söylerim. Evet, oldu ilk başlarda bunu söylemek sanki her şey bitmiş gibi hissediyordum. Sanki böyle yarım bir insan oldum bir şeyin kaybolur da hani şey olur ya, onun gibi belli bir yaştan sonra sanki tüm özellikleri yitiriyor kadınlar da çok fazla bir işe yaramaz mı kategorisine sokuluyor.” (Güzin Çelik)

“I have never felt like that. On the contrary, I felt happy. Consequences of an unwanted pregnancy are worse. I am at an age I can be a grandmother. It is meaningless to feel upset about it.” (Zehra Şimşek)¹¹²

“I did not feel like that; I had tubal ligation after I had my second child at the age of 33. I have made my decision that day. I thought that I cannot have more than 2 kids and I took a precaution myself, like a birth control.” (Fulden Karaca)¹¹³

Others like Deniz, Nehir and Melek disagreed about feeling *useless* and opposed at the social construction of feminine, as if they are only consisting of ‘being reproductive’. Even Deniz underlined proudly that she felt herself more valuable due to her other subjective achievement as a woman, who managed to carry the responsibility of her family and achieved her career goals.

“There is a perception that womanhood ends after infertility ends, as if womanhood is all about fertility. I personally do not feel like anything lessens from your personality or womanhood. I have never been in a psychological state like that. My only function as a woman is not giving birth. As a matter of fact, I have gained a lot of respect with my age. I feel like I have gained value. You prove yourself. This applies to your professional life as well. Ultimately you take responsibility of a family and you make it work. And I also feel I accomplished stuff. It does not necessarily mean that you will have a top career etc. But you support a family. I feel more self-confident on top of it all, and this affects my social relations and brings you a prestige. You do not feel anxious about what other people might talk about you like you did during your young adulthood. Maybe society expects less of you with age and this might have created a sense of comfort.” (Deniz Özgür)¹¹⁴

¹¹² “Hiç öyle bir şey hissetmedim. Bilakis mutlu oldum. Çünkü istenmeyen bir hamilelik olduğunda onun sonucu çok daha kötü bir sonuç. Bu saatten sonra anneanne olacak yaşa gelmişim. Çok anlamsız bir şey ona üzölmek bence.” (Zehra Şimşek)

¹¹³ “Öyle bir hisse kapılmadım, çünkü ben ikinci çocuğumu 33 yaşında yaptığımda tüplerimi bağlattırılmışım. Ben zaten o gün karar vermişim. Ben iki çocuktan fazla çocuk yapamam diye düşünmüşüm ve kendi çapımda bir doğum kontrol yöntemi olarak.” (Fulden Karaca)

¹¹⁴ “Şey imajı var işte kadınlığı bitiyor ya insanın sanki kadın sadece doğurganlık sürecinden ibaretmiş gibi. Ben şahsen onun öyle olduğunu düşünmüyorum yani senin insanlığından kişiliğinden bir şey veya kadınlığından bir şey eksilmiyor. Ben hiçbir zaman öyle bir psikolojiye girmedim. Benim kadın olarak tek fonksiyonum doğurmak değil neticede. Ben aslına bakarsan daha saygınlık kazandım yaşla beraber. Daha değer kazandığımı düşünüyorum. Çünkü bir şekilde kendini ispatlamış oluyorsun bir kere. Mesleğinde de öyle. Sonuçta bir ailenin sorumluluğunu alıyorsun, yürütüyorsun. Bir şeyleri de başardığımı düşünüyorum. Tamam illa böyle aşırı yüksek bir kariyerin olmayabilir vs. ama sonuçta bir aile geçindiriyorsun. Ben kendimi daha özgüvenli hissediyorum bir kere, bu benim sosyal ilişkilerime de yansıyor, saygınlık getiriyor size. Gençlik yıllarındaki kadar tedirgin olmuyorsun insanlar hakkımda ne derler diye. Belki toplumun beklentisi de azalıyor yaşla birlikte bu da bir rahatlık yaratmış olabilir.” (Deniz Özgür)

Deniz's above mentioned remark about her subjective state as more valuable is especially important; because she also highlighted that her increased personal value reflects on her social relationships as well and she thinks she has gained a certain level of respectability in her middle aged years. Here, women's engagement of an active work life, or more importantly the identity as a 'professional' manifests itself as an important dealing mechanism against social and subjective devaluation of middle aged women. Parallel with the arguments of feminist theory, in the case of menopause and middle age as well, participating in the work life shows itself a highly significant 'bargain' with heteronormative domination. This issue has put into words by Nehir and Melek as well.

"I do not have those idea; yes, I am a woman, but I do not regard myself solely as a woman, my life is not built on the fact that I am a woman. I am educated, I have a profession, I am working, I have a child. I have my identity as a mother, and as an employee, etc. Other than my identity as a woman; so just because one of your identities is gone does not mean the others will be gone as well. Maybe it can be harder for woman who do not have any profession. If you have built your existence on womanhood and motherhood and being a wife to your husband, then it can be harder." (Nehir Erdem)¹¹⁵

"When I look at the whole picture, being a wife, being a mother, being successful at work, being a manager, I see that being a woman is not the whole thing. What you lose is a minority, a quarter of what there is, three out of four. The quarter I am talking about is consisting of ideas like, I would like to lose some weight, I wish symptoms of aging to slow down, I wish I could be this energetic for another 10 years. When you think about these there are negative aspects that you do not feel good about. When you reduce your line of thinking to some aspects like my sex desire decreasing, yes, I feel belittled; but overall, I do not feel like that." (Melek Zeyrek)¹¹⁶

¹¹⁵ "Ya benim öyle şeylerim yok, ben hani kendimi onun üzerinden yani kadın olmanın üzerinden, evet kadınız ama, hayatımın bütünü kadın olmak üzerinden kurulu değil. İşte okudum bir meslek sahibiyim, çalışıyorum çocuğum var bir işim var. Yani sadece kadınlık değil işte annelik eşlik işteki kimlik vs. Hani onlar da var o yüzden birinin eksilmesi diğerlerinin ortadan kalkması anlamına gelmiyor. Meslek sahibi olmayan çalışmayan kadınlar için belki daha zor olabilir. Yani çünkü varlığını onun üzerinden kurduysan eğer, anne ve kadın, kocamın karısı üzerinden kurduysan daha zor olabilir." (Nehir Erdem)

¹¹⁶ "Genel, bütün tablonun içinde, onun içinde her şey var ama, eş olmak, anne olmak, işte başarılı olmak, yönetici olmak, bütün kimlikleri koyunca o bütün çoğunlukta, azalan şeyler daha azınlıkta ya da çeyreği diyeyim, 4'te 3'ü hala çoğunlukta. Çeyreğinde ne var, biraz kilo versem, biraz yaşlılık belirtileri bu kadar hızlanmasa, biraz daha yavaş gitse, bir 10 sene daha bu enerjide olsam, azalmasa falan. Bunları düşünerek o olumsuz ya da iyi hissetmediğin taraflar var. Genel olarak yaşamdan

Both Melek, who is a lawyer, and Nehir, who is an engineer, are the ones in my respondents working in highest top managerial positions with a professional background. Correspondingly, they also represent the highest limit of monthly income within my participants. It may be beyond coincidence that both of them noted in a very similar way that their subjectivity is more than being ‘feminine’. After their responses I evaluated other responds retrospectively and found out that the women such as Esra, Sinem and Piraye, who are most negatively influenced from the experienced of menopause, are also the ones who do not have a professional identity and represents the lowest income group. To be more precise I should clarify their occupational background. Esra, who graduated from the faculty of Open University and Sinem are both public officials corresponding to the income group of 1500-3000 TL. Similarly, Piraye, who is a high school graduate and working as a managerial assistant in a privileged public institute, declared that she also earns between 1500-3000 TL. Furthermore, Gaye and Filiz, who can be considered as ‘exceptional’ cases due to their experience of ‘early’ menopause, are both white-collars employed in managerial positions of different banks. In contrast to Esra, Sinem and Piraye, it may be asserted that Gaye’s and Filiz’s professional background and social status may provide them an important support in order to cope better with devaluation. I acknowledge that these kind of propositions may easily lead to reductionist generalizations and I do not intend to make one; yet from my data I argue that working in high status jobs, or professionalism in general, contributes in women’s subjectivity and in their identity as women so that heteronormative claims constructing *feminine ethos* can be overcome.

As mentioned in several statements of women, another coping mechanism against devaluation of women’s identity may manifest itself in the form of experiencing menopause under a ‘cloak of silence’ (Dickson, 1990), which not only escalates women’s invisibility in their middle age years; but more importantly, carries the risk

aldığım zevk azalmış değil. Bir şeye, çok odaklara indirersen, cinsel isteklerin azaldığı için de azalmış olabilir ama hepsine baktığımda çok azalmış hissetmiyorum.” (Melek Zeyrek)

of making women vulnerable in terms of hegemonic manipulations like medicalization for example; since the *silence* condemn women to experience this remarkable change by alone and restrain from proliferation of any discourse originated from their actual accounts of menopausal experience. My data also shows parallelisms with Dickson's argument by showing that women may choose not to declare or intentionally hide their experience of menopause. Gaye gave herself an example about this issue:

“Because fertility ends. Women can go through something like that. They can feel psychological pressures within themselves. As a result, they might feel reluctant to declare this to everyone. But today we have access to a lot information so easily; I think this is not as well kept as it was. Or at least I think that working women do not see it as a problem. They can confess easily. But if we had this conversation 10 years ago maybe I would not have accepted to have an interview with you. But now I am done with this issue, because my trouble was something different, I was troubled because I could not have children. My situation was very different. If we were having this conversation 10 years ago, maybe I would have said ‘Yes, I cannot make peace with it and, so I feel the need to hide it’, but now I do not feel this way. Because I have accepted it. I spoke with my doctors. I went to a psychiatrist. I went to an endocrinologist. I did everything I could do. As a result, I feel OK about it now. This are the rules of nature nothing to do. Really, it is faith.” (Gaye Çalıklı)¹¹⁷

Once again, Gaye emphasized that in her privileged work environment it is relatively easier to talk about the experience of menopause, in which she also admits that this may not be the case for all, despite recent social setting. From a similar, yet different point of view Sinem shared her relationship with her in-laws and declared that she is highly reluctant to talk about her experience of menopause with them; because her

¹¹⁷ “Doğurganlık bittiği için. Kadınlarda öyle bir şey olabilir. Psikolojik bir baskı hissediyor olabilirler kendi içlerinde. Dolayısıyla da bunu herkese deklare etmek istemeyebilirler. Ama şimdi günümüzde her türlü bilgiye o kadar çabuk ulaşılabilir ki; bence bu da eskisi kadar saklanan bir şey değil artık. Ya da en azından bizim gibi çalışan insanlar çevresinde artık bu iş sorun yapılmıyor. Açıklayabiliyor çok rahatlıkla. Ama eğer siz benimle olan bu görüşmeyi 10 sene önce bana söylemiş olsaydınız, o zaman ben belki görüşmek istemeyebilirdim. Ama şimdi bu işi kafamda bitirip aştığım için, çünkü benim olayım çok farklıydı ben çocuk sahibi olamama derindeydim. Çok farklı bir durumdu benimkisi. 10 sene önce konuşuyor olsaydık belki derdim ki evet kabullenemediğim için gizleme gereği duyuyordum derdim ama şimdi şu anda öyle bir şey yok. Çünkü ben artık bunu kabullendim. Yani doktorlarımla da konuştum. Psikiyatriste de gittim. Endokrinoloğa da gittim. Yapabileceğim her şeyi yaptım. Dolayısıyla artık için rahat. Yani doğanın gerçekleri bunlar, yapacak hiçbir şey yok. Yazgı gerçekten.” (Gaye Çalıklı)

menopause has arrived relatively early in her age of 40. Additionally, from her remarks it is understood that questions related with children make her uncomfortable.

“It is a natural thing, but you feel like people are going to see you poorly and belittle you. I would be lying if I told you that I did not feel like this towards my husband as well; with my husband I felt like a part of me was gone and I was a half person without wanting to. But there is also something else. I accept things more strongly as time goes by compared to the beginnings. But I do not talk about it, I just brush it off. Because people always tell me, especially relatives of my husband, since I am married I can have another child. Yes, I can. But I do not want to talk about it especially with the relatives of my husband. I do not know what kind of thing is this, maybe it would not be perceived differently, why would it be? For instance, with my husband’s sister we talk like friends but, I don’t know, if other relatives ask I just brush them off saying ‘I have two kids, I am not thinking about having more.’” (Sinem Çiçek)¹¹⁸

Cansel addressed another aspect of tendency of hiding the experience among women, in which she describes menopause as a symbol of aging and elderliness. She underlined that aging may be burdening especially for women and described this issue with highly negative terms like ‘frightening’, ‘awful’, ‘limiting’ etc.

“Talking about menopause is like this. As fertility is gone and it is something that limits your life and makes you go through terrible stuff no one wants to share it in a detailed way. And it is like a symbol of old age. I am getting old equals to menopause and thus everybody fears entering menopause and no one talks about it. Even someone aged 55 does not want to talk about it. Sometimes I feel like asking people how it was for you but I feel that people really don’t want to talk about it. They see it as a flaw and they do not want to share this flaw.” (Cansel Keskin)¹¹⁹

¹¹⁸ “Aslında doğal bir süreç ama sana böyle ay zavallı, eksikmişsin gibi bakacaklarmış gibi geliyordu. Eşime karşı da sanki böyle bir yanımda sanki gitmiş, eksik bir insan olmuşum gibi böyle ruh haline ister istemez girdim, girmedim desem yalan olur girdim yani. Ama şu da var. Ben zaman geçtikçe daha çok kabulleniyorum ilk başlara nazaran. Ama konuşmuyorum, sadece kestirip atıyorum. Çünkü bana hep şey derler evli olduğum için, bir tane daha çocuğun olsun mesela özellikle eşimin tarafları, bir tane daha olsaydı ne olurdu, bak daha erken yine yapabilirsin vesaire. O öyle. Özellikle eşimi taraflarında bu konuyu konuşmak istemiyorum. Bilmiyorum o nasıl bir şeyse, aslında farklı algılanmaz niye algılandın ki? Mesela görümcemle daha arkadaş gibiyiz konuşuyoruz ama ne bileyim akrabalarından falan birisi olursa yok düşünmüyorum iki tane çocuğum var yeterli deyip geçiştiriyorum.” (Sinem Çiçek)

¹¹⁹ “Menopozdan bahsetmek şöyle bir şey. Kadınların üremesini bitiren bir şey olduğu için ve hayatını çok anlamda kısıtlayıp kötü şeyler yaşamasına sebep olduğu için kadınların çoğu bunu etraflarıyla zaten paylaşmak istemiyorlar. Bir de yaşlılığın sembolü oluyor sanki. Ben artık yaşlandım demek menopoz bu yüzden menopozda girmekten korkuyor herkes çok. Bu yüzden de menopozda girdiğinde paylaşmıyor. Kadın 55 yaşında filan mesela ama anlatmak istemiyor. Yani bazen ben de mesela senin

Cansel's remarks also address to another aspect of the issue mentioned in earlier paragraphs. The *silence* of women about their experience of menopause resulting from this behavior of hiding constitutes an impediment against women's solidarity; because according to Cansel, women not only abstain themselves from talking about menopause in various social settings; but also in private conversations among women. I argue that hiding the experience has political outcomes, which will be elaborated in the next chapter.

Another important dimension creating the *feminine ethos* is, no doubt, sexuality. Talking about sexuality with women in the field was challenging for me due our age difference. As a researcher, I also felt uncomfortable about asking sexual lives of women who are mostly near the age of my mother. In order to overcome this obstacle, I reserved my questions related with sexuality near the end of my interview template; because I thought that as our conversations develop, we may feel ourselves more relaxed. My strategy worked for some and failed me in others; yet somehow I came to a point, where I can draw several conclusions. However, in my opinion, much more data is needed in order to clarify this issue. For example, I simply do not have enough insight about their sexual life, what sexuality and/or sexual pleasure means for them etc. I could ask all of these, yet I preferred not to; because I found it inappropriate to come out of blue as a researcher and ask a newly met person about all these. At least personally, I would find it indecent if I were the interviewee; therefore, I formulated my questions related with sexuality rather naively.

In a very general sense, my respondents stand in two poles in terms of sexuality. Some of them strongly argued that menopause is indifferent between couples regarding sexuality. Others, which roughly represents two thirds of my respondents, on the other hand, were very complainant about sexuality in middle age, and during menopause in particular, by addressing different problems. To illustrate Zehra noted that her quality of sexual life increased due to the elimination of pregnancy risk.

nasıl geçti filan diye soracak oluyorum çok o konuya girmek istemiyor insanlar. Yani kendisinde bunu bir kusur olarak görüyor. Bu kusuru dışarıyla paylaşmak istemiyor.” (Cansel Keskin)

“Frankly, as we do not have a pregnancy risk we live more freely and joyously.”
(Zehra Şimşek)¹²⁰

Others like Zuhal and Hale acknowledged that there may be some problems in sexuality in middle; but they can be eliminated through a healthy dialogue between partners.

“He had knowledge about it since the beginning. As a result, I can tell you he was not detached from the situation. Maybe because he thought it as a normal process, it was easier for us. It is only related with the emotional relationship two people have between each other. If he can keep the intensity of that emotional connection as it is, and if he can manage the situation I can say that you will not get affected that much.” (Zuhal Işık)¹²¹

“It can cause aversion. Then you might need reciprocal communication, verbal and physical dialogue, maybe a few things to spice it up, travelling together, changing the routines to keep things alive. Or if it is a single woman and she has a life outside she can add things to her life.” (Hale Toprak)¹²²

Melek’s remarks highlights that not the experience of menopause or middle age; but the extent of time, which couples spend together, may play a detractive role. She basically argues that through time the spark between couples tend to decrease between couples in order to capture the right moment together with other dynamics like intensive pace of life and other preoccupations.

“This is not even about menopause or not about something that menopause or andropause created. It is like something that you would experience at the age of 25 or 30 if you were married at the age of 15. It can be like the time spent together of two people getting too familiar or two people getting too familiar. Of course, factor in the reduction in the physical energy with age. Then, what happens is, I’ll go to work tomorrow and will wake up early becomes a reason or I have a headache today and don’t feel well, the stuff that I’d pay attention, these carry sexuality to priority number ten against these responsibilities. The priorities shift from the young age. It is not just about the menopause line; everything is a factor

¹²⁰ “Samimisini söyleyeyim, en başta hamilelik riskimiz yok, daha özgür yaşıyoruz, daha keyifli yaşıyoruz.” (Zehra Şimşek)

¹²¹ “Kendisinin ilk baştan beri bilgisi vardı. O yüzden çok uzak kalmadı diyebilirim. O da normal olduğunu düşündüğü için belki, daha kolay oldu bizim için. Tamamen iki kişinin birbirleriyle kurduğu duygusal ilişkiyle alakalı bu durum. O duygusal ilişki yoğunluğu sürdürülebiliyorsa, bu süreci doğru bir şekilde yönetebiliyorsa bence çok etkilenmezsin.” (Zuhal Işık)

¹²² “İsteksizlik yapabiliyor. O zaman işte karşılıklı iletişimle, sözlü diyalog, fiziksel diyalog, belki heyecan katmak için bir şeyler yapmak, seyahate çıkmak, rutin hayatı değiştirmek filan gibi şeylerle canlandırmak gerekiyor. Ya da kadın bekarsa ve dışarıda bir hayatı varsa o hayatına bir şeyler katabilir.” (Hale Toprak)

in sexuality. In fact, the work gets tougher, the ageing concerns begin; parts of me are started to sag off, get ugly, my belly is bigger etc. these change the message you try to send across to the other people. This is not just a concern for women but men also. The perceptions change, like it decreases, the signs of sexuality decreases that are built on beauty or appeal. It can be actions or words too, not just clothing. Since everything decreases, the possibility to catch the correct moment decreases also. If you can get all those back together again, you would still feel the same feeling. In the end, there are still two alive beings; though the function, the will or the time decreased or reduced. There is no such thing as; they can't do it, they can. In the end, two people will get together and experience something. This can be just kissing or something that can last for long hours. This gets smaller as everything reduces down.” (Melek Zeyrek)¹²³

When our conversation develops, she also underlined the cultural values may also become a part of sexual activity and sexuality may be perceived as a shameful activity especially for middle women, which should be avoided. She also claimed that the identity of motherhood or grand motherhood may preclude the identity of women as a sexual being.

“In general, in a Turkish or a Middle Eastern society, sexuality is perceived as a man's expectation and women's response. If women put forth their expectations and men physically cannot reciprocate; there might be a problem, otherwise they wouldn't experience any problems. However; ‘I'm a mom, grandmom would it be inappropriate if I ask for such a thing?’ becomes a thought. What to display to create appeal in men also becomes a thought. In general, the Turkish society is married, monogamous and partners have been married for 40 something years, the stuff to initiate this is reduced.” (Melek Zeyrek)¹²⁴

¹²³ “Bu menopozla ilgili bir şey de değil, menopoz ya da andropozun yarattığı bir şey değil. 15 yaşında evlenmiş olsak 25 ya da 30 yaşında yaşayacağın şeye benzer bir şey. İki kişinin beraber geçirdiği vakti eskimesi, ya da tarafların birbirini çok tanınması olabilir. Tabi fiziksel enerji kaybını da düşün yaşla beraber. İşte ne oluyor, yarın işe gideceğim, erkek kalkacağım zaten de bir neden olabilir, bugün başım ağrıyor kendimi hiç iyi hissetmiyorum ya benim için ta onuncu sıradaki bir şey diye bir düşünce de olabilir. Gençlikteki öncelik sıraları değişiyor. Sadece o menopoz çizgisiyle ilgili bir şey değil; cinsellikte her şey etken. Aslında işin yoğunlaşıyor, yaşlanma endişeleri başlıyor, artık oram buram sarktı, çirkinleşti, göbeğim çıktı bilmem ne o zaman verdiğin mesaj değişiyor karşı tarafa. Ya bu sadece kadından değil erkek tarafında da aynı şey. Algılar değişiyor, sanki o şey azalıyor, cinsellik belirtileri azalıyor hani işte o güzellik üzerinde kurulu olan ya da ne diyeyim cazibe üzerine kurulu olan. Hareket veya söz de olabilir sadece hani kılık kıyafet değil de. Hepsi azaldığı için o dilim daralıyor ve doğru anı yakalama ihtimalin azalıyor ister istemez. O anı yaşatacak hani bütün şeyleri bir araya getirebilersen yine aynı şeyi yaşarsın. Sonuçta iki tane canlı var orada, ikisinin de tabi ki fonksiyonel olarak, istek olarak, beraber geçireceği vakit olarak şeyler azalmıştır işte nasıl diyeyim, eksilmiştir. Ama yapamaz diye bir şey yok yani yapar. Sonuçta iki kişi bir araya gelecek ve bir şey yaşayacak. Bu sadece öpüşmek de olabilir ya da çok uzun saatler başka şeyler de olabilir. O biraz daralıyor bütün şeyler azaldığı için.” (Melek Zeyrek)

¹²⁴ “Genelde Türk toplumunda ya da Ortadoğu toplumunda erkeğin bir beklenti içinde olması ve kadının buna cevap vermesi gibi algılanıyor ya bence kurulma noktası o cinselliğin. Kadın beklentisini

Physiological challenges related with the experience of menopause come to the forefront such as hot flushes and vaginal dryness and they are reiterated by women as crucial factors related with the decrease in sexual activity, quality of sexual intercourse and pleasure. For instance, Tlin and Sinem emphasized hot flushes and imbalances in their body temperature, which makes them pull away from sexual desire. In addition, Sinem stressed that she wishes her husband not to initiate any sexual acts when she experience night sweats. Both Tlin and Sinem evaluated this as unfortunate in their statements.

“The last thing that you think when you are experiencing these sweats is your sexual life. When in troubled moments, sweating, aching, would you think about sex? No you wouldn’t. You can experience it when you are feeling better. Unfortunately it is the case with this as well. It starts to skip compared to when it is more ordered. This is the case with everyone, whoever denies it is lying. It is impossible. It is not like a newlywed couple in their honeymoon. The other party should not expect this from the other side as well.” (Tlin Pr)¹²⁵

“It is affecting the married women, to tell the truth. For example, you are sharing the bed with your partner and when you are experiencing a hot flush you wouldn’t want to have anyone near, including your partner. You wouldn’t want your partner touching you. For example, in winter, sometimes, I get extremely hot and uncover myself. My partner takes pity and covers me back telling that I’d be cold. I tell him that to keep it uncovered and give me some space, because of his bodily heat. I get up and walk around a bit. I have experienced these types of things.” (Sinem iek)¹²⁶

ortaya koysa erkek onu fiziksel olarak karřılayamadığında belki sıkıntı yařar, onun haricinde sıkıntı yařamaz. Ama o iřte ben artık anneyim, anneanneyim, babaanneyim, byle bir řey istersem ayıp mı olur acaba. Ya da oram buram sarktı neyi ortaya koyayım, nasıl bir cazibe yaratayım erkekte řeyi bařlıyor. Genelde de Trk toplumu evli, tek eřli, kocasıyla 40 yılını geirmiş artık, o řeyi bařlatacak řeyler azalıyor.” (Melek Zeyrek)

¹²⁵ “Bu terlemelerin varken en son dřneeėin řey cinsel hayatın oluyor. řimdi sıkıntılı bir anda, terlerken, flerken pflerken ya da oran řuran aėrıyor kasıkların aėrıyor, cinselliėi dřnr msn, dřnmezsin tabi ki. Daha kendini iyi hissettiėin zamanlarda ancak bunu yařayabilirsin. Bunda da yle oluyor maalesef. Belki daha dzenliyen daha teklemeye bařlıyor. Herkesin yani, eėer bende yok diyorsa yalan sylyordur. Mmkn deėil, mmkn deėil yani. Teklemeler oluyor. Ne yapalım řimdi yeni evli balayı çifti gibi olmuyor. O da beklenmemeli karřı taraftan.” (Tlin Pr)

¹²⁶ “Cinsellik anlamında evli bir bayana etki ediyor evet gereėi sylemek gerekirse. Mesela en basitinden eřinle bir arada aynı yataėı paylařıyorsunuz, o olayı (hot flush) yařadıėın zaman hi yanında olmasını bile istemiyorsun. Sana dokunmasın, etmesin, mesela kışın bazen ok geliyor, ateř basıyor, stm aıyorum, eřim de kıyamıyor diyor ki niye stn aıyorsun hemen rtyor mesela. Yok diyorum rtme stm, ya da ne bileyim biraz teye gider misin erkeėin bir sıcacı var mesela biraz

According to the majority of women one of the most significant physiological hardship in sexual activity related with their experience of menopause is vaginal dryness, which is sometimes led by decrease in sexual drive. About this issue many women asserted that sexual intercourse becomes highly painful when dryness occurs. As a result, women, who complained about vaginal dryness declared that they may be more reluctant about sexual activity and; thus, cannot respond to their partner's sexual demands. They also indicated that this has a highly negative influence on harmony between couples. About this issue Piraye noted that vaginal dryness is an important; but also highly ignored result of the experience of menopause.

“Vaginal dryness is a very important topic that is ignored. Women going through menopause experience dryness in their eyes, vagina and in general all over their body. Dryness is inevitable; thus it is necessary to drink a lot of water and use moisturizer for women going through menopause.” (Piraye Yüksek)¹²⁷

Aside from vaginal dryness, Piraye feels also highly uncomfortable about the decrease in her sexual drives. She indicated that after the decrease in her libido as a divorced women, who struggles with life alone, she feels herself not like a woman; but like a man.

“Unfortunately, my sexual appetite decreased drastically, or at least this is how it happened for me. For example, I ask my friends, other women who go through menopause, and I read about it. Everybody does not feel the same, but in my case all my sexual impulses completely disappeared. Zero. Came to an end, zero I mean. I think that is my unluckiness. As I have said, I read and ask others about this and they did not experience this; but these impulses really did disappear for me. It is like someone pressed the delete button on the sexual part of my brain. It got deleted. This leads to a state that you feel less of a woman.” (Piraye Yüksek)¹²⁸

daha öteye git diyorum, fenalık basıyor kalkıyorum bir dolaşıyorum, bunları da yaşadım yani.” (Sinem Çiçek)

¹²⁷ “Vajinal kuruluk çok önemli bir şey hani onu hep atlıyorlar. Menopoza giren kadınlarda gözlerde kuruluk vajinada kuruluk, tüm vücutta kuruluk oluyor yani ciltte gözde vajinada. Kuruluk kaçınılmaz bir şey; yani menopoza giren kadının çok daha fazla su içmesi çok daha fazla nemlendirici kullanması gerekiyor.” (Piraye Yüksek)

¹²⁸ “Cinsel dürtülerde maalesef bende böyle oldu mesela soruyorum menopoza giren kadınlara. Arkadaşlara çevreme veya okuyorum. Herkes aynı hissetmiyor ama benim hissettiğim şey bütün cinsel dürtüler gitti, sıfır. Sıfır oldu, sıfır. O da herhalde benim şanssızlığım diye düşünüyorum. Dediğim gibi soruyorum. Arkadaşlara soruyorum, okuyorum böyle olmayanlar ama ben de gerçekten sıfır oldu. Bunun sıfır olması da yani tamamen o dürtülerin , isteğin gitmesi kafada sanki o cinsel bölümde

Two women named Hande and Nehir, who also compliant about vaginal dryness, declared that they are offered medication, which consist of estrogen, in order to overcome dryness by their doctors. Yet, they refused to use it at the first stage. Hande was my very first respondent and she was extremely shy talking about her sexuality and since it was my first interview I could not dig further the motivations behind her decision. Unlike Hande, Nehir later on decided to use the medication; because she thinks that it decreases the quality of her sex life. Nonetheless, from her remarks I gained an impression that Nehir's motivation behind using medication was related with herself not only satisfying her husband.

“I have been given a hormone. How should I put it?... Since these secretions are reduced, I have been given something to increase lubrication and decrease the dryness. However, I did not use it. I don't know, I didn't want to use it. Actually, I even bought the medicine and the cream but I did not use it. I don't know, I guess I felt like I made the choice of not using it.” (Hande Kırmızı)¹²⁹

“Body blocks it a little, it reduces the will. Yes, it definitely reduces the will. Not only it reduces the will, it also creates technical difficulties. For example, even if I want it so much, I can't have intercourse without lubricant. It is simply not possible. These experiences are not easily shared. The greatest factor in my life is vaginal dryness and it is not explicable. This is very strange. In fact, I was advised to use vaginal estrogen. I didn't use it but I'll buy it. It is like a cream that is used externally. It makes the area softer and moister. I didn't use it but I'm thinking about using. I didn't want to use anything external. I thought, if it ended than that was it. However, for example, even if you scrub a little hard in the shower, it gets very agitated. This is a big issue. Ok, I'm near fifty years old, but a fifty year old does necessarily not close the chapter in sexuality. I am not in the mindset of no more sex. There are lubricants as I have said. Gay people also use these. You try to get it going by with these, you see the benefits but they are simply not like the natural feeling.” (Nehir Erdem)¹³⁰

beyinde bir delete tuşu var ona basıldı. O delete oldu, gitti yani. Bu da sonucunda şöyle bir şey yarattı. Kadın gibi hissetmiyorsunuz bu sefer.” (Piraye Yüksek)

¹²⁹ “Bir hormon verdi. Ama şey değil ... Nasıl anlatayım? Tabii ki salgılar da azaldığı için. Kayganlaşmaya şey yapacak, kuruluk problemini giderecek bir şey verdi. Ama ben kullanmadım. Bilmiyorum yani kullanmak istemedim. Aslında aldım ilacı da aldım, kremi de aldım. Ama kullanmadım. Bilmiyorum yani, kullanmama tercihini yaptım diyelim.” (Hande Kırmızı)

¹³⁰ “Beden biraz engelliyor, isteği de azaltıyor. Evet, isteği azaltıyor kesinlikle. Hem isteği azaltıyor, hem de teknik aksaklıklar yaratıyor. Çok istesenez de bazen, mesela ben jelsiz ilişkiye giremiyorum. Mümkün değil olmuyor yani. Şimdi şu tecrübeler öyle çok kolay paylaşılan şeyler değil. Benim hayatımdaki en büyük etki vajinal kuruluk ve yani anlatılır bir şey değil. Yani bu çok çok ilginç. Aslında bu konuda bana tavsiye edilen vajinal östrojeni. Kullanmadım ama alacağım onu. Krem gibi haricen kullanılan bir şey ama her gün kullanıyorsunuz. Oranın daha yumuşak ve ıslak olmasını

As mentioned above, women's reluctance toward sexual intercourse due to the pain caused by vaginal dryness, becomes much more than a personal problem; but, turns into a dispute which also concerns their partners. Not all but several women declared that sexual activity is intrinsic to the marital relations. Therefore, even they feel pain during intercourse, they feel at the same time they also feel responsible to conduct their *duty* as wife towards their husbands. My participants, in that sense shows parallel tendencies with Erol's study (2014). To illustrate, Esra expressed herself with the word feeling *obliged* and Filiz emphasized that she solely focuses on the satisfaction of her partner during the intercourse despite the pain.

"You cannot secrete some things due to hormones. I don't know the name but when you cannot secrete a certain hormones it causes vaginal dryness and this dryness turns into pain during sexual intercourse. Because it is painful, if you do it, you feel like you are forced to do it. You feel like I have to do it considering marriage relations. When you cannot perform, you feel like you will lose your partner. I didn't particularly feel like I'd lose my partner. Now, my partner can leave for all I don't care but during sexual intercourse you feel the pain and you try to avoid it. You start to think like do not touch me and let's do nothing." (Esra Karadeniz)¹³¹

"Dryness is a big issue. You put up with the pain and such. Why? This is weird to talk about but, there is a person you love on the other side and the only thing

sağlıyor. Onu kullanmadım, kullanmayı düşünüyorum. Yani dışarıdan bir şey almak istemedim ben aslında o yüzden kullanamadım. Şey gibi düşündüm hani bittiyse bitmiştir. Ama mesela banyoda biraz sert bir sabunla yıkansanız bile çok ajite oluyor. Hani en büyük sıkıntı o. Tamam yaşı 50'ye geliyor ama. 50 yaşında bir insan da hani böyle dükkânı kapatmıyor. Böyle benim hayatımda seks yok artık moduna girmedim. Jeller var işte söylediğim gibi. Bunları eşcinseller filan da kullanıyor kayganlaştırıcılardan bahsediyorum. Bunlarla idare etmeye çalışıyorsunuz, faydasını da görüyorsunuz ama yine de doğal gibi değil kesinlikle." (Nehir Erdem)

¹³¹ "Hormonal olarak belirli şeyleri salgılayamıyorsun. Bilmem ne hormonu varmış işte onu sağlayamayınca vajinada kuruluk oluyor mesela ve bu kuruluk cinsel birleşme sırasında acıya dönüşüyor. Acıya dönüştüğü için sen onu yapmak zorundaymışsın gibi yapıyorsun. Hani bu evliliğin gerektirdiği bir şey, benim bunu yapmam gerekiyor diye düşünülüyor. Yapmazsan işte eşini kaybedeceğin düşüncesi oluşuyor. Hani ben öyle bir kaybetme korkusunu pek yaşamadım, şu anda da istese gidebilir hiç umurumda değil; ama işte cinsellik esnasında o acıyı yaşıyorsun ve bu sefer yapmamak için kendin de çaba harcıyorsun. Hani dokunmasa da hiçbir şey yapmasam filan diye düşünmeye başlıyorsun." (Esra Karadeniz)

you focus on is that person's happiness. At that point, you do not care about yourself and want that person to be happy.” (Filiz Moyar)¹³²

Although, many respondents' deals with vaginal dryness as a problem related with sexuality, not all women perceive this as a major problem. Instead, they noted that the problem of vaginal dryness can be eliminated either through medication or with the help of an understanding partner.

“I have similar problems, but you can compensate with some medicine.” (Gaye Çalimli)¹³³

“I experience vaginal dryness. It is related to the will and enthusiasm. At that point, partners have a lot to do. My partner needs to be understanding and have the creativeness to make things get going.” (Hale Toprak)¹³⁴

Nevertheless, Hale's point about partner is important, because not all partners behave in a way that Hale asserted. For example, Hande complained about her husband and men in general by indicating that men are incapable of understanding menopause, which may lead to decrease in libido and vaginal dryness making women reluctant towards any sexual activity.

“Sexuality is related to age and some other things. Sexual unwillingness is maybe a result of this. I, of course, experience these things. This, inevitably, leads to some problems with the partner. How can I explain this? Men tend to understand this with great difficulty. They don't understand sexual unwillingness. I think this is due to, after having a children, outside of menopause, women have a reduced willingness to have sex due to having lived through of the whole process of having a child, especially after menopause. This may result into some conflict between the partners.” (Hande Kırmızı)¹³⁵

¹³² “Kuruluk, çok büyük sıkıntı. Ağrıya vesaireye katlanıyorsun, neden? Şimdi konuşmak da tuhaf bunu ama, nedeni şu: çünkü karşında sevdiğin insan var kilitlendiğin tek nokta o an onun mutluluğu. Yani kendini bırakıyorsun artık. O mutlu olsun.” (Filiz Moyar)

¹³³ “Canım mesela bende de benzer sıkıntılar var. Ama onları ilaçla kompanse edebiliyorsunuz.” (Gaye Çalimli)

¹³⁴ “Vajina kuruluğu yaşıyorum. O da yine o istekle ve coşkuyla alakalı. O zaman karşı tarafa çok iş düşüyor. Anlayışlı ve işte onu hareketlendirecek yaratıcılığı olmalı.” (Hale Toprak)

¹³⁵ “Cinsellik yaşla ve başka şeylerle alakalı. Cinsel isteksizlik belki bunun bir şeyi. Bunları yaşıyorsun tabii ki. Eşinle de tabii ki bir şekilde sorun oluyor. Onu nasıl anlatayım? Erkekler bunu, bu şeyi biraz zor anlıyorlar gibi geliyor. Cinsel isteksizliği anlamıyorlar. Ben şeye bağlıyorum. Çocuk sahibi olduktan sonra menopozun dışında, artık kadın o doğurganlığı yaşadıkdan sonra birazcık daha cinsel

Hande described that the experience of menopause may lead to problems in marital relationships. From the perspective of women, it may be argued that sexuality, which becomes like a *duty* or *obligation*, burdens women and make them feel a pressure. It should also be noted that dealing with that pressure may not be easy either considering the sensitivity of the issue. Additionally, sexuality in marriage is perceived as a must and within heteronormative values responding men's sexual desire is mostly seen as women's *duty*. Therefore, not only husbands but women also experience hard time placing themselves as the subject of sexual pleasure and/or placing themselves in a demanding position in terms of sexual pleasure. Instead, words like *responsibility*, *obligation*, and *duty* come to the forefront.

"I feel the pressure, yes. You don't want to, but you need to. It transforms into a responsibility." (Piraye Yüksek)¹³⁶

"You feel obligated to do it whenever you feel well. It turns into a task you need to fulfill. It is not the same as the young and newlywed times. It changes so fast and there is nothing you can do about it." (Tülin Pür)¹³⁷

"This is my most problematic issue. Maybe it is just me, maybe a lot of women experience this. This is my main problem with menopause. I first said I did not experience any problems but actually this is an issue for me. My partner doesn't quite understand this. This is a topic where I am less willing and more avoiding. My partner doesn't understand this. I tell my partner that I went through menopause and this is quite normal for me. However, he still comes to me with the same questions. "What's wrong Hande?" "What happened this time?" are the questions I frequently hear. My partner cannot comprehend this and starts to look for underlying reasons." (Hande Kırmızı)¹³⁸

isteği düşünüyor. Hele ki menopoza girdikten sonra, bu daha da zor oluyor ve yani o bakımdan tabii ki eşler arasında sıkıntı olabiliyor." (Hande Kırmızı)

¹³⁶ "Baskı hissediyorum evet. Hani istemiyorsunuz ama yapmanız gerekiyor. Sorumluluğa dönüşüyor." (Piraye Yüksek)

¹³⁷ "Artık kendini iyi hissettiğin zaman mecburen tabi ki bu biraz da görev gibi olmaya başlıyor, yerine getirmen gerekiyor yani. Öyle genç, yeni evlendiğin zamanki gibi olmuyor, çok farklı, değişiyor yani her şey. Bunda da senin yapabileceğin bir şey yok." (Tülin Pür)

¹³⁸ "Bu mevzu zaten benim en sıkıntılı olduğum şey herhalde. Belki bana özel, belki pek çok kadın bunu yaşıyor. Benim de menopozla ilgili sıkıntım bu diyebilirim aslında, hiç sorun sıkıntı yaşamadım dedim baştan ama böyle bir sıkıntım var aslında. Onu pek eşim anlamıyor. Yani benim daha az istekli olduğum, kaçındığım, mümkünse bahaneler yarattığım bir konu aslında bu. O anlamıyor bunu. Ben artık menopoza girdim diyorum eşime. Bu benim için gayet normal diyorum. Ama işte yine aynı sorularla geliyor bana. Ne var Hande, ne var ne oldu, yine ne oldu diye soruyor her seferinde.

On the other hand, especially two of my respondents named Nehir and Beren strictly disagreed with the idea of *obligation* when they evaluated sexuality in middle age by arguing that sexuality cannot and should not be done involuntarily. In that sense, Nehir's underlined that her decision to use medication in order to overcome vaginal dryness is her personal choice only to increase her pleasure. Whereas, Beren referred to her decision of divorce, arising from these kind of problems.

"To me, it is not something that is done by obligation. I do not feel like I am obligated to do it. I look for solutions for myself. Moreover, after having children, it is not like the times when you were young. For example, they wake up at night. In my case, my boy and I slept in the same bed until he was two years old. Also, during the nursing period, you really don't want that. It simply is not a goal. You are preoccupied. My partner and I are, still quite harmonious in that sense, but still I am the one who buys the lubricant and places in the drawer. I am the one who tries." (Nehir Erdem)¹³⁹

"In my proximity, there are marriages that go on like a duty, staying in the comfort zone. I am, frankly, against this. Two people pretending to each other in a sexual setting is not an acceptable thing to me, just to keep the marriage afloat. Besides, my marriage was not completely like this, but ended for reasons similar to these." (Beren Yalvaç)¹⁴⁰

It may be concluded that sexuality in middle age, accompanied by physiological challenges in terms of the experience of menopause like decrease in libido and vaginal dryness, may lead to marital disharmony as mentioned by several of my respondents. More importantly, oppression of women in middle age manifests itself in a different form considering the *obligation* of sexual activity. Some of my respondents also emphasized that men remain indifferent to these kind of problems of their spouses.

Anlayamıyor. Nedir, acaba başka bir şey mi var, altında başka şeyler aramaya filan başlıyor." (Hande Kırmızı)

¹³⁹ "Bence mecbur olarak yapılabilecek bir şey değil zaten o. Ben mecbur olduğumu düşünmüyorum. Ben kendim için arıyorum bu çözümleri. Zaten çocukla da hiçbir zaman öyle gençliğinizdeki gibi olmuyor. Çünkü gece uyanıyorlar. Mesela ben 2 yaşına kadar yanımda yatırdım oğlanı. Bir de o süt verdiğiniz dönemde de gerçekten canınız çekmiyor yani öyle bir amacınız olmuyor. Kafa başka yerde. Biz yine uyumluyuz hani bir dert olmaması için ama yine ben uğraşıyorum. Jeli alan benim, çekmeceye koyan benim. Ben uğraşıyorum." (Nehir Erdem)

¹⁴⁰ "Çevremde, konfor alanından kurtulmadan görev icabı devam eden evlilikler var, ben buna da karşıyım açıkçası. İki insanın birbirine cinsel anlamda da rol yapması çok şey bir şey değil. Bana göre kabullenilebilir bir şey değil, sırf müessese devam etsin diye. Zaten benim evliliğim de sadece bu değil ama bu gibi sebeplerden devam edemedi." (Beren Yalvaç)

Additionally, in accordance with women's remarks, it should be noted that men may also be compliant about the decrease in quality and frequency of sexual activity. However, women implied that men do not seek solutions in dialogue with their wives instead according to Piraye and Zehra they may find a solution either in divorce or in seeking another eligible sexual partners.

“Women transformed due to menopause. She gets angry, aggressive, changed her likes and dislikes. When the sexual urges stop, the sexual life stops. When sexual life ends, the relationship between the partners worsens, because the woman has lost her urges but men did not. It may have increased. What happens in this situation? Men starts to see someone else when they look at their wives. They say, ‘it is not the same woman, she has changed, transformed.’ This leads to some distractions, in that men start looking for women that was like the one they knew back then. Actually, this is the case with all the choices. They gravitate towards the woman they first liked. They try to find the woman that was preconceived in their minds rather than the completely new one. When they don't match, they divorce.” (Piraye Yüksek)¹⁴¹

“Actually, when you look at most families, it is really done as an obligation and men tend to be distracted. Ladies tend to not care about themselves. Generally, when you look at Turkish couples, for example, my partner mentioned a mutual friend to me. This friend is two years younger than us and has a one year old kid. After the kid, he started to, since there is no sexual life left at home, look for other people for sexual intercourse, purely for sexual reasons. I, actually, got furious. You still have a young wife at home and married for two years only. Try to solve that. Both parties use this as an excuse; men and women.” (Zehra Şimşek)¹⁴²

¹⁴¹ “Kadın menopoza girdi haliyle değişime uğradı. Sinirli oldu, agresif oldu, zevkleri değişti. İstekleri değişti. Dürtüler bitince cinsel hayat bitiyor. Cinsel hayat bitince de kadın-erkek ilişkileri bozuluyor. Çünkü hani kadın menopoza girdi cinsel dürtüleri bitti ama kocasının bitmedi. Hatta artmış bile olabilir, Ne oluyor bu durumda? Erkek karşısında başka bir kadın görmeye başlıyor. Ya diyor ‘bu o kadın değil, bu değişti, bu başka bir şey oldu’ diyor. Dolayısıyla sapmalar başlıyor. Yani o eski tanıdığı kadın gibi birini arıyor hep. Zaten bu seçimlerde hep öyle olur. Hep ilk beğendiği kadın tarzına yönelik bir yönelme oluyor. Tamamen yeni bir kadın değil de istediği ve zihninde daha önceden yerleşik formattakini bulmaya çalışır. Uymazsa da boşarlar.” (Piraye Yüksek)

¹⁴² “Zaten çoğu ailelere bakıldığında gerçekten hepsinde görev halinde ve erkeklerin hepsinin gözü dışarıda. Hanımlar kendilerini bırakmış durumdalar. Genelde Türk çiftleri bir şekilde bakıyoruz mesela eşim geçen gün bir arkadaşımızdan bahsediyor. Arkadaşımız dediğim yaşta bizden çok küçük daha 2 yıllık evliler 1 yaşında çocukları var. Evde çocuklu olduktan sonra hiçbir ilişkileri kalmadığı için başkısıyla birlikte oluyor. Yani sırf cinsel olarak. Aslında sinirlendim. Evde gencecik kadın var daha 2 yıllık evlisin yani onu çözmeye çalış. Hemen şey, bunu bahane olarak kullanıyorlar. Erkekler de kadınlar da.” (Zehra Şimşek)

About this issue, Hande highlighted the social myth that men's sexual drives may even increase with middle age, which makes the situation even more challenging. However, parallel with Erol's study (2014) men's transformation is perceived as normal or the increase in sexual drive or seeking other sexual partners are seen as ephemeral and much more tolerable.

"Men experience this completely differently from us. That is what I meant, when I said they don't get it. They experience it differently. When the will reduces down with women, it increases for men and they don't understand it. I don't know this is the case for every women, but I think it is the case for me and my friends." (Hande Kırmızı)¹⁴³

The issue of infidelity related with above mentioned relations has come up several times as well. Deniz, for example, admitted that she has witnessed the issue of infidelity from her close friends and environment. Like Hande, Deniz also held men responsible from infidelity arguing that men's economic and social status increased this possibility.

"There may be some cases adultery, it is nothing unheard of. I think this happens at around the age of 40. 35-40 year old men go through with this. I am a realist. When men get a stable economic life, when the kid grows up; they are relaxed financially and they might start to look for other people." (Deniz Özgür)¹⁴⁴

From Deniz's statement, it is understood that adultery is easier and more achievable for men considering their value in the society as a middle aged individual. Unlike women, men mostly do not experience any sort of social devaluation. However, even women experience problems in their marital relationships due to the relationship between sexuality and their experience of menopause, not all women necessarily experience the fear of infidelity. To illustrate, Hande exemplified the relationship with

¹⁴³ "Erkekler bu olayı bizden tamamen farklı yaşıyorlar. Anlamıyorlar dediğim aslında bu biraz da. Tam farklı yaşıyorlar. Yani mesela bizde azalırken onlarda bu yaşlarda birazcık daha istek fazlalaşıyor ve onu anlamıyorlar. Ama her kadında böyle mi bilemiyorum. Benim arkadaşlarımda ve bu hepsinde aynı diye düşünüyorum." (Hande Kırmızı)

¹⁴⁴ "Ama böyle aldatmalar filan olabiliyor tabi, duyuyoruz bunları. Bu da yine bence 40 yaş döneminde oluyor. 35-40 yaşlarında erkeklerde oluyor herhalde. Ben biraz realistim. Biraz şey oluyor, ekonomik düzeni oturtuyorlar, çocuk büyüyor bu sırada, biraz mali olarak rahatlıyor, öyle olunca arayışa girebiliyor erkekler tekrardan." (Deniz Özgür)

her husband and asserted that she might feel herself desperate if their relationship were different.

“People can experience this fear, I understand. I don’t feel it, thankfully. This is a little bit about my partner, to our nature of our relationship. If my partner were different I’d experience this of course. I’d stress more and feel more obligated and would feel more trapped. Again, thankfully, there is no such stress in my marriage, but it really can be taxing for women.” (Hande Kırmızı)¹⁴⁵

Not only decrease in sexuality, but also finitude of reproduction may play an important role about the fear related with infidelity for some women like in the case of Esra.

“It occurred to me, the possibility of him having sex with a fertile women. (She sobs.) I experienced the fear of being cheated when I went through menopause and was not fertile anymore.” (Esra Karadeniz)¹⁴⁶

Unlike Esra, Filiz on the other hand argued that being childless may be an important aspect precluding her husband to cheat her; because, due to the lack of child rearing responsibilities, she can now accompany with her husband in social activities and can take up hobbies that she can participate with her husband as well.

“It is related to not having a child. If I had a kid, I’d feel more like a mother and maybe restricted myself from some things. My partners and I are divers. I wouldn’t have joined him for the dive and maybe he’d find someone else there. Nevermind, some bad things might have happened.” (Filiz Moyer)¹⁴⁷

From the accounts of women it is understood that both fertility and sexuality are reformulated in middle age and with the experience of menopause. In the following

¹⁴⁵ “Bu korkuyu yaşayabilir insanlar, anlıyorum. Bende çok şükür yok. Ama o birazcık da benim kendi eşimle alakalı, ilişkimizin doğasıyla alakalı. Ama eşim farklı olsaydı yaşayabilirdim tabii ki. Daha çok strese girer, daha çok mecbur hisseder ve kendimi kapana kısılmış gibi hissedebilirdim. Ama hani neyse ki diyelim böyle bir stresim yok evliliğimde. Ama bu gerçekten kadını zorlayan bir şey.” (Hande Kırmızı)

¹⁴⁶ “Şey geldi aklıma, hani doğurganlığı olan başka bir kadın ile beraber olma olasılığı olur mu diye aklımda geçti elbette. (Ağlıyor) Menopoza girmem ve doğurganlığımın bitmesiyle aldatılma korkusu yaşadım.” (Esra Karadeniz)

¹⁴⁷ “Yani bir çocuğun olmamasına da bağlı bu arada. Çocuk olsaydı ben kendimi bir anne olarak hissedecektim kendimi belki bazı şeylerden geri çekecektim. Biz dalış yapıyoruz eşimle, dalıcıyız biz, dalış yapmayacaktık. Eşim tek başına gidecekti, orada başka birini bulacaktı, aman neyse kötü şeyler olabilirdi.” (Filiz Moyer)

paragraphs, the relationship between partners and the dynamics behind marital unity will be discussed in accordance with the aspect of emotional support. Whether women are able to demand support/understanding or be supported by their husbands and family in general can carry important clues about women's oppressions in middle age. Also about this, I obtained much differentiated results. For example, Esra emphasized that she never talked with her husband about her experience of menopause, although she sank into depression for about two years related with her experience of menopause.

"I never talked to my partner about menopause. I don't know. I don't know what he thinks of me after I went through menopause. Our process continued the way it was before, after I went through menopause. We never talked about this. I think every women would enjoy if they came and said 'My dear, we were together when you were fertile and we are still together. That is not important to me. I love you because of you.'" (Esra Karadeniz)¹⁴⁸

From her accounts it is understood that the invisibility of the experience of menopause can manifest itself even between spouses and in the case of Esra it resulted in to bear all her problems and her depression all by herself. Similarly, Hale declared that it did occur to her demanding any kind of support from her family and from her immediate environment. Piraye, on the other hand, declared that she actually demanded emotional support but failed to find it especially from her friends; because the possibility of her going through an emotional crisis were seem unnatural and unlikely by her friends and relatives. In other words, her problems related with the experience of menopause were trivialized causing her to give up demanding any support.

"I wouldn't expect any support from my family, and it wouldn't occur to me to ask for it. I would get help from my friends or from my psychiatrist if I needed to. I'd find someone if I needed some support." (Hale Toprak)¹⁴⁹

¹⁴⁸ "Hiç konuşmadım. Eşimle bu konuyu hiç konuşmadım. Bilmiyorum. Menopoza girdikten sonra benimle ilgili ne düşünüyor filan hiç bilmiyorum. Bizim sürecimiz aynı şekilde devam etti bundan öncesi nasılsa öyle. Bu konu ile ilgili hiç konuşmadık da. Gelseydi karşıma 'hayatım bak biz seninle doğurgan döneminde de beraberdik, şimdi de beraberiz, bu benim için önemli değil seni sen olduğun için görüyorum' diye ister bence her kadın." (Esra Karadeniz)

¹⁴⁹ "Ailemden destek beklemezdim, destek istemek de gelmezdi aklıma. Arkadaş çevremden de gerekirse yardım alırdım veya psikiyatrimdan yardım alırdım. İstesem bana destek olacak birilerini bulurdum." (Hale Toprak)

“No I did not get any support, since everyone looked at it like it was normal and went through this process. All I heard was ‘quite normal’, that’s it! At first, I wanted to get some help, but when I received comments like these, I said OK, and decided in desperation, that no one cares.” (Piraye Yüksek)¹⁵⁰

Zuhal Işık, who has a teenager daughter and going through puberty simultaneously with Zuhal’s experience of menopause, indicated that she has asked support and understanding both from her husband and from her daughter and she evaluated it as a good decision; because their relationship were settled after she talked to them.

“As I have told, I wanted my partner and my daughter to understand that I could be quickly aggravated in a stressful setting. This might not be something I have voiced in particular. However, as they have noticed the transformation and took notice of it, it became easy. At least, I saw that they were understanding.” (Zuhal Işık)¹⁵¹

Since reductionist generalizations are objected throughout the study, considering all husbands as evil may not be the right attitude as well. In parallel, especially Deniz and Sinem talked very highly of their husbands; because they were very helpful to them in going through menopausal transition. Yet, it should be noted that they evaluated this situation as ‘lucky’ which make me gain the impression that they acknowledge that it is unlikely for all to have husbands like theirs.

“My partner is very supportive in this matter, and I think I am lucky. It is very important to have the partner’s support at this time. He still tells me that I’m getting more beautiful as I get older. I gain some weight and he tells me that weight looks good on me. There is not much negativity towards me, on the contrary he is very supportive and that’s nice.” (Deniz Özgür)¹⁵²

¹⁵⁰ “Hayır hiçbir destek almadım. Çünkü herkes buna aa normal, gayet normal bu kadar! Bu bir süreç, normal herkes bunu yaşadı, bu olacak diye bakıyordu. İlk başlarda destek isteğim olmuştu fakat bu tarz tepkiler aldıkça, bir ümitsizlik ve tamam dedim evet hiçbir şey beklememek lazım, hiç kimsenin taktığı filan yok bu durumu yani.” (Piraye Yüksek)

¹⁵¹ “Zaten işte dediğim gibi, stresli anlarımızda benim de çabuk strese girdiğimi çabuk sinirlenebildiğimi kabul etmelerini istedim eşimden ve kızımdan. Bu çok belki benim seslendirdiğim bir şey değildi bilmiyorum ama onlar da son zamanlarda bendeki değişimi belki fark ettikleri için dile getirince daha rahat oldu. En azından anlayışlı olduklarını gördüm.” (Zuhal Işık)

¹⁵² “Eşim bu konuda baya destekçi bana, o konuda şanslıyım bence. Bu dönemde eşin desteği çok önemli. Halen mesela bana şey der, hani mesela işte daha da güzelleştiğimi söylüyor. Yaşlandıkça daha da güzelleştiğimi söyler bana hep. İşte kilo alıyorum, kilo sana çok yakışıyor der mesela. Hani öyle bir şeyi olmuyor bana olumsuz bir şeyi. Tam tersi destek görüyorum bu güzel.” (Deniz Özgür)

“My partner has helped me a lot. He talked to me to calm me down psychologically. In fact, once he gathered the kids one night and told them the process that I was going through and advised them to be nicer towards me. He, of course, researched this himself about the outcomes of menopause. My greatest supporter is my partner, and I am very lucky for that. He tried to calm me down when I am sad, frustrated by talking to me and he still does. As time goes on, you become more accepting. At first, as you have said, you feel lacking, said. If only, I had one more child etc. In the general process, you become more accepting and believe that it is going to be even better.” (Sinem Çiçek)¹⁵³

I should also note that I studied with a privileged group of women, who achieved a certain level of autonomy in their lives. I assume that majority of women living in Turkey may not be that lucky like Deniz and Sinem; because even in my participants, there is one woman who never talked with her husband about her experience of menopause.

When discussing stigmatization of women in the former section, I emphasized that mocking is one of the social reactions related with the experience of menopause. It also appears once again when I discussed the issues of support and understanding with women. Deniz again considered herself lucky; because her husband never mocks her related with her experience of menopause. Similarly Hale implied that husbands should never make fun of with their wives about the physiological indications of menopause.

“I am lucky, my partner would not even joke about this, as in you went through menopause that’s why etc. Because, it is offensive to joke about something that happens naturally and he simply does not comment on it. Sometimes, I’d tell him that ‘I feel sore, that’s menopause for you’ and he’d say at most ‘Go for a walk and get some exercise’ in that sense, I am lucky for my choice of partner.” (Deniz Özgür)¹⁵⁴

¹⁵³ “Eşim bu konuda bana çok yardımcı olmuştur, konuşmuştur, psikolojik olarak rahatlamam açısından. Hatta çocukları bir akşam topladı, hepimiz bir arada benim bu yaşadığım süreç, anneniz böyle böyle bir şeyler olacak, daha çok yardımcı olun onu üzmeyseniz vesaire. Tabi o da kendisi de araştırmış etmiş, kadınlar nasıl etki ediyor ki öyle bir şey de yaşadık. En büyük destekçim eşimdir bu konuda, şanslıyım çok yani. Üzüldüğüm, sıkıldığım zamanlarda konuşarak bir şekilde rahatlatmaya çalışmıştı beni. Geçen sürelerde de daha kabullenir oluyorsun yani ilk zamanlarda daha böyle dediğiniz gibi eksik oldum, üzülyorsun, keşke bir tane daha çocuğum olsaydı, eşine karşı şeyler vesaire. Genel sürede daha bir kabulleniyorsun zaten ilerleyen zamanlarda herhalde daha da iyi olacak.” (Sinem Çiçek)

¹⁵⁴ “Ben şanslıyım, benim eşim hiçbir zaman esprisini bile yapmaz aa işte sen menopoza girdin filan diye esprisi dahi olmaz. Çünkü doğal bir şey şakaya vurulması rencide edici ve o o konularda yorum

“I didn’t experience this per se, but if the partner is nervous, he definitely needs to be more understanding if his wife is stressed. He shouldn’t mock when she complains ‘It is hot’.” (Hale Toprak)¹⁵⁵

The issue of support differentiates itself in the case of ‘early’ menopause. It focuses more on the issue of reproduction, since women like Filiz and Gaye are unable to reproduce. To begin with, both from the perspective of Gaye and especially of Filiz, accepting a man to take a wife, who is unable to reproduce, is mentioned; as if, it is an incredibly great-hearted and supreme act and they are both grateful to their husbands. Moreover, both Gaye and Filiz emphasized the importance of being supported by husband when struggling with challenges related with menopause and reproduction.

“He told me that it is not an issue for him. He told me that it happens. He consoled me when I was feeling sad. It still happens sometimes. It is very important. He was very very supportive.” (Filiz Moyar)¹⁵⁶

“He supported me from the very beginning. I got married at 32, however, when my partner learned about this he was very understanding. He did not pressure me by saying things like ‘I want to have a kid’ In fact, it is the complete opposite. He supported me when I was upset about not having a child and told me to positive side of things. Yes, in that sense I am very lucky that my partner is supportive. My parents are, as a family, are of course very supportive. They researched a bunch of doctors, because I was so sad. They directed me, and my parents and my partner supported me more than other people. For the case of having a child, my partner had an approach of ‘We are not noble or royalty, what can happen if we do not leave an heir? Do not get upset, we are better this way.’ He was very helping towards me. He told me that he did not marry me because he wanted to have a kid. These kind of approaches are very crucial and I think, everyone needs to share this concern with their partners. However, as I have said, the reaction you’d get from the opposite partner is a debatable for each case.” (Gaye Çalimlı)¹⁵⁷

yapmaz yani. Bazen ben derim mesela aa bak oram ağrıyor, buram ağrıyor diye görüyor musun artık menopoza da girdik, bacaklarım tutmuyor bilmem ne filan diye. O da şey der biraz hareket et yürü, spor yap filan der ancak. O anlamda eşimden yana şanslıyım sanırım.” (Deniz Özgür)

¹⁵⁵ “Yani ben öyle bir şey yaşamadım ama eşi gerginse bir kere muhakkak anlayış göstermesi lazım. Eşi işte “oh sıcakladım” dediğinde alay etmemesi lazım.” (Hale Toprak)

¹⁵⁶ “Onun için sorun olmadığını söyledi. Olabilir olur dedi. Bazen ben üzüldüğümde hep teselli etti. Bazen oluyor yine. Çok önemli. Çok çok destek oldu.” (Filiz Moyar)

¹⁵⁷ “Yani benim bana en başından itibaren çok destek oldu. Yani ben 32 yaşında evlendim. Ama eşim bu konuyu öğrendiği zaman çok anlayış gösterdi bana. İlla çocuk isterim diye bir baskı yapmadı. Hatta tam tersi, ben olmuyor diye üzülürken, bana çok destek oldu ve bunun iyi yanlarının da olduğunu

The last sentence of Gaye is especially important; because she acknowledges that in different strata of society men may approach this issue in a very contrasting way. When I asked her to elaborate on this issue she underlined the level of education of men and cultural differences between the west and the east of Turkey with following words:

“I think, it’s up to your husband’s perspective and level of education. For example, If I were a woman living in the eastern side of Turkey, my husband might not be as understanding as he is. It’ll be much more troublesome for me, since fertility would have a much more significance. Maybe, I couldn’t even get married.” (Gaye Çalimlı)¹⁵⁸

From the accounts of women I concluded that the relationship with husband about the experience of menopause is very crucial proving that menopause is not only a bodily transformation; but also contributes in women’s lives. Nehir Erdem is also highlighted that menopause is not understood by them; since they are distant from the experience. Piraye agreed with Nehir and argued that the experience of menopause is unknown to men, unless they are medical experts.

“I don’t think they understand at all. They don’t have a special demand after all. I also don’t think that they say to their partners ‘share with me about your experiences’. I didn’t come across that type of men. Because, it (menopause) is so distant for them. Probably, what they imagine is the stereotypic image of menopausal woman, as you expressed. The woman who holds a folding fan and nagging all the time.” (Nehir Erdem)¹⁵⁹

anlatmaya çalıştı. Evet yani o yönlerden çok şanslıyım ki; eşim bana çok destek verdi. Annem babam, onlar tabii aile olarak tabii ki onlar da çok destek verdiler. Ben çok üzülüyorum diye, bir sürü doktorlar araştırdılar. Beni yönlendirdiler ama yani onun dışında başka çevremden başka birileri değil de annem babam ve eşim çok destek verdi bana. Çocuk konusunda da benim eşimin yaklaşımı şu oldu. Yani dedi ki; biz soylu değiliz, kraliyet ailesi değiliz bir şey değiliz dedi. Biz de varis bırakmayiverelim ne olacak dedi bana. Hiç üzülme sen böyle daha iyiyiz dedi. Yani o kadar çok telkinlerde bulundu ki bana. Ben seninle çocuk sahibi olmak için evlenmedim ki dedi. Yani bu tür yaklaşımlar gerçekten çok önemli ve bence herkesin gerçekten paylaşması gerekir eşiyle bu sıkıntısını. Ama dediğim gibi karşı taraftan alacağınız tepki nedir, o tabii tartışılır.” (Gaye Çalimlı)

¹⁵⁸ “Eşinizin bakış açısı ve biraz eğitim seviyesi ile de çok alakalı diye düşünüyorum. Mesela ben doğuda yaşayan bir insan olsaydım belki eşim bu kadar anlayışlı olmayabilirdi. Doğurganlık belki çok daha önemli olabileceği için çok daha sıkıntılı olurdu benim için. Evlenemezdim bile belki.” (Gaye Çalimlı)

¹⁵⁹ “Ben pek bir şey anladıklarını zannetmiyorum. Özel bir talepleri de yok zaten, paylaş benimle yaşadığımı filan da dediklerini düşünmüyorum. Ben görmedim öylesini. Onlardan çok uzak bir kere ve

“The person that you interact does not understand what you are going through or evaluates your reactions as unnecessarily nonsensical, because they think in simple terms. They cannot realize anything breaking out in your inner world. Because they are not ‘conscious’. As a matter of fact, in Turkey only if the husband of a woman is a doctor, then he can be symphathetic to his wife, because he knows, he is ‘conscious’. Except from that, I suppose that no men are thoughtful towards his wife or lover.” (Piraye Yüksek)¹⁶⁰

The issue about men’s relation with the experience of menopause reiterated by women brought me to investigate women’s opinions about the experiences of men in their middle age years. The most prominent impression stressed by women was men’s increase of libido and their obsession with sexuality. Fulden reacted to my question with acrimony and described the behavior of men with these words:

“All they think about is sex. I’m telling you one thing, they are obsessed about sex.” (Fulden Karaca)¹⁶¹

Many of my respondents agreed that similar with the anxiety related with the *loss of femininity* men also undergo a fear of *losing manhood* and therefore react accordingly. They used words like ‘crisis’, ‘depression’ and ‘syndrome’ in order to describe this process.

“They may be experiencing aging syndrome, because I suppose they make a great deal out of their masculinity. I mean, beginning from childhood it is imposed like ‘you’re a man.’, ‘you’re a man’, and that’s why they have an over-inflated ego. In this period, they might be thinking that their manhood is over.” (Gaye Çalıklı)¹⁶²

muhtemel gözlerinin önüne gelen şey de sizin o dediğiniz karikatürize edilen tip işte huysuz kadın. Elinde yalpazeyle bıdı bıdı eden kadın.” (Nehir Erdem)

¹⁶⁰ “Karşınızdaki insan, sizi hiç anlayamıyor ve tepkilerinizi filan gereksiz saçma görüyor, çünkü basit düşünüyorlar. O iç dünyanızda kopan fırtınaları şeylerin, hiçbir şeyin farkında olamıyor. Bilinçli olmadığı için, ki Türkiye’de zaten kadının ancak kocası doktor filan olursa anlayış gösterebilir yani ancak doktordur da kocası bilinçlidir, bilir. Ama onun haricinde, hiçbir erkeğin ben karısına, sevgilisine bir anlayış gösterdiğini gösterebildiğini ben zannetmiyorum.” (Piraye Yüksek)

¹⁶¹ “Aklı fikri şeyinde, tek kelime söylüyorum sana aklı fikri şeyinde.” (Fulden Karaca)

¹⁶² “Yaşlılık sendromuna giriyorlar galiba. Çünkü erkeklik şeysi çok fazla onlarda. Yani çocukluklarından itibaren, sen erkeksin, sen erkeksin dedikleri için egoları inanılmaz şişkin oluyor. Bu dönemde de erkekliğim bitiyor diye düşünüyorlar.” (Gaye Çalıklı)

Several women also agreed upon the opinion that middle aged man can experience andropause and tend to escape from marriage in these ages; although the physiological challenges related with andropause is rather minimal compared to women. Nazan, who has divorced in middle age years shared her experience about it. Piraye, who is also a recently divorced woman, expressed that men in middle age get panicked with the anxiety of *losing* their manhood and tend to ‘catch the train’ before it is too late by prioritizing their individuality and seeking another partners. Hale interpreted this process as an effort of men to prove themselves in order to show that their reproductive capacities have not weaken yet.

“They have a period too, called andropause. Men can easily adapt their lifes, they are not like women, women are more dependent. Women care about family, however men can abandon their families. Andropause is the most dangerous period. They start having aging syndrome. They try to be younger and cheat their spouses in order to prove themselves. For instance, they start losing weight, and doing sports too feel young and functional. They are in rush since their time is passing, meanwhile their families are destroyed. There are a lot families experiencing that. We had a similar story. It exactly coincided with andropause. Sadly, men are destructive, they ruin everything.” (Nazan Bahadır)¹⁶³

“Both genders have old age depression after age 45. They get into panic because of aging. That panic results in two kind of outcomes for men. Some turns in on himself. They say, I have to rest, my children grew up, life is passing and they become quiet. On the other hand, some men seek more lovers with a panic of aging. After then, they think about having more children before it’s too late, having another girlfriend or divorcing the existing wife. This is another outcome, it’s bidirectional.” (Piraye Yüksek)¹⁶⁴

¹⁶³ “Onlarda da bir andropoz denen dönem var. Erkekler daha kolay hayatlarını değiştirebiliyorlar erkekler kadınlar gibi değil, kadınlar daha bağlı. Daha aileye önem veriyor ama erkekler olduğu aileyi koparıp atabiliyorlar o dönemde. En tehlikeli dönemleri andropoz dönemi. Yaşlılık sendromuna giriyorlar. Kendilerini kanıtlamak için kendilerinden genç olmaya başlıyorlar, eşlerini aldatıyorlar. İşte kilo veriyor ne bileyim, spora gidiyor filan böyle ayy ben gencim, ben yaşlanmadım havasında, bende hala iş bitmedi havasında. Tren kaçıyor diye böyle bir koşturma, bu arada ne yapıyor aileyi mahvediyor; yani çok öyle aileler var. Bizde de benzer bir süreç oldu. Bu andropoz dönemine denk geldi tam. Maalesef erkekler yıkıyor. Yıkıyor yani, götürüyor, bitiriyor her şeyi.” (Nazan Bahadır)

¹⁶⁴ “Her iki cins de bence bu 45 yaş sonrasında her iki taraf da bir yaşlılık bunalımına giriyor. Her iki taraf da yaşlanıyorum paniğine kapılıyor. O panik de erkeklerde iki şekilde sonuçlanıyor. Kimisi içine kapanıyor, bir köşeye çekiliyor artık. Oturmam lazım benim işte çoluk çocuk yaş aldı başını gitti, hayat böyle gidiyor filan gibi bir sessizleşme. Diğer taraftan da bir panikle aman yaşlanıyorum bir an önce daha çok sevgili yapayım. Ondan sonra işte yaş geçmeden bir çocuk daha yapsam mı acaba son treni yakalasam da bir tane daha mı çocuk yapsam, sevgili mi yapsam, karımı mı boşasam bir de böyle bir şey var. İki yönlü.” (Piraye Yüksek)

“I observe that men get aggressive. I believe, they think their masculinity is diminishing or over. Maybe that’s the reason of aggression. Stories about divorces in age 40’s and having young girlfriends should happen in this period. It’s something psychological. Stories about seeking young girlfriends is men’s effort of proving themselves. Or they create a youth image by being with young women. They have their hair dyed and have plastic surgery on their faces. I think this is primarily because of effort to proving themselves to himself and to younger women. Because younger women admire men, they get something to prove to themselves.” (Hale Toprak)¹⁶⁵

Melek approaches to this issue in a different framework and implied that men are less ready about aging. Since existing unequal gender relations expose women to a socialization compelling them to build their identities in accordance with the sacred position of motherhood or grand motherhood in the society, they can embrace those identities even in their middle aged and senior years; thus may not experience an emotional collapse as men do. According to Melek, men on the other hand, tend to catch the feeling that life would end for them when they are aged.

“Because women already acknowledge about being mother, grandmother and growing old. Men do not because male identity sometimes shows its power with money, they think they will lose their ability to earning money with aging or sometimes shows its power with sexuality, they think they will lose it when they go through andropause. That’s why men are not familiar with aging, they are not ready. Yes, women will physically decay and get older however, she will be mother or grandmother. This idea is in the nature and instincts of women.” (Melek Zeyrek)¹⁶⁶

At this point, it is highly visible that middle age carries different meanings between men and women. It is also apparent that in middle age gender inequality becomes distinct from many aspects, additionally, it would not be inaccurate to assert that it

¹⁶⁵ “Şimdi benim erkekte gözlemlediğim huysuzlaşıyor. Erkekliğinin azaldığını veya bittiğini düşünüyor. Belki o onu huysuz ediyor. Bu hani genç sevgili, işte 40 yıllık karısından ayrıldı genç sevgili buldu hikayeleri herhalde bu dönemlere denk geliyor. Psikolojik bir şey. Bu genç sevgili bulma hikayeleri de erkeklerin kendilerine bir şey ispatlama çabası. Ya da genç kızlara ben hala gencim havası yaratıyorlar. Saç boyuyorlar, yüzlerine estetik bir şeyler yaptırıyorlar. Bence onların başta kendilerine ispatlama çabası ve genç kadınlara ispatlama çabası. Onlar çünkü kendisini beğenirlerse yine kendilerine bir şey ispatlamış olacaklar.” (Hale Toprak)

¹⁶⁶ “Kadınlar çünkü kabullenmiş durumdadır. Yaşlanmayı da anne büyükanne olmayı da. Erkekler değil çünkü erkek kimliğinde daha o iktidar gücünü hani kimisi parayla gösterir, yaşlandıkça para kazanma şeyini kaybedeceğini düşünür kimisi cinsellikle gösterir andropoza girince kaybedeceğini, zaten doğal olarak sağlık olarak kaybedecek. Onun için bence erkekler yaşlanmaya daha uzaklar, daha hazır değiller. Kadın evet bedensel olarak çökecek, çirkinleşecek, yaşlanacak ama o anne, anneanne, büyükanne olma fikri aslında hep kadının doğasında, içgüdüsünde var bence.” (Melek Zeyrek)

sustains in a way, which places women in a disadvantaged position. Other than already established marriage relations, which I listened women's experiences in the field, their opinions also shows that forming a romantic relationship in middle age years have highly different repercussions considering men and women. Women's accounts in the field show parallelisms with my former assumption that relationship of women with younger man is highly unlikely and also evaluated socially as bizarre, compared to relationship of men with younger women, which is much socially acceptable and in that sense normalized. Suna emphasized this point by saying that men with younger women is very common but the otherwise is not likely; therefore aging may be a scarier phenomenon especially for women.

“Growing old is terrifying for women because a man can have a 40 years old woman with him even if he is 70. The opposite is not the case generally.” (Suna Elibol)¹⁶⁷

Clearly there is a serious imbalance between men and women regarding romantic relationship in middle age favoring men instead of women. During the interviews I asked my respondents what their opinions are about the social dynamics lie behind this social setting. Several women like Cansel supported their opinion based on physical appearance and decay by arguing that women are influenced more negatively from decay through aging than men not biologically but socially; because physical appearance is assumed as the primary power that women hold throughout their life. According to Cansel, men on the other hand, tend to increase their social value with increased age due to the advancements in their financial and status positions, which deepens the inequality between men and women in middle age. Nehir noted similar remarks with Cansel stating that men are able to find a partner in their later life easily, even if they faced decay due to aging. Therefore, Nehir indicated that physical appearance is not a delineating factor for men as long as they hold a powerful position in terms of money and status.

“Women base making herself accepted among opposite gender to their appearance. Men base it to their money and power, as I understood. Women

¹⁶⁷ “Kadınlar için yaşlanmak korkutucu çünkü her zaman adam 70 yaşına da gelse, yanında 40 yaşında bir hatun filan olabiliyor hayatında. Tam tersi çok söz konusu olmuyor.” (Suna Elibol)

believe they lose something when they lose their beautiful appearance. So actually, men's value increases with aging while women's decreases. Men transforms experience with their life. However, only power of a woman- not that it is their only power, but it seems as if it is-, is their appearance. Of course women do not achieve everything they have with their beauty, but it's a opportunity for them. This is not only because of women. It is the message women receive from others and women react accordingly. Women receive this message from men. Women get more attention, if they are beautiful. After a while they learn and understand that beauty is an important factor. They think 'my appearance is my capital'. Women become more vulnerable if they built their life on beauty. However, men turn years of experience to skills and they can use it easily. Therefore, appearance is not a factor of approval for men. It is valid for women." (Cansel Keskin)¹⁶⁸

"I don't think any man obsesses about his growing belly. Women are more obsessive. Furthermore, men can find a partner even if he has paunch. It's also related with money. Status and wealth are higher for middle aged men. There is a serious inequality about that." (Nehir Erdem)¹⁶⁹

Reproduction is another important function creating this inequality. The impression of 'bald and fat' to describe middle aged men is also reiterated by Piraye. Her remarks were also focused on the gender inequality in midlife stating that men seeks for perfectly looking women without even considering that their physical appearance, which may not be promising. However, unlike Nehir Piraye concluded that this very gender inequality is due to ability of reproduction not the advancements in men's status and/or money.

¹⁶⁸ "Kadının karşı cinse kendini kabul ettirmesini dış görüntüsüne dayandırıyor. Erkek de parasına ve gücüne dayandırıyor anladığım kadarıyla. Kadın dış görüntüsünde o güzelliğini kaybettiğinde karşı cinse karşı, yani eşine veya sevgilisine karşı bir şeyi kaybettiğine inanıyor. Yani erkeğin değeri aslında yaşlandıkça artıyor, kadınınki düşüyor. Erkek tecrübeye dönüştürüyor hayatta yaşadıklarını, kadın en baştan işte güç dış görüntü olduğu için gücü -tek gücü bu değil esasında tabii ama öyleymiş gibi görünüyor. Tabii ki hiçbir zaman sırf çok güzel diye bir kadın çok şey elde etmiyor da o bir kapı onun için. Yani bu sırf kadından kaynaklanan bir durum da değil. Aslında bu kadının karşı taraftan aldığı bir mesaj ve buna göre de reaksiyon geliştiriyor. Kadın erkekten o mesajı alıyor, ne kadar güzelse kadın, o kadar çevresinde ilgi görüyor. Bir süre sonra bunu öğreniyor, anlıyor ki güzellik önemli bir kavram, benim dış görüntüm benim için bir sermaye diye bakıyor. Kadın özellikle dış görüntünün üzerine kurduysa birtakım şeyleri o daha fazla etkilenir gibime geliyor. Ama erkeklerde de yıllar geçtikçe kazandığı tecrübeleri beceriye dönüştürüyor, onu daha rahat kullanabiliyor. O yüzden o dış görüntüsü kendisini kabul ettirmesi için gereken bir şey olarak görülmüyor. Kadın için böyle bir şey geçerli." (Cansel Keskin)

¹⁶⁹ "Bir erkeğin göbeğim var diye taktığını ben düşünmüyorum. Kadınlar daha takıntılı. Ayrıca erkek göbekliyken de birilerini bulabiliyor mu? Bulabiliyor tabii. O parayla da çok alakalı, para mevki bunlar orta yaşlı erkeklerde daha çok. Orada ciddi bir dengesizlik var." (Nehir Erdem)

“They are all bald and fat but they don’t like women. They start to think that my wife is in the same age with me, if I leave her, I can easily marry with someone aged 30-35. Even, I can have a child. So, it’s not over for men, this period is longer for them. Women’s fertility is over with menopause but it’s not the case with men. 50 years old men can easily marry with 30 years old person and have a children. We see this in media and press. Nothing changes for them. Infertility is not applicable for men. They can have as much as children they want until age 70.” (Piraye Yüksek)¹⁷⁰

Related with these issues one of my very first assumptions about gender inequality in midlife was due to increased job and financial status men tend to get, which results in higher social value in middle age for men. Whereas women, who are equated with their ability of reproduction, sexual attractiveness and youth constructing *feminine ethos*, are more likely to social devaluation in their social status. In their remarks Beren and Fulden made focuses supporting this argument. To illustrate, Beren emphasized achieving a managerial position and better financial status in accordance with that, may contribute to men’s ego. As a result men becomes not only more valued; but also feel themselves as more free in order to follow their own desires even at the risk of losing their family.

“Money is a significant driving power that can mislead people. They think because of their ego, increased financial status, and managerial identity, they are free to do everything they want. They don’t have to account to anyone since they worked for years.” (Beren Yalvaç)¹⁷¹

“When they become 50, they have money, life experiences, they don’t even take care of children after 50. Only thing they would do is womanising. It is a man’s world. There is no chance for women.” (Fulden Karaca)¹⁷²

¹⁷⁰ “Hepsi kel göbekli ama kadın beğenmiyor. İşte düşünmeye başlıyor diyor ki işte karım da benimle aynı yaşta ama ben bugün ayrılısam işte çok rahat 30-35lik birisiyle evlenirim. Hatta bir de çocuğum bile olabilir. Yani erkek için bitmiyor o süreç daha uzun. kadının doğurganlığı menopoza bitiyor, ama erkeklerde böyle bir durum söz konusu değil. 50 yaşına gelen bir erkek çok rahat işte medyada da basında da görüyoruz çok rahat 30 yaşındaki birisiyle evlenip tekrar çocuk sahibi olabilir. Onun için bir şey değişmiyor ki. Erkekten çocuk sahibi olamama diye bir şey yok. 70 yaşına kadar istediğin kadar çocuk yapabiliyorsun” (Piraye Yüksek)

¹⁷¹ “Tabi para insanı yoldan çıkartabilen çok büyük bir itici güç, o da olabilir. Ego, para, üst düzey yönetici kimliği almak bunların hepsi şey gibi düşünüyorlar. Ben yıllarca çalıştım o mertebeye geldikten sonra da istediğim gibi yaşayabilirim ve bu noktada da kimseye hesap vermem.” (Beren Yalvaç)

¹⁷² “50 yaşına gelmiş, iyi kötü bir paraları var, iyi kötü bir hayatta yaşamışlıkları var, çocukları zaten hiç bakmazlar da 50 yaşlarında artık hepten hiç umurlarında değil. Tek yapacakları şey karı kız peşinde. Dünya var ya erkeklerin dünyası. Yani şey değil, kadınlara gerçekten hiç şans yok.” (Fulden Karaca)

I'm not here to judge someone's following his/her own path. Yet, it is also a social fact that from the recklessness which is visible in some middle aged men's attitude, not only women and children suffer; but, more importantly, it is highly unjust in terms of gender. Women mostly cannot have this opportunity to be with men younger than their age. Even if they have, it is most of the time considered as out of the social norms and thus unacceptable. About this issue, I also posed a question to women I spoke; what if a middle aged woman is romantically involved with a younger men. Once again, Zuhâl's statement shows the importance of physical appearance for women, whose decay may result in deprivation of their social status.

"In terms of beauty, they (women) draw less attention, maybe they lose status. In terms of profession, maybe they gain professional experience but we unfortunately may not reach job position as higher as men do. A man is liked even if he is bald and fat but the opposite is very hard socially. Even, I can find it odd at the first glance." (Zuhâl Işık)¹⁷³

Fulden, who is actually my most colorful and energetic respondent, draws the attention to an 'assumed' marginal women, who have a young lovers, by exemplifying her friend. She mentions her friend with a feeling of 'achievement' and 'proud' to be able to have a young partner, so she did not approach to the issue in a judgmental way. However, when I asked her what kind of responses that couple might get from society, she was not that optimistic unlike her personal opinion and implied that not that man; but woman would be blamed in a cruel way.

"Actually I have a friend, as I said, I am graduated from girl's highschool, my friends are diverse. Generally, they are more or less matching in age. However, one of my friend has a boyfriend, but he is like 'whoa', glorious guy. He is about 30 – 35 and she is 52, maybe she is older than me. She is doing sports, she is tall and very beautiful. However, man is magnificent, in his 30's. When we see them together, we say wow! There is also this kind of group. Some of my friends have young lovers. They say that they are very happy. However, I don't know, I can't say anything. [...] They will exactly say, wow, pervert, 'horny woman'." (Fulden Karaca)¹⁷⁴

¹⁷³ "Güzellik konusundan bakarsak daha az ilgi çekiyorlar, statü kaybediyorlar belki (Kadınlardan bahsediyor). Mesleki olarak da tabii belki mesleki tecrübe kazanıyorlar ama erkekler kadar güçlü bir pozisyonda olamıyoruz maalesef. Kel ve göbekli olduğu halde bir adam beğeniliyor ama tam tersi toplumsal olarak zor. Ben bile yadırgayabilirim şahsen ilk bakışta." (Zuhâl Işık)

¹⁷⁴ "Aslında benim bir arkadaşım var. Dedim ya ben kız lisesinden mezunum diye, çok çeşitli arkadaşlarım var. Genelde hepsi aşağı yukarı yaş uyumu dengede tipler. Fakat bir tanesinin sevgilisi

A lot of women that I interviewed agreed on Fulden's projection about women, who choose to disclose themselves in public with their younger lovers, like Melek and Sinem. However, I should also note that in their responses they also did not take a judgmental stance, but they asserted that it would be perceived as socially awkward due to the heteronormative gender roles agreed on especially in Turkish society.

"It is related with social perceptions. It's thought that, we actually accept men's identity of holding power in our subconscious. We women also accept male domination and power at symbolic level. That's why you can approve marriage of a 60 years old man with 25 years old woman. Because for centuries, society has been pumping this idea to our subconscious. It doesn't pump the opposite idea, thus, it looks funny, odd and unacceptable. However, there are two people, humans, two bodies, they are happy, together and talking, it's simply this." (Melek Zeyrek)¹⁷⁵

"It's assumed that, women can't become important, they are infertile and don't want to have sex or can't make man happy. She is mainly perceived as mother, it may be another factor." (Güzin Çelik)¹⁷⁶

"I think that it's again social. The only group who can have younger boyfriends is celebrities, only television actresses have boyfriends younger than them. It's found odd in our society. Maybe it's because they are mothers. Women are expected to be well-behaved, and have limited life, they must have wedlock with their partners etc., these are the reasons." (Sinem Çiçek)¹⁷⁷

var ama yani adam 'fiüv', muhteşem bir tip. Yani adam 30-35 yaşlarında işte kadın da 52, hatta benden büyük bile olabilir o. 52-53 yaşlarında boyu moyu da uzundu ama spor yapmış çok hoş bir kadın olmuş. Fakat adam muhteşem, 30'lu yaşlarda bir şey. Kadınla ikisini görünce 'vay be' diyoruz. Bir de böyle bir grup var yalnız onu da belirtmeden geçemeyeceğim. Benim arkadaşlarım arasında genç sevgilileri olanlar da var. Onlar da şöyle diyorlar, biz çok mutluyuz. Ama bilemiyorum, bir şey diyemeyeceğim. [...] Ooo, sapık, direk sapık, azmış karı. Aynen böyle derler 'karı azmış'." (Fulden Karaca)

¹⁷⁵ "Bence toplumsal algılarla ilgili. Çünkü şöyle düşünülüyor erkeğin güç ve iktidar sahibi olma kimliğini hepimiz aslında bilinçaltımızda kabul ediyoruz. Kadın olarak da kabul ediyoruz hani erkek egemenliğini, gücünü sembol olarak. Onun için 60 yaşındaki bir adamın 25 yaşındaki bir kadınla evlenebileceğini kabul ediyorsun. Çünkü yüzyıllardır toplum sana o bilinçaltını o bilgiyi veriyor farkında olmadan. Tersini vermiyor, vermediği için o görüntü sana bir komik geliyor, tuhaf geliyor, kabul edilemez geliyor. Hâlbuki baktığında insan olarak iki insan var, iki beden var, mutlular, beraberler, anlaşıyorlar, konuşuyorlar bu yani." (Melek Zeyrek)

¹⁷⁶ "Fazla bir şey olamayacağı, işte doğurganlığının olmaması ya da o döneme kadar zaten doğurganlığını bitirmiş olduğu, cinselliği istemeyeceği ya da işte erkeği mutlu edemeyeceği varsayılıyor, artık bir anne olarak daha çok bakılıyor olabilir." (Güzin Çelik)

¹⁷⁷ "Yine toplumsal diye düşünüyorum. Bir de kadınlardan da tabi ki genç sevgilisi olabilecek camia belli, hep televizyonlardaki artistlerde vesaire onlarda böyle yaşı büyük olup bayan, genç sevgili diyelim, bir tek onlarda var. ama toplumumuzda yadırganıyor. Belki anne olmalarından dolayı işte,

Once again, the identity of motherhood becomes prominent in Sinem's and Güzin's statements, which may socially stand against women to pursue their own desires or might hold them back in terms of love. Sinem also implied that this opportunity can only be an option to women, who are celebrities or members of high society. However, Gaye's point disproves her. She exemplified the well-known couple Pınar Altuğ and Yağmur Atacan, who are both actors and married since 2008, 'despite' Pınar Altuğ is 11 years older than his. Gaye was right; because since the very beginning of their relationship, Turkish magazine was not only highly critical about their relationship and also very persistent about not to acknowledge their love. Even after almost ten years of their marriage, their relationship may still be seen as socially awkward by some.

"So you know we also have such an example. For instance, Yağmur Atacan and Pınar Altuğ were talked a lot. I can't understand this. Why is there no problem when a man dates with a young woman whereas the otherwise is unacceptable? In my opinion there shouldn't be a problem. This is completely interaction of two people in terms of body and physiology. So it should be. Moreover, this type of things shouldn't be talked at all. Private life of people must be respected." (Gaye Çalımlı)¹⁷⁸

Another well-known couple were mentioned a lot during my interviews, who are the President of France Emmanuel Macron and his wife Brigitte Macron. Even after few interviews I felt the necessity to formulate Macron's as a question and asked about the opinions of my respondents about that couple. I was lucky that during my fieldwork, this couple was highly famous due to their age difference. (I also could not help but wonder, whether it would have been that newsworthy though, if the age difference between Macron's was the opposite. Probably not, at least not in this manner!)

topluma yerleşmiş bir şey var; kadın ahlaklı olmalıdır, zaten belli bir yaşam şeyi olmalıdır, eşi nikahlı olmalıdır vesaire bunlardan kaynaklı." (Sinem Çiçek)

¹⁷⁸ "Yani bizde de böyle bir örnek var biliyorsunuz. Yağmur Atacan ve Pınar Altuğ mesela çok konuşuldu. Yani ben bunu anlamıyorum. Neden bir erkek kendinden genç bir bayanla olduğunda sorun olmuyor da; bir kadın kendinden genç bir erkekle olduğu zaman sorun oluyor. Bence de bir sorun olmaması lazım. Bu tamamen bedensel ve fiziksel insanların etkileşimi. Yani olmalı, konuşulmamalı da hatta bu tarz şeyler. İnsanların özel hayatına saygı gösterilmeli." (Gaye Çalımlı)

When we were talking about women with younger men, Macron's visibility is evaluated as a highly positive aspect by all women that I interviewed and they exemplified Macron's in order to emphasize that there is nothing wrong and/or unnatural about this. Especially Suna and Hale appreciated Brigitte Macron due to her visibility as a public figure to subvert taboos around middle aged women.

"Hopefully, current President of France saved us all!" (Fulden Karaca)¹⁷⁹

"I really appreciated and saw her on TV as well. They seem very happy, the woman is very charming also. Why not?" (Hale Toprak)¹⁸⁰

"Our morning conversation last week was this: how older is wife of French President than himself. He is 39, she is 68. When he was 17, she was her teacher. Woman declared like this: Why we can always see a woman with a man who is much older than her but why can't be man is younger one and woman is older. If the other way around is okay then there is no reason for this not to be." (Suna Elibol)¹⁸¹

Nevertheless, the case of Macron's illustrates that, even in this case all the credit may tend to be given to the male party as did by Tlin by appreciating men's 'courage' to take an older wife. Tlin's statements may be evaluated as realist; but also it is undeniable that how dominant are the social values attached to *feminine ethos*.

"I think what he did was such a beautiful thing. She is older, just think how many years he can be with her in that level. Yet, he married her just for love without any count. So he wants to be with her for life, can you imagine that? He didn't care about her beauty. She was about 68, how many more years can she stay like this? He never thinks that. He didn't consider that she will be wrinkled, or worried about how he is going to carry her by him. It is a very good thing. I think not all man can do the same. It is such a nice behaviour. I liked it." (Tlin Pr)¹⁸²

¹⁷⁹ "Neyse ki Őu Fransa Cumhurbaşkanı kurtardı hepimizi." (Fulden Karaca)

¹⁸⁰ "Ben çok takdir ettim kadını da gördüm televizyonda. Çok da mutlu görünüyorlar çok da hoş bir kadın. Neden olmasın." (Hale Toprak)

¹⁸¹ "Geçen hafta sabahleyin muhabbetimiz şeydi: Fransa cumhurbaşkanı Macron karısı kendinden kaç yaş büyük. Adam 39 yaşında, kadın 68 yaşında. 17 yaşındayken kadın öğretmen onu okutuyor filan. Kadın şey diyor. Neden hep yaşlı bir adamın yanında kendisinden yaşça çok küçük bir kadını görebiliyoruz ama adam genç kadın işte ondan büyük neden olmasın, diğer türlü oluyor da bunun olmaması için aslında hiçbir sebep yok." (Suna Elibol)

¹⁸² "Bence adamın yaptığı çok güzel bir şey. Kadın yaşlı, kaç yaş yaşlı, o kadınla kaç sene o seviyede beraber olabilirsiniz bir onu düşün ama adam hesaplamadan sırf sevgi için onla evlenmiş. Yani bir ömür onunla beraber olmayı istiyor, düşünebiliyor musun? Ne kadının güzelliğine ne şeyliğine bakmamış.

This section can be considered maybe the most significant part of my entire thesis. Therefore, I tried to cover everything without skipping any important points. The social construction of *feminine ethos*, its repercussions on middle age women and gender inequality in midlife will continue be elaborated in the next section together with its relationship with physical aging, youth and beauty.

6.2.2. Youth & Beauty

Parallel with the discussion related with reproduction and sexuality, being young or at least looking young and having an appearance compatible with mainstream beauty standards are also significant dynamics, which contributes constructing *feminine ethos* and sustains gender inequalities even in the middle age of women. In my interviews, this issue has come up many times. It should be noted that aging is an inevitable fact, which tend to create a certain level of gloominess upon individuals; yet its social meanings manifests itself in various ways differing from not only woman to woman; but also between genders. In this section, the main focus would be around how women shape their social lives and take a subjective position against the expectations related with youth and beauty. In order to open the discussion Deniz's statement is actually quite explanatory and guiding towards elaborating the issue.

“Actually there must be sadness of losing something in people but this shouldn't be turn into rivalry either. Of course I can't look younger than a person younger than me or more beautiful than a person more beautiful than me. I am simply what I am. I don't want to be in such rivalry. To me, that rivalry is created between people and it is what disturb us now.” (Deniz Özgür)¹⁸³

Deniz especially emphasized that the real thing, which burdens women about aging and bodily decay is more than the decay itself; but an artificial competition triggered

Kadın 68 yaşında mı neydi, kaç sene daha o şekilde kalabilecek mesela? Ama adam onu hiç düşünmüyor. Bu kadın buruşacak, kırışacak ben bu yanımda nasıl taşıyacağım dememiş. Çok güzel bir şey yani. Bence her erkeğin yapamayacağı bir şey. Çok güzel bir davranış. Benim hoşuma gitti.” (Tülin Pür)

¹⁸³ “Aslında bu olmalı bir şeyleri kaybetmenin bir hüznü olmalı insanda ama bu şeye de dönüşmemeli, bir rekabete de dönüşmemeli. Tabii ki ben genç bir insandan daha genç gösteremem, güzel insandan daha güzel duramam neysem oyum yani. Öyle bir rekabete girmek istemem ben. Öyle bir rekabet de yaratılıyor bana göre insanlar arasında bizi rahatsız eden o şu anda.” (Deniz Özgür)

among women by social values. Actually, her analysis is neither inaccurate, nor unfamiliar. The objectification of women as ever-young and ever-beautiful condemns women at every age especially the women who are in their ages of puberty often manifesting itself with eating disorders for example. Moreover, feminist theory together with women's movement have been dealing with this issue since forever. However, the visibility of middle aged women related with these issues is more open to questions when compared to younger women. In parallel, from the women's accounts, it may be inferred that the concerns related with looking young and beautiful may be an ongoing process dominating women's lives; although, its appearances and women's reactions towards it may transform through age. In my conversations with women, I observed a dominant tendency to compare their physical appearance with other women in order to feel themselves better about themselves. Deniz pointed on that with following words:

“People constantly start comparing themselves with their peers after menopause. I guess I developed a fear of old age. It is like whether I look older than her, am I getting older? But I observed my peers and saw that I am not that old which seemed uplifting to me. Okay I've entered a process. But at least let it happen. I had concern of getting older. But it happened because I got old, that is a fact, I am getting older at the end. Menopause is in fact precursor of getting older.”
(Deniz Özgür)¹⁸⁴

After hearing Deniz's and few other's statements about the tendency to compare themselves with other women, I added this among interview questions and asked to my remaining respondents about this issue, the majority of which responded affirmatively. From this tendency it may be concluded that 'to be perceived as beautiful' is so intrinsically embraced by women that it contributes to their identity as women even in the middle age despite the fact that many personal goals are achieved especially regarding my respondents. Correspondingly, middle age may be extra

¹⁸⁴ “İnsan kendini yaşlılarıyla kıyaslamaya başlıyor sürekli menopoza girdikten sonra. Bir yaşlılık şeyi oldu bende sanırım korkusu. İşte ben acaba ondan daha mı yaşlı gösteriyorum, yaşılanıyor muyum filan tarzında. Ama ben gözlemledim kendi yaşlılarımla gözlemlediğimde çok da yaşlı olmadığımı düşününce görünce bu bana bir artı gibi geldi. Tamam böyle bir süreç girdim. Ama artık biraz da olsun yani o sürecim de olsun. Yaşılanıyorum artık endişem oldu benim. Ama o da zaten yaşlandığım için oldu tabii, böyle bir gerçeklik var yaşılanıyorum sonuçta. Zaten menopoz da yaşlanmanın bir süreci onun habercisi gibi.” (Deniz Özgür)

challenging for women who are indeed physically beautiful and sexually attractive. As mentioned before, according to my personal opinion Piraye was an enormously attractive woman drawing attention with her physical appearance and Western type of beauty, which is also marginal considering mainstream type of Turkish women. However, she emphasized a crucial point that her beauty is actually is the source of her emotional collapse as well, which has accelerated with the beginning of her menopausal experience. She explained that she was so used to be admire herself as beautiful and also admired by others as a beautiful woman that the possibility of *losing* her attractiveness with menopause created a huge stress for her and even made her question her identity.

“I’ve had the challenge of being a beautiful woman during my entire life. Always being very beautiful, lots of attention and interest. I’ve always seen this. Consequently, what I feel is like that: A friend of mine told me that and I agree with her comment, when a beautiful and spoilt Hollywood star grows older and fall into disfavor. No one likes her or wants her for movies, I experienced something similar to that. Maybe I psychologically dragged myself into this since I went through menopause. Due to increase of fat, change of skin, start of wrinkles and so forth, the attention I usually attract was decreased. Of course there was a refusal on that. Because I used to receive compliments in the past. Oh you are so beautiful, oh you are so cool, oh you are so sexy so forth. This is first time I am explaining these since it’s a research subject. It is not self worship, my life was like that. Men admired, women admired. Oh really, how beautiful I was. I wasn’t realizing these when I was told but when I look my old pictures now, I am saying that I was really like an artist. I am saying that people were right. So what happened now and I have a decline on that too. How I went through menopause and they threw me off from cliff, so I experienced similar situation at that too. Since I had always been liked and praised, now I get annoyed when I don’t receive any. Whenever someone tells me that oh were you like that, you gained so much weight, lose some weight, it disturbs me a lot. I get extra demoralized.” (Piraye Yüksek)¹⁸⁵

¹⁸⁵ “Hayatım boyunca güzel kadın olmanın zorluğunu yaşadım ben. Hep çok güzel olmak, hep çok ilgi hep çok alaka. Hep bunu gördüm. Dolayısıyla benim hissettiğim şey şöyle oldu. Bunu bana bir arkadaşım söyledi de ben katılıyorum onun bu yorumuna. Hani Hollywood starı hep böyle şımartılmış güzel şey filan, ve yaşlandığı zaman birden bire gözden düşer ya. Artık onu kimse beğenmez istemez artık film filan da çeviremez, ben öyle bir şey yaşadım açıkçası. Kendimi de psikolojik olarak belki ona sürükledim menopoza girdim artık işte filan diye. Ama tabii hani bu yağlanmanın artması, kilo cildin değişmesi, kırışıklıkların başlaması filan ayrıca tabii çevremden de gördüğüm ilgi azaldı. Tabii onda da bir kabullenememe oldu. Çünkü alışmışım ya böyle hep güzel, hep iltifat hep şey. Ay çok güzelsiniz, ay çok havalısınız, ay çok seksisiniz bilmem ne. Ben şimdi ilk defa burada bunları açıklıyorum ama araştırma konusu olduğu için. Hani burada bir kendini beğenme olayı değil; yaşamım öyle geçti yani. Erkekler beğendi, kadınlar beğendi. Vay hakikaten ben ne güzelmişim filan. Şimdi ben bakıyorum bunları ben çok fark etmiyordum bana söylendiğinde ama şimdi bakıyorum mesela eski

Piraye's candid explanation of herself has reminded me the movie starred by Julianne Moore named 'Maps to the Stars' (2014), in which a Hollywood star's story has depicted, who lost her charm and returns empty-handed from auditions due to her age. Piraye's life shows resemblances with this fictional character; but as it is seen, the story is actually originated from real life experiences of women, who are also portrayed in Gail Sheehy's book (1992). Another thing, which may be inferred from Piraye's statement is that being beautiful and attractive may seem as 'liberating' for women to open every door in a heteronormative society; yet the reality is actually coercive after midlife especially in the case of women who perceives their beauty as an integral part of their subjectivity. Correspondingly, Piraye uttered a huge longing towards her youthful body in a very agonized way. However, Piraye was not the only one who admits that she missed her youthful body.

"Thus, when I look in a mirror, frankly I get demoralized. I am looking for my old body shape so much. I always want to turn back to my old form. I try to see it on the mirror, remember it by looking. So I am telling to myself that I had hourglass body shape, I always look into mirror and say oh can I turn back to my old shape, can it be? With this concern I started to do yoga, I did plates for a while. Pilates is over, I continued yoga for a while afterwards. Yoga was far more effective. I absolutely recommend all women who went through menopause, they should practise yoga." (Piraye Yüksek)¹⁸⁶

resimlerime filan ya hakikaten artist gibiymişim diyorum. İnsanlar haklıymış filan diyorum. E ne oldu şimdi onda da bir düşün yaşadım. Nasıl menopoza girdim birdenbire uçurumdan attılar beni, e onda da öyle bir şey yaşadım. Hep beğenildiğim ve övgü aldığım için, almadığım zaman rahatsız oluyorum bu sefer. Birisi bana şimdi dediği zaman, ay sen böyle miydin çok kilo almışsın ver şu kilolarını dediği zaman bu bana çok batıyor. Ekstradan moralim bozuluyor." (Piraye Yüksek)

¹⁸⁶ "O yüzden aynanın karşısına geçtiğimde hakikaten hep böyle bir moralim bozuluyor. Eski halimi arıyorum yani, çok arıyorum. Hep dönmek istiyorum eski halime. Eski halimi görmeye, hatırlamaya çalışıyorum. İşte diyorum ya kum saati vücudum vardı, hep aynanın karşında bakıyorum aaay diyorum ben tekrar o halime dönebilir miyim, olabilir miyim filan diye. İşte bu kaygıyla hemen yogaya yazılmışım, pilatese gittim bir süre için. Pilates bitti, biraz yogaya gittim. Yoga çok çok daha fazla etkili oldu. Kesinlikle menopoza giren tüm kadınlara tavsiye ediyorum, kesinlikle yoga yapsınlar." (Piraye Yüksek)

“Of course I miss my old body. You try to turn back time. To turn it back, you start doing sports which you never did before, or taking care of yourself. Now I am in that mood, yes.” (Suna Elibol)¹⁸⁷

I should clarify that not all participants feel sorry about the passing of youthful years and *losing* their beauty. In fact, the majority of women declared that although they can feel sad from time to time related with aging, it did not devastate them in a severe way. As a matter of fact, some declared that they are looking forward their elderly years. To illustrate, Nazan stated that cosmetic operations are meaningless for her; while Zuhale emphasized her admire for elder women. The common point in both statements can be summarized that they both disagree with the idea that women should try to look beautiful in their whole life.

“Oh, I also think that everything should be experienced. I mean, my old age, seeing wrinkles on my face. I mean there is no need for things that is injected. Of course I buy creams, antioxidant medicines, so forth. For example I buy and use these however, apart from that I am against botox since it alters facial expressions. It results in extremely artificial faces. Lips do not move, all of them look like identical and their expressions are modified.” (Nazan Bahadır)¹⁸⁸

“We are always stretch ourselves in order to become younger and more beautiful. We can get old, so what? I, for example, adore women who proudly walk around with white hair. Incidentally, I met with an old woman this morning. With her white hair she was so sweet. So this is a reality of the life. Not preferring women over middle age is simply a loss. Eventually, this is a result of life and if this life is for all of us, not only for retirement rest only, we also should be productive and work happily about this. We should make them accept. I think both women and men should be convinced to this.” (Zuhale Işık)¹⁸⁹

¹⁸⁷ “Eski vücuduma bir özlem tabii oluyor. Zamanı geri döndürmeye çalışıyorsun. Geri döndürmek için de işte daha önce yapmadığın sporlara, bakımlara filan başlıyorsun tabii ki. Şu anda o moddayım ben evet.” (Suna Elibol)

¹⁸⁸ “Ay ben bir de her şeyin yaşanması gerektiğini düşünüyorum. Yani yaşlılığımı yüzümde görebilmeyi kırışıklıkları. Yani gerek yok özellikle enjekte edilen şeylere gerek yok. Tabii kremler mremmler, antioksidan ilaçlar filan bunları ben alıyorum mesela, yapıyorum ama onun dışında botoksluk şeylere şu yüzden karşıyım, yüz ifadesini değiştiriyor, yani böyle aşırı şey suratlar oluyor, yapay suratlar. Dudaklar oynamıyor böyle hepsi aynı tornadan çıkmış gibi aynı oluyor, ifadeleri değişiyor.” (Nazan Bahadır)

¹⁸⁹ “Ama biz kendimizi hep şey yapıyoruz, daha genç olalım daha güzel olalım, yaşlanmayalım diye geriyoruz. Halbuki yaşlanalım yani ne var. Ben mesela beyaz saçıyla özgüvenle dolaşan kadınlara hayran oluyorum. Tesadüf bugün sabah yine bir teyze ile görüştüm. Bembeyaz saçlarıyla o kadar hoş ve tatlı gözüküyor ki; bu da hayatın bir gerçeği yani. Şey de bir kayıp işte orta yaşın üzerindeki kadın çok tercih edilmemesi... Sonuçta bu hayatın getirdiği bir şey ve bu hepimizin eğer çalışma süreciyse bu sadece emeklilik için değil de üretken olup bundan mutluluk duyarak çalışmaya devam etmesi çok

When I asked Zuhall to elaborate on what women should do in order to make people acknowledge women in their natural state, she emphasized the importance of work life and professionalism, whose significance has been mentioned also in the issues related with reproduction and sexuality. Once more, it reveals how critical is women's participation in working life in order to equip themselves with achievements to cope with *feminine ethos* and construct a more stable and stronger subjectivity. From their statements, I assume that among middle and lower class women who are housewives and could not have the opportunity for education and professional training, the experience of menopause may be even more oppressive. Here, it should be emphasized that the assumptions of feminist theory about the conceptualization nature and culture were highly accurate; so, the concept of gender is not ignored in my thesis but it brought a corporeal expansion to it in order not to exclude middle aged and elderly women from the picture of women's struggle.

"You'll understand this more clearly when you work in the future, the identity of women, who are independent, working and struggling with many challenges by themselves, overrules the notion of beauty. We prefer living more mentally or with our own success. Beauty doesn't provide us anything, neither deficiency nor positive value." (Zuhall Işıık)¹⁹⁰

Tülin also asserted that physical aging is not fearful to her. However, I discovered that she builds her opinions about it by justifying the sacred status of motherhood and grand motherhood, in which she assumes that everyone should desire being a grandma.

"I do not observe myself by saying like I grew older one more year and this and that kind of changes happened on me. I am 47 now. You adapt your appearance without even realizing it. Moreover, I really like headscarfed, sweet grannies. I want to be like that when that time comes. So we don't have to be perfect and

güzel. Bunu kabullendirmeliyiz. Yani hem kadınlara hem erkeklere kabullendirmeliyiz diye düşünüyorum." (Zuhall Işıık)

¹⁹⁰ "Daha çok, - bunu çalıştığım zaman anlayacaksın-, bizim bir de kendisi çalışan, ayakları üzerinde durabilen, birçok zorlukla tek başına mücadele eden kadınların kimliği güzelliğin ötesine geçiyor. Daha çok mental tarafta ya da kendi başarılarımızla yaşamayı tercih ediyoruz. Bu bize şey sağlamıyor yani, hani bir eksiklik veya artı değer çok sağlamıyor." (Zuhall Işıık)

well-kept. How beautiful is being a mother, so is being a aunt or granny too.”
(Tülin Pür)¹⁹¹

In the field I realized that except of few women, almost all of my respondents are content about their body image and do not feel themselves devastated from physical signs of decay through aging. On the other hand, almost all of them also implied that feeling themselves as beautiful is an important aspect on their daily mood and in order to feel themselves self-confident. Cansel’s statement was striking for me about the issue upon my question ‘what kind of gains do you consider can be gained from a day that you feel yourself beautiful?’

“I become so energetic, I believe that I can defeat everything. It’s bad I know, but I feel like taht anyway. We attribute a greatly important meaning to physical appearance.” (Cansel Keskin)¹⁹²

Cansel explained herself within a very strong expression by saying ‘defeat everything’; but she was not alone about her position. Similar remarks were made also by my other respondents. For example, Fulden admired make-up to switch her mood in a positive state.

“Oh it differs very much. I feel so upset if I don’t put on make-up. I feel bad when I see whites in my hair. Except these, I use a load of creams, I am spending money for plenty of cosmetic products. I haven’t got anything (cosmetic procedures) done yet to my face but I want to do it.” (Fulden Karaca)¹⁹³

Correspondingly, witnessing the decay in body through personal observation or due to medical interventions are considered as challenging for some women. In that sense,

¹⁹¹ “Bir yaş daha yaşlandım ama şuramda da şöyle olmuş. Ya da kendimi oturup da incelemiyorum mesela. Şimdi 47 yaşındayım ama. Zaten hiç farkında olmadan ona uyum sağlıyorsunuz. Ayrıca mesela başı kapalı, tatlı, tontoş babaanneler nineler benim çok hoşuma gider. Zamanı geldiği zaman inşallah ben de öyle olmak isterim. Yani çok da bakımlı dört dörtlük olacak şeyimiz yok ki. Anne olmak nasıl güzel bir şey, teyze olmak, hala olmak, babaanne olmak anneanne olmak da çok güzel bir şey.” (Tülin Pür)

¹⁹² “Çok enerjik oluyorum, her şeyi yenebileceğimi düşünüyorum. Kötü ama öyle işte. Dış görünüşe muazzam anlamlar yüklüyoruz.” (Cansel Keskin)

¹⁹³ “Ay çok fark ediyor. Makyaj yapmazsam kendimi çok mutsuz hissediyorum. Saçlarımın beyazını görünce kendimi kötü hissediyorum. Onun dışında bir yığın krem kullanırım, bir yığın kozmetik ürününe para veriyorum. Henüz bir şey yaptırmadım mesela yüzüme gözüme ama, yaptırmak istiyorum.” (Fulden Karaca)

complained about her wrinkles and increasing cellulites; whereas Hale's point was about her experience of breast cancer and deformation in her breast due to surgery.

“When I observe cellulitis or sagging skin on my body, it makes me sad, that disturbs me.” (Cansel Keskin)¹⁹⁴

“I haven't lost my breast. Only a part of it was removed near the tumor. But now, there is a significant difference in aesthetics between my breasts in terms of size and shape. My clothes and bra masks this, however, I myself know what is really there inside. Or if I buy my regular sized bra, some part of it stays empty. My mother's single breast was removed right after me. My aunt was telling me that she becomes aggressive on the days that she gets bath. It because she would see herself. By the way, my mother is 42 years older than me. No matter what the age is, women care about this.” (Hale Toprak)¹⁹⁵

The ontological point advocating an embodied subjectivity is vividly materialized in Hale's statement, in which she shares hers and her mother's experiences related with breast cancer. Within a similar point of view Esra, who experienced an emotional distress related with menopausal transition and tried very hard to get over it almost for two years, recalled her days of depression by indicating that she could not even pick clothes for herself; because she thought that nothing would go with her deformed body from now on. Yet, she also admitted that, that feeling did not last so her perception back then did not reflect the reality but more about her perception about herself and her body. Therefore, it would be wrong to assume women in those relations as if they take a passive position. On the contrary, as it is apparent also from formerly mentioned statements of other women, women are constantly struggling with *feminine ethos* in an empowering way.

“That's the other thing, I couldn't find clothing to suit myself. However, serious weight gain or losses occur during this transition periods. I haven't lost any though, but as a result of gaining weight, you attribute these to that. Like, oh I went through menopause nothing will suit me anymore. Especially if you were

¹⁹⁴ “Ama vücuttaki selülitleri, sarkıntıları kendi vücudumda gördüğümde ona üzülüyorum, o beni rahatsız ediyor.” (Cansel Keskin)

¹⁹⁵ “Şimdi ben mememi kaybetmedim. Tümörün etrafından bir kısım alındı. Fakat boyut olarak, şekil olarak şimdi ciddi bir miktarda estetik fark var iki memem arasında. Kıyafetlerim veya sutyenim bunu kamufle ediyor ama ben onun öyle olduğunu biliyorum. Veya normal sutyen bedenimi aldığımda onun içi boş kalıyor, bir kısmı. Benden sonra annemin tek memesi alındı. Teyzem diyordu ki banyo yapacağı günler asabi oluyor. Kendini göreceği için. Ki benim anneme aramda 42 yaş var. Kaç yaşında olursa olsun, kadın bunu önemsiyor.” (Hale Toprak)

45 kilos before. You can't fit in dresses. You ask yourself that who will like me anymore. But when I look now, those things have long been past and don't happen anymore.” (Esra Karadeniz)¹⁹⁶

Since, no studies related with cosmetic operations in menopausal years are covered in the in the chapters related with the literature review about the experience of menopause, several women agreed that they are helpful in order to cope with negative attitudes towards their body image; while uttering it rather in an arbitrary way.

“Absolutely, I'd have it, absolutely. For example, if my belly fat were removed I would be very happy. [...] Of course, it happened, I was feeling better and more beautiful before. It doesn't have significant emotional effect though. You don't mind as you did in puberty.” (Nehir Erdem)¹⁹⁷

“Surely it solves. Positive change in body also reflects upon the human spirit. Because age is already increasing. Because of menopause, new fears begin. I don't have so many fears, however, person's world view changes a bit more. You feel happier when you see yourself physically more beautiful and younger.” (Suna Elibol)¹⁹⁸

Another important aspect related with cosmetic operations that it becomes a trend and nowadays and it is perceived as a usual and necessary procedure for all. Due to this new meaning of cosmetic medical interventions, some women declared that they face peer pressure from their friends and colleagues even if they are not bothered from their body in general. Therefore, it is understood that decisions of women about undergoing cosmetic operations may be influenced by this trend. Deniz and Zuhall

¹⁹⁶ “Bir de o var, mesela kıyafet beğenemiyordum kendime, yakıştırmıyordum. Ama işte bu geçiş dönemlerinde de vücutta aşırı kilo alma, zayıflama, bilmem ne filan oluyor. Gerçi bende zayıflama hiç olmadı da aşırı kilo alma sonucunda onları da ona bağlıyorsun. Hah işte menopoza oldum artık hiçbir şey üzerime yakışmıyor diye. 45 kilolardan gelince bir de. Kıyafetleri kendine yakıştırmıyorsun. Bundan sonra artık kim beğenir ki beni diye düşünüyorsun. Artık bakıyorum da mesela pek kalmadı onlar.” (Esra Karadeniz)

¹⁹⁷ “Yaptırırım kesin. Kesinlikle yaptırırım, kesinlikle. Mesela karın yağlarımı alsa bir çok mutluluk olurum. [...] Oldu tabii, öncesinde daha iyi ve daha güzel hissediyordum. Ama bunun bana inanılmaz getirdiği bir ruhsal ağırlık yok. Ergenlik dönemlerinde takıldığın kadar takılmıyorsun.” (Nehir Erdem)

¹⁹⁸ “Kesinlikle çözüyor. Bedendeki o olumlu değişiklik insanın ruhuna da yansıyor. Çünkü yaş zaten ilerliyor. Menopoza girdiği için insanın korkuları filan başlıyor. Çok korkum olmasa da; insanın yine de hayata bakışı birazcık daha değişiyor. Fiziksel olarak, kendini güzel ve daha böyle genç gördüğün zaman daha mutlu oluyorsun tabii.” (Suna Elibol)

addressed to this peer pressure, but also added that they still did consider this option for them despite it is highly normalized in their immediate environment.

“Yes, there is social pressure. Nowadays new trends have arisen like fat injection, botox etc., even young people have those done. This looks like a new era of agelessness. I have colleagues who had cosmetic operations, some says let’s do it. I can prefer surgery but I can’t bear doing it just because of peer pressure. Why there is such pressure and insisting. Let us grow old, let youngs be like young and olds be like old. Today, mothers look younger than their children and children look older than their parents because of make-up. This sounds ridiculous to me. Let me grow old and become a cute granny. To me, interfering to that is not true. This is partly due to fact that I am working. If I were retired or unemployed, I would feel this pressure less. Since our environment is in mainly plaza buildings, it is a must to have cosmetic operations.” (Deniz Özgür)¹⁹⁹

“I am one of the remaining people I know who hasn’t had operation. I was thinking about it from time to time. There are last 5-6 people around me who don’t have botox. It is not a obligation but getting normalized rapidly. I don’t think it is disturbing though. However, it’s a fact that there are few people who don’t prefer surgery, especially in metropolis. For instance, when I visited Ankara, my friend had an operation and surprised by the fact that that I haven’t had a surgery yet. It became normal thing just as having a haircut.” (Zuhal Işık)²⁰⁰

Melek and Zuhal also emphasized that working may be another factor influencing the decision of women about this issue; because they are interacting with a lot of women, who are white-collar workers in their work environment undergoing these procedures due to the nature of their jobs. While Melek implied that she can feel herself ‘too

¹⁹⁹ “Evet bir toplumsal baskı oluyor. Şimdi bir de şey modaları çıktı ya, yağ enjekte etme, botoks filan, hatta gençler bile yapıyor bunu. Yaşsızlık gibi bir döneme girildi sanki. İşte arkadaşlarım var yaptıran, hadi gel yaptıralım diyenler var. Ben kendime yaptırabilirim de, sırf bunu şey baskısıyla yapmayı kendime yediremem ben şahsen. Niye böyle bir dayatma baskı olsun. Bırakın yaşlanalım ya, biraz gençler genç olsun, yaşlılar yaşlı gibi olsun. Şimdi bakıyoruz, anneler çocuklarından genç, çocuklar makyajla annelerinden büyük görünüyorlar. O da bana bir saçma geliyor. Bırakın da biraz yaşlı, tonton bir teyze olayım yani yavaştan artık, ona çok müdahale etmek bana doğru gelmiyor bana. Çalıştığım için de bu böyle biraz aslında. Emekli olsam veya çalışmasam böyle bir baskıyı daha az hissederdim bence. Bizim çevremiz hep plazalar çünkü, böyle estetik vesaire şeyler peynir ekmek gibi, yaptırmayı dövüyorlar.” (Deniz Özgür)

²⁰⁰ “Benim etrafımda yapmayanlardan biriyim ben. Ben de diyorum ki ben de mi yapsam. Benim de etrafımda son 5 6 kişi filan botoks yaptırmayan. Bu bir zorunluluk gibi değil de doğal olarak normalleştiriliyor gittikçe. Rahatsız edici boyutta gelmiyor o ayrı konu. Ama yapmayan gerçekten az sayıda kişi var bu bir gerçek. Hele de büyük şehirlerde. Ankara’da mesela aynı şekilde gittiğimde Ankara’daki arkadaşım da yaptırmıştı. Nasıl hala yapmadın diye şaşıyor. Gayet normal hani kuaföre gitmek gibi bir şey olmuş.” (Zuhal Işık)

aged' among them, Zuhal addressed to a more important issue in the banking sector, in which not only younger women are tend to be preferred over them; but also, mentioned that some women 'use' their beauty and *femininity* to achieve higher job status.

“Let’s say a little bit of peer pressure. This pressure seems like happens by itself for plaza workers or white-collar workers. Everybody has operation, like it is dying hair. There are concerns like sould I have it done too, or do I look terrible around them but I do not severely feel like that yet. Maybe I’ll decide having botox when I’m 50-55 because of difference in appearance between others. Depends on my psychological state in the future.” (Melek Zeyrek)²⁰¹

“Nowadays, bank employers also experience such a situation. As a new era, where young people are preferred even if they are less experienced. Banking sector has altered drastically compared to our time. It has become more like relations management. Everything is built on sales and marketing. Yes, in lots of sectors, sales and marketing is the sustenance of those. But, to me, there is another point, how can I say, favoring only youth and ignoring the experienced can’t provide much for companies. Furthermore, some women are using this to promote or other things, meanwhile majority of managers are male in our sector unfortunately. I said it because I came across with this.” (Zuhal Işık)²⁰²

Although, these social settings, which can socially pressurize women towards cosmetic interventions, a lot of my respondents underlined that their subjective perception about themselves are strong enough not to be manipulated by others and influence their decisions about their body and body image. This may also be related with women’s class position and social status, which I assume the picture would be different if lower class women or not working women are investigated in detail. Güzin

²⁰¹ “Birazcık mahalle baskısı diyeyim, bu bölge, plaza çalışanı ve ya beyaz yakalı çalışanlar tırnak içinde, öyle bir baskı kendiliğinden oluşuyormuş gibi oluyor. Herkes yaptırdı, hani o saç boyatma meselesi gibi. Ben de mi yaptırsam acaba, çok mu onların yanında kötü görünüyorum falan gibi bir düşünce geçiyor insanların aklından ama henüz daha öyle çok hissetmiyorum. Belki 50-55 yaşına gelince ben de çok fark oldu aramızda deyip koşa koşa gidip hadi şurama botoks yaptırayım diyebilirim. O günkü psikolojime göre.” (Melek Zeyrek)

²⁰² “Şu anda bankacıların bir de öyle bir durumu var. Yeni süreç olarak söyleyeyim. Ne kadar insanlar tecrübeli olsa da, daha genç insanlar tercih ediliyor. Çünkü bizim anladığımız manada bir bankacılık yok, daha çok aslında ilişki yönetimi gibi. Her şey satış ve pazarlama üzerine kurulmuş. Evet birçok sektöre de satış ve pazarlama sadece firmayı ayakta tutan şey diyebiliriz. Ama şöyle bir şey de var. Nasıl diyeyim. Tecrübenin gözardı edilip de yalnızca gençliğin artı değer katması firmaya çok şey kazandırmayabilir. Üstelik terfi veya diğer yollardan- yöneticilerin çoğu maalesef erkektir bizim çalıştığımız yerlerde- bunu kullanan kadınlar da var maalesef var. Karşılaştığım için söylemiş olayım.” (Zuhal Işık)

finalized her response with three important questions, which summarized her position about this issue very well by emphasizing that she does not feel herself to be beautiful all time in order feel herself valuable.

“Every woman wants to look beautiful, this is a fact. However, I don’t feel obligation to have botox, or anti-aging operation. I am saying that all of these are related with being at peace with oneself.” (Gaye Çalımlı)²⁰³

“Maybe it is not being at peace with oneself or denial. Presenting themselves differently. However, individuals are actually are beautiful regardless of age. Each age has a different kind of beauty. What it (menopause) brought to me was wrinkles but it supposed to happen. If I have surgery for this, will I look prettier to the others? Why should I look beautiful? Should I look beautiful?” (Güzin Çelik)²⁰⁴

The issues related with cosmetic operations or personal care came to the forefront about the concern of some women to fight against bodily decay not in the context of beauty but in the context of maintaining their body’s endurance even in elderly ages. The matter of ‘quality of life’ becomes prominent about this and menopausal transition are often seen as a threat to it, which may also create a certain amount of anxiety. For instance Tülin and Filiz, their endeavor about menopause were more focused of struggling against bodily deformation.

“To protect my body against decay. For example, I get skin care at home and I am using lemon, honey and whatever my doctor suggested. I am trying to buy everything herbal. It’s not okay to neglect menopause. Because body gets weakened. It’s not only about menstruation. Body weakens. Quality of life changes, your appearance changes.” (Tülin Pür)²⁰⁵

²⁰³ “Zaten her kadın güzel görünmek ister, bu bir gerçek. Ama öyle aman gideyim de kendime botoks yaptırayım, anti-aging uygulama yaptırayım, böyle bir zorunluluk ben hissetmiyorum. Yani diyorum ya bunların hepsi insanın kendisiyle barışık olmasıyla alakalı.” (Gaye Çalımlı)

²⁰⁴ “İnsanın kendiyile barışık olmaması, kabullenmemesi belki. Kendini farklı göstermesi. Hani insan her yaşta güzeldir oysaki. Her yaşın ayrı bir güzelliği vardır. Onun (menopoz) bana getirdiği evet, buralarım kırışmış olabilir ama olması gereken bir şey. Hani ben buralarımı yaptırdığımda karşımdakine çok daha mı güzel görüneceğim? Niye güzel görünmek zorundayım? Güzel görünmek zorunda mıyım?” (Güzin Çelik)

²⁰⁵ “Vücudumun düşmemesi için mesela cilt bakımlarını yaptırıyorum daha dikkat ediyorum işte evde de mesela limonlar kullanıyorum, ballar, doktorum ne önerdiyse bana. Dıştan bitkisel olup alabileceğim her şeyi yapmaya çalışıyorum. Ben menopoza girdim haydi yallah da olmuyor yani. Çünkü vücut düşüyor. Sırf senin adet olup olmaman değil ki menopoz. Vücudun düşüyor. Kaliteli yaşamın değişiyor, görünüşün değişiyor.” (Tülin Pür)

“I didn’t observe any behaviors of hue and cry in myself. The most scaring one is not sweat or hot flushes either, but physical deformation of body.[...]I felt anxious and started doing sports and exercising. I said that I should do sports to protect my body. Then I registered to a gym immediately.” (Filiz Moyar)²⁰⁶

The remarks made by Tülin and Filiz carry the discussions about the experience of menopause to the context of chronological aging and health related concerns, which will be dealt in the next section.

6.3. Discussing the Menopausal Embodiment in the Context of Chronological Aging and Health: Staying Healthy & Becoming Healthier

As discussed before, the meanings related with the experience of menopause are mostly referred together with the concerns of aging and health. In the related chapter, it is referred that menopause may be perceived as a signifier of aging and, aside from the worries about *losing femininity*, this may also create stress on women. However, I acknowledge that fear of aging by itself is not very meaningful sociologically; because almost everyone regardless of time, space and gender, are unwilling about elderliness and it can be a matter of stress. On the other hand, when I look closer to the generation of women I studied with, by considering not only the ‘zeitgeist’; but also the class positions of women, I discovered that there are some patterns and tendencies, which are engaged with ‘being ‘healthy’, ‘fit’, ‘fresh’ and ‘active’. As a matter of fact, I tried to address these tendencies briefly in theorization of body at the very beginning of my this study and agreed with the approaches of (Giddens, 1990) (Bourdieu, 1984), who both argue that especially in a postmodern social setting body has become as the mainstream way of self-expression and being fit and healthy has even become an industry. Bourdieu also studies this issue further, in terms of its intersections with class within his famous conceptualization of ‘habitus’ (Bourdieu, 1984). Parallel with the arguments of Giddens and Bourdieu, I also argue that not only the body image; but also being healthy, active, fit and fresh manifests itself as a way

²⁰⁶ “Bağırıp çağırma gibi bir şeyim olmadı. Beni en çok korkutan ter de değil, ateş basması da değil, vücut şeyi fiziksel deformasyon. [...]Endişe ve kaygı duydum, sonradan spora yazıldım. Direk benim spor yapmam lazım, spora gideyim dedim hani vücudumu nasıl koruyabilirim diye. Spor salonuna o zaman yazıldım.” (Filiz Moyar)

of self-realization exclusively to upper class individuals, who work in white-collar positions. Therefore, aside from the meaning of aging, women's approach to healthiness, fitness and wellness may also contribute to their positionality and decision mechanisms towards 'medicalization' of menopause, which is the most visible issue in former studies related with the experience of menopause. Furthermore, I also argue that before dealing with medicalization of menopause in the next chapter, in which the issues such as dialogue with medical experts, trust, reliability and medical interventions are covered, Giddens's and Bourdieu's points are critical.

In order to investigate above mentioned issues I directly asked to my respondents what does being healthy or wellness, which has a popularized term in Turkey roughly for 15 years, mean to them. Upon this questions some of my interviewees responded in medical terms including the words like 'body-fat index', 'diabetes', 'cholesterol' and also stressing exercising regularly.

"Being healthy to me, is having regular sleeps, without being influenced negatively by what is eaten, without having insulin resistance, having normal levels of blood pressure and cholesterol and most importantly feeling good mentally. Of course, sport is an important factor here for both body and mental health. I also got rid of my depression with sport at these times of crisis. I can't dance, but I can play tennis." (Melis Kızıl)²⁰⁷

"Being healthy is doing sports, to speak in physical terms, having proper muscle-fat ratio, not being too skinny though, but close to the normal value of body fat. Having a proper muscle ratio. By saying healthy, I don't mean only physical things, but also having it in a clean way. It's not using every cosmetic product one on the top of another. Being clean, smelling clean, being happy, having hobbies, looking outside of your world, keeping yourself happy, keeping your friends and loved ones happy. I'm serious about the hobby thing, it's very crucial. And constantly adding something new to yourself. Health is these for me. Having positive relationships with loved ones and family. To me, health is this, it's everything that is to say. It also means religion. Helping others, giving

²⁰⁷ "Sağlıklı olmak düzenli uykusu olması insanın, yediklerinin dokunmaması, şeker insülin direnci gibi şeylerin olmaması, tansiyonunun kolesterolünün olmaması, en önemlisi ruhsal olarak kendini iyi hissetmesi. Tabii ki spor burada hem bedensel hem ruhsal sağlığa çok büyük katkı yapan bir şey. Ben de zaten sporla kurtuldum bunalımlı dönemimde atlatmamı sağladı. Çünkü dansa gidemiyorum ama tenis oynayabiliyorum." (Melis Kızıl)

love, I mean, giving something both moral and material. Being happy.” (Filiz Moyer)²⁰⁸

Filiz’s attachment to being healthy as a prerequisite for happiness and description of it like a religious attachment is worth emphasizing. On the other hand, although, wellness has similar meanings to Beren, she stood critical about exaggeration of it through popular trends.

“It means regular life. Sleeping and waking up in certain hours, saving time for sports for certain days and hours, keeping away from 3-whites (flour, sugar and salt). Eating local legumes like beans and lentil are also healthy, a regular life, I mean, without much exaggeration like chia seeds an all . Actually, wellness is this. It’s a recognition and awareness of what is harmful for oneself and reducing those. It’s not exaggerated detox diets.” (Beren Yalvaç)²⁰⁹

As mentioned in the introduction of this section, being healthy is also supported by ambitions towards being active and fresh, which is apparent in Nazan’s remarks. Parallel with Filiz’s statement underlining ‘cleanness’, Nazan noted looking fresh can be another criterion for healthiness.

“The description of being healthy is feeling yourself energetic all the time. To me, healthiness means not getting exhausted, I mean not being fatigued. In the second place, not visiting doctor every single day, but having minor health problems and getting recovered from these only with minor treatments, without medication. This is being healthy and fresh. You look and feel energetic.” (Nazan Bahadır)²¹⁰

²⁰⁸ “Sağlıklı olmak, spor yapmak, fiziksele bakarsak kas ve yağ dengesinin doğru olması, doğruya yakın olması, zapzayıf olmak değil yani. Doğru bir kas oranına sahip olmak. Sağlıklı derken sadece fiziksel de değil temiz şekilde sahip olmak. Her şeyi yapıştırıp sürmek değil. Temiz olmak, temiz kokmak, mutlu olmak, hobi yapmak, kendi dünyanın dışına bakabilmek, kendini mutlu etmek, çevreni mutlu etmek. Hobi derken de ciddiğim yani hobi konusu çok kritik. Ve kendine yeni şeyler katmak. Benim için sağlık bu. Sevdikleriyle, aile üyeleriyle güzel, pozitif ilişkiler kurmak. Bence sağlık bu ya, bu her şey yani. Din demek bu aynı zamanda. Birine yardım etmek, sevgi vermek, maddi manevi bir şeyler vermek yani. Mutlu olmak.” (Filiz Moyer)

²⁰⁹ “Düzenli hayatı ifade ediyor. Belli saatte yatmak belli saatte kalkmak, belirli günlerde belirli saatleri spora ayırmak, 3 beyazdan uzak durmak bunlar aslında. Çok abartmadan hani çiya tohumlarına filan kaçmadan hani yurdumun fasulyesini mercimeğini tüketmek de bir sağlık aslına bakarsanız, çok abartmadan düzenli bir yaşam. Wellness bu aslında çok fazla abartmadan insanın kendi vücuduna neyin zararlı olduğunu fark edip o konuları azaltarak yaşam bence wellness. Yoksa çok abartılı bir şekilde detoks diyetleri değil.” (Beren Yalvaç)

²¹⁰ “Sağlıklı olmanın tarifi, kendini zinde hissetmek herhalde her zaman. Benim için sağlıklı olmak şu: yorulmuyor olmak, yani bitkin olmamak. Ondan sonra her dakika doktora gitmemek. Çok az şeyle,

Some of my respondents also drew attention to mental well-being as well along with physiological health. In fact, as discussed in criticizing Cartesian dualism of mind and body, mental well-being did not embraced in a way implying psychic state but in more eclectic way highlighting the subjective state as a whole.

“I can say that healthiness is actually not what is written on medical reports or results, it’s not how you feel yourself or not what doctors tell you. I don’t mean ignore your doctor and refuse his/her advices. I mean, if doctor says that you are an advanced diabetic or patient with high blood pressure, but you are feeling fine then you are not a sick person in my opinion. Even so, you would try to adapt doctor’s prescription but it’s feeling good in every aspect.” (Melek Zeyrek)²¹¹

“The most important thing is health for me. Without health, going through menopause, giving birth, being beautiful or rich do not mean anything. Maybe you are doing well with fine foods and everything, but may not happy. Also, mental health is as important as physical health. You can’t feel fine, if you aren’t mentally healthy.” (Tülin Pür)²¹²

The issue related with health and the experience of menopause, osteoporosis was a topic mentioned also by the majority of my respondents. Especially my respondents like Gaye and Filiz considered osteoporosis as an important concern due to the fact that in the cases of early menopause the likelihood of osteoporosis increases.

“Oh, I have osteoporosis. I am experiencing bone loss. Mine is related with early menopause. But, I am being treated. I visit my doctor. Even, a regression was observed in my osteoporosis lately.” (Gaye Çalıklı)²¹³

ufak tefek sağlık sorunlarıyla atlatabilmek zamanı, ilaç kullanmadan. Fresh gözükmek yani sağlıklı olmak odur çünkü. Zinde gözükürsünüz, enerjin bitmez.” (Nazan Bahadır)

²¹¹ “Şöyle diyeyim hani doktor raporunda ya da işte tetkiklerde yazandan değil, senin kendini nasıl hissettiğin ya da doktorun bile sana söylediği bir şey değil. Ha bu dikkat etme, onun dediklerini yapma anlamında söylemiyorum. Yani sen çok ağır şeker hastasıysın, tansiyon hastasıysın diyor karşındakine o sırada öyle hissetmiyorsa kişi hasta değil bence. Gene onun kurallarına uymaya çalışacak tabi, doktorun verdiği reçeteye uymaya çalışacak ama bence insanın kendini iyi hissetmesi, her yönüyle.” (Melek Zeyrek)

²¹² “Benim için en önemli şey sağlık, sağlık yoksa gerçekten menopoza olmuşsun, regl olmuşsun, doğurmuşsun, doğurmamışsın, güzel olmuşsun, çirkin olmuşsun, paran çok olmuş, paran hiç olmamış hiçbir faydası yok yani. iyorsun içiyorsundur ama mutlu değildir. Şimdi fiziksel olduğu kadar zihinsel sağlık da çok önemli. Ben zihinsel olarak sağlıklı değilsen kendini iyi hissetmiyorsun zaten.” (Tülin Pür)

²¹³ “Ayy kemik erimesi var bende. Ben kemik erimesini yaşıyorum. Çok erken olmasıyla alakalı benimkisi. Ama işte tedavi oluyorum. Doktoruma gidiyorum. Hatta bir gerileme oldu benim kemik erimemde.” (Gaye Çalıklı)

Additionally, as mentioned in Erol's study (2009), parallel with the general tendency in the world, osteoporosis and menopause is often closely related to each other in Turkey as well especially at the beginning of the discourse of menopause reinvented as a medical issue, which is also apparent in Erol's analysis of TSMO. Therefore, some respondents like Piraye and Hale osteoporosis was considered as a health risk, which is feared and should be dealt with properly in menopausal years.

“First of all I think in terms of health, I'm afraid of cancer. Then, osteoporosis is significant especially in terms of aging qualitatively. Teeth and bones are our most important physical capital, since they are irreplaceable.” (Piraye Yüksek)²¹⁴

“First of all I think in terms of health, I'm afraid of cancer. Then, osteoporosis is significant especially in terms of aging qualitatively. Teeth and bones are our most important physical capital, since they are irreplaceable.” (Hale Toprak)²¹⁵

Unlike Hale and Piraye, Tülin and Nehir on the other hand disagreed with the mainstream perception holding osteoporosis as a serious health risk for menopausal women. Even, Nehir exemplified her husband, who suffers from osteoporosis despite being male.

“Mind what you eat, go and do your sports, have a walk and you won't have osteoporosis. Osteoporosis is immediately linked with menopause, however, this is wrong in my opinion.” (Tülin Pür)²¹⁶

“I read an article of Osman Müftüoğlu about bone loss. Actually, bone loss is not that scary as it is widely assumed. In my opinion, the word is awful, ‘melting’. (The colloquial expression of osteoporosis in Turkish is ‘melting of bones’.) It indicates kind of a disappearance and people are afraid of this. It can be beaten by taking calcium pills, eating white cheese, yoghurt and doing exercise which puts load on bones. For instance, none of our chubby aunts have bone loss. Their body is heavy and their bones are constantly working to carry them. You should get calcium and lift weight. Bones hold calcium, if you apply

²¹⁴ “Öncelikle sağlık açısından bakıyorum, kanser vakalarından korkuyorum. Bunun akabinde de işte osteoporoz kemik erimesi önemli özellikle kaliteli yaşlanmak adına. Dişler, kemikler en büyük sermayemiz yerine gelmeyecek bir şey olduğu için bu.” (Piraye Yüksek)

²¹⁵ “Yani yaptım, az çok biliyorum neler olduğunu hatta kemik erimesi var mı diye çok merak ediyordum. Son onkoloji kontrolünde doktor kendisi bakmak istedi. Çok şükür kemik erimesi yok, benim için en önemlisi oydu.” (Hale Toprak)

²¹⁶ “Gıdalarına dikkat et, git sporunu yap, yürüyüşünü yap kemik erimen olmasın yani. Onu (osteoporosis) hemen onla (menopoz) eşleştiriyorlar ama bence yanlış.” (Tülin Pür)

load on them. I felt much relieved when I learnt this. My husband has it, despite he is male.” (Nehir Erdem)²¹⁷

The issues related with health and wellness, which has become a life trend in recent years, are acknowledged by Melek and Suna, yet their perspectives differ from each other. While Suna implied that increasing disposition of people going to gym and their effort for seeking healthy nutrition options are gratifying social improvements; Melek noted that ‘being healthy’ is a way for gaining social acceptance especially among white-collars, but not really an individual choice.

“I wish this trend of sport and healthy life had started earlier. Then my body would have been fitter and my brain would have been more relaxed. All in all, doing sports and exercising affects your thoughts and everything.” (Suna Elibol)²¹⁸

“That actually has started as a trend. There is now labelling of people as ‘outdated’ or ‘ignorant’, if one doesn’t know about these issues, or doesn’t apply a healthy lifestyle. As a result, people tried to learn it swiftly. They tried to learn these issues, that’s why it has spread so rapidly; not that everyone is a guru of healthy life or anything. They eat baklava (Turkish sweet) at home, but ask sugar-free lemonade outside to form an impression that they protect themselves from diabetes.” (Melek Zeyrek)²¹⁹

Melek’s remark shows how class position is an important element in pursuing healthiness and wellness parallel with Bourdieu’s analysis. As mentioned in the third chapter, I mentioned my studying environment during the process of writing my

²¹⁷ “Ya kemik erimesi, şimdi ben bununla ilgili Osman Müftüoğlu’ nun bir yazısını okumuştum. Aslında kemik erimesi düşünüldüğü kadar korkulacak bir şey değil. Bence kelime kötü: ‘erime’. Bir yok olmaya tekabül ediyor ya, insanlar odan korkuyorlar. Yoksa kalsiyum hapları alarak, bol bol beyaz peynir, yoğurt yiyerek artı kemiğe yük bindirecek türden bir egzersizle üstesinden geliniyor. Mesela bizim tomış teyzelerin hiçbirinde kemik erimesi yok. Vücut ağır, onu taşımak için çalıştığı için kemik, hiçbirinde kemik erimesi yok. Kalsiyum almanız ve ağırlık çalışmanız gerekiyor. Kemiğin üzerine yük bindirirseniz o kalsiyumu tutuyor. Onu öğrendikten sonra ben mesela çok rahatladım. Benim eşimde var, erkek olmasına rağmen.” (Nehir Erdem)

²¹⁸ “Keşke bu spor ve sağlıklı yaşam trendi daha erken başlasaydı diyorum hep. Vücut o zaman daha zinde olacak, beyin daha rahat olacak. Spor yapmak mesela çünkü düşünceleri, her şeyi etkiliyor sonuçta.” (Suna Elibol)

²¹⁹ “O da biraz aslında moda olarak başlayıp şey oldu, o konuda bilgi sahibi değilsen ya da onla ilgili bir şeyleri hayatına almadıysan, uygulamıyorsan biraz demodesin, geri kaldın, cahilsin gibi bir yafta olduğu için öğrenmeye çalıştı biraz insanlar. O konuyu öğrenmeye çalışıp, o konuda kendilerinin eksikliklerini gidermeye çalıştılar ve onun için ben o kadar hızlı yayıldığını düşünüyorum. Yoksa herkes çok fazla sağlıklı yaşam gurusu değil yani. Evde gidip baklavaları yiyip dışarıda ay ben nane limonata içeyim içinde de şeker olmasın şeyleri yapıyorlar.” (Melek Zeyrek)

thesis, in which white-collars are working. Based on my observations in this environment, I can also agree with Melek that especially the issues of healthy food are in great demand and a major topic mentioned in many conversations among colleagues. Moreover, conducting regular check-ups, or regular doctor visits to have them checked are mostly seen as a must in that workplace and the ones, who disregard those controls, tend to be perceived in a demeaning way, which also shows parallel insights with Melek's impression on people, who may behave in a conforming way even they do not care for their nutrition in that sense.

In sum, this chapter I have discussed how subjective perception of women transforms with the experience of menopause in the context of social meanings of menopause like social stigmatization, *loss of femininity*, chronological aging and being healthy. In the light of these discussions, next chapter will be on medicalization of menopause, and how the experience of menopause is 'talked' among women including mothers, friends and elder relatives, apart from the stereotypical image of menopausal women, which is commonly known, in order to seek political ideals to include menopausal women in feminist discourse and try answering the question how their existence can contribute in feminist politics.

CHAPTER 7

TALKING ABOUT MENOPAUSE

The aim of this chapter is discussing how the experience of menopause is shared by women. Within this purpose, the chapter begins with investigating women's dialogue with their doctors and questions how medical experts approach women's experience of menopause and whether they respond to women's emotional needs about the issue. From this dialogue, dimensions related with medicalization of menopause, which is an important focus of study in previous studies, will be analyzed in upper-middle class, working women. Secondly, since this study also attributes a political importance of women's conversations with each other to generate an *organic epistemology* about the experience of menopause, women's relationship between their friends, mothers and elder relatives will be focused in order to construe in which way women share their experience of menopause and whether is there any transformation of knowledge about embodied processes between women. Thirdly, the way in which the experience of menopause is talked is also considered important in order to point out the *outsider/within status* of menopausal women. In that sense, the tendencies of *hiding* the experience and *joking* about menopause will be examined in a detailed sense. Lastly, the political pursuit of this study will be supported by the aim of defeating the *cloak of silence* around the experience of menopause, in which the empowering aspects of middle age and the experience of menopause are given place.

7.1. Dialogue With Medical Experts About the Experience of Menopause

As discussed in the related chapters, medicalization of menopause is the most important aspects related with oppression of women in middle age. Moreover, in the previous chapter, women's concerns related with *losing femininity* is tried to be covered not only in relation with women's decreased social status in middle age; but also appearing as a decrease in their personal value as well visible especially in some of my respondents. The *feminine ethos* constructed about women's identity, who is

reproductive, sexually attractive, young and beautiful, also appeared as an important aspect for women in order to constitute their own identity around, which may ‘falter’ in middle age starting with the experience of menopause. Additionally, for my research group it may be argued that ‘being healthy, fit, active and fresh’ also crucial aspects forming individuality. It should also be noted that not all women experience these in the same way or may not experience at all. Nevertheless, under these circumstances seeking options to defy the ‘horror’ of decay with HRT should not be seen as an irrational pursuit as also argued by Nelkin (1987), which is strongly disagreed by Greer (1991). However, it also tends to enhance the hegemonic understanding of menopause as a disease, which is objected by many feminist scholars; because it makes women’s bodies to be controlled by medicine, which is also considered as a heteronormative institution, in which male body is considered as the norm. Furthermore, the perception of menopause as a disease carries financial profit for medical institutions. In *Menopause Industry* (1994), Sandra Coney emphasized this relationship by arguing the medical profession and pharmaceutical companies are interconnected by promoting the fear in order to make women demand HRT. Similar arguments were also made by McCrea (1983) and Bell (1987). In the Turkish context Erol’s study (2009) is also focused on medicalization of menopause, in which the fear of osteoporosis is utilized to motivate women for HRT use, based on her study that she conducted with women who have already applied for medical help. Although, my fieldwork and my focus of study slightly differ from Erol’s, I also have reached some similar conclusions. To begin with, I should express that except from few women, all women I interviewed declared proudly that they have their medical controls done after they observed the menopausal changes in their bodies. Additionally, several women also emphasized that they never skip their routine gynecological checks. The only woman, who did not go to doctor after menopausal changes was Suna. In her statements, she implied that menopause should not be considered as a medical thing

by exemplifying older generations in Turkey and Japanese women's 'konenki' experience²²⁰.

"I didn't even go to a doctor. I always say that I would but for some reason I never could. Then I say, how people got over menopause at earlier days. For example, in Japan, women don't even know how they went through menopause. There is an interesting situation in Japan like this." (Suna Elibol)²²¹

Other than Suna all of my interviewee's were interacted with their doctors somehow. Yet, especially Gaye's relationship with her doctor can be considered as special and; thus, worth giving place, who experience menopause at the age of 23. She has a long story with doctors and in her remarks, she spoke about herself as a 'victim' of doctors, who misguided her and diagnosed her condition too late. Due to her experience with medical experts she especially emphasized that she lost her trust to doctors.

"I was 23. I went to a doctor when my menstruation didn't start. The doctor, of course, didn't tell me it was menopause at first. He told me that they'd supplement with some medications. Unfortunately, I learned the truth much later, because I realized how the doctor misdirected me. I was visiting gynecologists, whereas I should have gone to endocrinologists, though it was treatable. I can say I am completely a victim of the doctors and sadly, I learned this when I was 43, that I visited the wrong doctors for the whole time and that my condition was treatable. The process was a misfortune for me." (Gaye Çalımlı)²²²

Gaye, who evaluated her relationship with doctors as 'unlucky', also emphasized several times that her experience of menopause at the age of 23 was quite heavy to

²²⁰ For more information about 'konenki' see: Lock, M. (1991). Contested meanings of the menopause. *The Lancet*, 337(8752), 1270-1272.

²²¹ "Ben hiç doktora bile gitmedim. Her seferinde gideceğim diyorum ama bir türlü gidemiyorum. Sonra düşünüyorum ki; ya eskiden bütün insanlar menopozu atlatıyorlardı, nasıl atlatıyorlardı. Japonya' da mesela kadınlar menopozu nasıl atlattıklarını bile bilmiyorlarmış. Japonya' da da böyle enteresan bir durum var." (Suna Elibol)

²²² "23 yaşındaydım. Adet göremeyince doktora gittim. Doktor tabii ki ilk etapta bana bunun bir menopoz olduğunu söylemedi. Bana dedi ki işte ilaçlarla takviye yaparız size dedi. Ne yazık ki ben bunu çok geç öğrendim gerçeği. Çünkü doktorların da yönlendirmesinin çok yanlış olduğunu fark ettim. Ben sürekli kadın doğumcularla haşır neşir olurken meğerse yanlış doktora gittiğimi; beni aslında endokrinologların görmesi gerektiğini öğrendim, tedavi edilebilir bir şey olmasına rağmen. Tamamen doktor kurbanıyım diyebilirim. Ve ben bunu ne yazık ki 43 yaşında öğrendim. Yanlış doktorlara gittiğimi ve tedavide çok geç kaldığımı. Benim için şanssızlık tabii ki bu süreç." (Gaye Çalımlı)

bear. However, she also affirmed that her doctors were completely indifferent about her emotional state and did not offer her any kind of support. According to Gaye, her doctors were also reluctant about preparing her to the transition and giving her appropriate information about the experience of menopause.

“None of the doctors gave me any information about psychological aspects of this. Also, they didn’t give any information about the physical aspects of it as well. Only financial matters were discussed. It will cost you this much or that much like conversations. In fact, I realized that the situation was a lot different later.” (Gaye Çalimli)²²³

Although, the case of Gaye can be considered as exceptional due to her medical condition, it is also undeniable that she has interacted with many doctors for years in her experience of menopause. Therefore, her remarks about doctors should be taken into consideration very carefully, since not every women may has the opportunity to recognize the medical perception like Gaye. In that sense, her emphasis on emotional support and doctors preparing their patients by equipping them with proper knowledge is quite significant. Similar remarks were made also by my other respondents. Yet, according to the statements Tülin and Hande, doctor’s indifferent attitudes are taken so granted that they even do not expect an emotional support from their doctors. About this issue, Tülin underlined that she did not receive any message from her doctor in order to make her comfortable to demand emotional support; whereas Hande implied that she did not expect anything like that from her doctor at the first place, although she admitted near the end of our interview that decreased libido and vaginal dryness may compel her in terms of her relationship with her husband.

²²³ “Hiçbir doktor bana bunun psikolojik yanlarıyla ilgili bilgi vermedi, fiziksel yanlarıyla ilgili bilgi vermedi. Sadece parasal yönlerden konuşuldu. İşte size şu kadara mal olur, bu kadara mal olur filan diye. Oysaki durumun çok farklı olduğunu ben sonradan anladım.” (Gaye Çalimli)

“Even though I am visiting a gynecologist for all these years I didn’t discuss how this affected me psychologically once. There wasn’t an intention on their part as well.” (Tülin Pür)²²⁴

“Since it is pretty normal for the doctors, I am not expecting any emotional response from them. The doctor just gave me information and even a medication, but I didn’t use it.” (Hande Kırmızı)²²⁵

Nehir also agreed that doctors are not only incompetent, but also unwilling to prepare their patients to bodily transitions like puberty and menopause, which many women can experience hardships and have to deal with those all by themselves. Nehir’s statement also clarifies doctor’s attitude towards menopause, which HRT is a pre-given solution presented by doctors superficially without considering the specific relation of women with their experience of menopause. Her criticism about medical attitude also supports the discussions related with Cartesian subject, in which body is disparately handled from subject’s self and considered as a biologicistic machine instead.

“Gynecologists do not have any concern regarding this issue. I think, for the whole duration of the process of menopause, same as puberty, there is not enough preparations to help an individual for the following transformation. They, at most, prescribe an estrogen pill and that’s all.” (Nehir Erdem)²²⁶

Filiz, who are my other respondent experienced menopause in very early years of her life (33), shared her experience with me when she found out about her menopause in doctor’s office. She highlighted that her doctor’s abrupt declaration about her condition gave her a shock and eventually she broke into tears. While she admitted that her doctor consoled her warmly, Sinem; on the other hand, criticized her doctor’s attitude when giving the ‘bad’ news without making any preparing sentences.

²²⁴ “Zaten kadım doğumla ben gidip hiçbir zaman bu kadar senedir gidiyorum, bu da beni şöyle etkiledi, böyle de psikolojimi bozdu diye hiç konuşmadım. Zaten karşı taraftan da öyle bir şey hiç gelmedi.” (Tülin Pür)

²²⁵ “Hekimler için de artık gayet normal olduğu için, duygusal bir şey beklemem zaten. Sadece bilgi verdi hatta bir ilaç verdi. Ama kullanmadım.” (Hande Kırmızı)

²²⁶ “Kadın doğum doktorlarının bu konuyla ilgili hiçbir endişeleri yok. Bence bütün süreçte, ergenliğe girerken de aynı şekilde, menopoza girerken de aynı şekilde, her hangi bir noktada, bireyi destekleyecek o dönüşüme hazırlayacak hiçbir şey yok. Ancak bir östrojen hapi verirler, o kadar.” (Nehir Erdem)

She also underlined that she expected from her doctor to approach to the issue of explaining her menopause in a more tolerant way.

“It stopped abruptly. I went to a doctor after two months of no menstruation thinking that it was seasonal or something. Doctor told me that it was over. I asked further if it were possible to use some medication or a test tube and he reiterated that it was over. He told me that, even the tube method would not work with me. I cried at the doctor’s office, because I was in shock. He hugged me and we cried. He was a doctor that I visited before. He was sincere, compassionate. He told me there was nothing they could do with compassion.” (Filiz Moyar)²²⁷

“I went to the doctor when the irregularities started (in menstruation), immediately they analyzed, etc. The doctor said ‘you went through menopause’ straight away. I was never expecting. My sister was also like that, but I always thought that my irregularity was seasonal or something like that. But when the breaks were drag on, I said probably I’m going to be in trouble like that. You know from your mother, you know from your sister, when you hear a detailed explanation from a friend you think ‘Could it be? I mean that I visited the doctor by assuming that I have something like this, I guess. When I went to the doctor, and heard what he said; I was extremely upset in such at first. You would expect to hear ‘I’m sorry’ or ‘This’ll pass’ or a more eased, tempered way of telling the truth. No such things happened. When he saw that I was sad, he then told me to not to get upset.” (Sinem Çiçek)²²⁸

As I understood from my fieldwork, doctor’s attitude should be considered way too important especially in the case of early menopause, which is understood from my respondent’s accounts that they are indifferent of their patient’s emotional state in these cases. Even Gaye mentioned her interaction with one of her doctors related with her osteoporosis, in which her doctor expressed his/her pity towards her condition.

²²⁷ “Direk kesildim, gelmedi. Allah allah hava mevsim herhalde geçiş falan bir iki ay baktım gelmemeye devam edince doktora gittim. Doktor bana geçmiş olsun dedi. Ben de hatta nasıl yani hiç mi imkanı yok mu tüp, bir tedavi ilaç bilmem ne. Yok bitmiş dedi. Tüp bile olmaz sende dedi. Yani ben ağladım doktorda. Çünkü şoka girmiştim. Sarıldık ağladık biz doktorla. Eskiden de gittiğim bir doktordu. Şeydi yani, samimi, şefkatli. Şefkatli bir tavır sergiledi. Yapılacak hiçbir şey yok dedi.” (Filiz Moyar)

²²⁸ “Teklemeler başlayınca doktora gittim, hemen tahliller vs. yapılıyor. Doktor direkt ‘menopoza girmişsin’ dedi. Hiç beklemiyordum. Ablamda vardı ama bende düzensizlik için mevsimseldir vs. diye düşünüyordum hep. Fakat aralar uzayınca dedim herhalde bende de böyle sıkıntılar olacak. Şimdi anneden biliyorsun, abladan biliyorsun arkadaşımından da detaylı bazı şeyleri duyunca bu sefer ‘acaba mı?’ hani demek ki bende de herhalde böyle bir şey var diyerek doktora gittim. Doktora gidince, ve söyleyince; böyle ilk etapta çok üzüntüyle karşıladım. Doktor da direkt böyle söyleyince, sanki böyle ‘üzülme’, ‘bir şey olmaz’ der veya alıştırarak söyler diye beklersin ama öyle olmadı. Benim tabi üzüldüğümü görünce biraz şey yaptı, ‘üzülmeyin’ filan dedi.” (Sinem Çiçek)

Similarly, Esra, who also experienced menopause in a relatively early age (38), criticized the reaction of doctors about giving the news in a cold and piteous manner without considering its influence on patients. No doubt that, these mentioned attitudes of doctors contributes to the feeling of *loss* and *failure* that women face in their experience of menopause.

“In fact when the doctor first saw me (s)he said ‘oh, it is so unfortunate; you are so young’. I was very devastated and sad; I mean it is such a wrong approach for a doctor to say it in this way. Consider I am 30 years old and (s)he says it is ‘so unfortunate’. I was crushed; devastated then. We were working with (my friend) Yeşim and I told her what the doctor I said. I was in a mood as if I was dying. It is such a mistake for a doctor to say that. It is obvious (s)he does not understand the patient psychology.” (Gaye Çalımlı)²²⁹

“The only thing I remember is that you visit the doctor, and the doctor immediately tells you: you are in menopause with a sorry look on his/her face. (S)He did not explain anything; just said ‘you are in menopause’. That was the moment where emotional stress started. It does not matter for them; they can tell this to people with a straight face and as if it is just a normal, ordinary thing. There is no consideration for preparing you etc. They then explain what can be done, like medications etc. It is up to you if you want to go forward with it.” (Esra Karadeniz)²³⁰

Nazan also criticized the attitudes of medical experts approaching the experience of menopause only in within hormonal explanations by declaring that the experience of menopause cannot only be understood in hormonal explanations, but it is a life experience instead. Therefore, according to Nazan, the experience of menopause should be explained to women including all aspects of it not just hormones. Supporting Nazan, Gaye also suggested to doctors to prepare their patients about

²²⁹ “Hatta ilk bir doktor bana şöyle bakıp: ayy vah vah çok da gençsin demişti. Ben o kadar yıkılmıştım ve üzülmüştüm ki; hani bir doktorun bunu bu şekilde söylemesi ne kadar yanlış bir yaklaşım. Ayy yani ben düşünün 30 yaşındayım ve suratıma baktı vah vah daha çok da gençsin gibi bir yaklaşım. Ben yıkılmıştım. Yıkılmıştım o zaman. Yani hatta Yeşim ile beraber çalışıyorduk o zamanlar Mecidiyeköy şubesinde, Yeşim’e söylemiştim ya Yeşim böyle böyle söylüyor bana bu doktor diye. Yani ben ölüyor muyum acaba diye bir ruh haline sokmuştu bu beni. Bir doktorun bunu söylemesi çok vahim yani. Hiç hasta psikolojisinden anlamayan bir insan olduğu ortada.” (Gaye Çalımlı)

²³⁰ “Benim sadece hatırladığım işte doktora gidiyorsun oturuyorsun ve doktor sana direk şey söylüyor: menopoza girmişsin bir ‘yazık sana’ ifadesiyle. Hiçbir şey anlatmadı. Sadece menopoza girdiniz dedi. O an zaten duygusal çöküntü başladı. Onlar için hiç önemli değil zaten, buz gibi bir ifadeyle, sıradan bir olaymış gibi lanse edebiliyorlar insanlara. Hani bundan önce bunu söylemek için hazırlık yapayım bilmem ne filan diye yok. Bundan sonra işte yapılabilecekleri filan söylüyor, ilaç tedavisinden filan bahsediyor. Kullanıp kullanmamak size kalıyor.” (Esra Karadeniz)

menopausal transition by equipping women enough information about what might they experience during menopause.

“(S)he just tells you you are in menopause and that’s all. The doctor has no such concerns. I had been to a female doctor; she was younger and I had been through some tests to see if I was in menopause. She just said ‘You are in’. Nothing else; no ‘do this’ or ‘how are you feeling’ or such psychological discussions. I mean a little, like ‘you are in, the hormones and the test results show this’. There might be women who are affected by this, it is not only the hormone values after all. The approach to this topic by medical professionals should change a little; it should be explained more comprehensively.” (Nazan Bahadır)²³¹

“(They need to tell you...) You might run into these problems, or be prepared for such things to the patient. Because as you said, there might be people that make a very big deal out of this. I think the doctor is a key factor in this.” (Gaye Çalımlı)²³²

From women’s accounts about doctor’s approach towards the experience of menopause it is understood that women’s ‘free’ individual decision making about HRT would be problematic in the perspective of *informed decision making* uttered by some feminists as Worchester (1992); because it is seen that doctors only make hormonal explanations and lack a holistic understanding. Moreover, aside from the ‘disease’ framework, the social construction ‘feminine ethos’ may easily manipulate women about utilizing HRT. My participants are divided in half considering their opinions about HRT. Some of them used or wanted to use HRT by declaring their full trust on their doctors. Zehra, for example, asserted that she is on HRT by her doctor’s suggestion and added that she did not question that suggestion at all; although she experienced menopause at the age of 43 and did not experience severe physiological discomforts threatening her quality of life.

²³¹ “Menopoza girdiniz diyor o kadar. Yani doktorun hiç böyle bir kaygısı olmuyor. Yani ben bayan doktora gittim daha gençti en son tahlil yaptırdım girip girmediğimi öğrenmek için. Girmişsiniz bu kadar dendi. Başka bir şey, işte şöyle yapın, böyle yapın, nasıl hissediyorsunuz filan gibi öyle bir derin psikoloji şeyine girmedik yani. Yani biraz işte girmişsiniz hormonlar, değerler bunu gösteriyor değil de özellikle bundan etkilenecek kadınlar olabilir, sadece hormon değerleri değil aslında. Tıbbın bu konuya yaklaşımı birazcık daha değişmeli, her şeyiyle anlatılmalı birazcık daha.” (Nazan Bahadır)

²³² “Yani şu şu sıkıntılarla karşılaşabilirsiniz. Hazırlıklı olun filan gibi bir hazırlaması lazım hastasını bence. Çünkü dediğiniz gibi bu işi çok büyük problem haline getiren insanlar da olabiliyor. Bence aslında doktor çok önemli bu konuda.” (Gaye Çalımlı)

“I am using a hormone medication now. The doctor gave it to me, and because I trust her/him I did not make any objections. I usually trust my doctor. The doctors don’t have anything against your health and there is a purpose for prescribing this. I have no problems using it (HRT) and in the end I cover that deficiency with that.” (Zehra Şimşek)²³³

Cansel also declared her trust to her doctor and commitment to medical experts; although, her case is slightly different than Zehra due to her concern and emotional distress about being unable to have a children with menopause. Parallel with this concern she decided to freeze her eggs with her doctor’s suggestion and to be able to conduct this procedure she utilized HRT for a while. Nevertheless, her statement about her menstruation with HRT, which caused her to feel relaxed and relieved about menopause in an emotional sense, emphasizes once more how influential the perception of *femininity* in a women’s life exemplified in the case of Cansel.

“I am the kind of person that goes to the doctor if it (menstruation) is late just for a month. The doctor prescribes something and I use it. During that 2-3 months, the period was like this: The thing that makes the eggs develop, the estrogen support, hormone treatment started. Maybe due to the peace of mind of the hormone therapy, my menstrual cycle was pretty regular for a year and a half. I had also frozen some eggs. I was relaxed and at peace.” (Cansel Keskin)²³⁴

Similar with Zehra and Cansel, Hale also showed no resistance related with HRT; although, she is not suitable for HRT due to her medical history of cancer. Her account is also important by highlighting doctor’s authority about declaring whether something is healthy or not; despite medical controversies especially about HRT discussed in the literature review throughout its invention.

“I actually can’t be take part in such treatments. My tumor is sensitive to hormones. My oncologist is not approving it either. Neither does my gynecologist. They have just let it be. I used to think about it. I mean if the

²³³ “Ben hormon ilacı kullanıyorum şu anda. Doktor verdi direk zaten, güvendiğim için de hiçbir itirazım olmadı. Genelde doktorumla konuştuklarıma güvendiğim için. Zaten doktorumuzun sağlığınıza bir kastı yok bunu vermesinde bir amaç var yani. Onu (HRT) kullandığım için hiç bir sıkıntı yaşamıyorum yani o eksikliği sonuçta onunla tamamlıyorum.” (Zehra Şimşek)

²³⁴ “Ben ama böyle bir ay gecikse hemen doktora koşan biriyim. Doktor ilaç veriyor, kullanıyorum. O dönem içerisinde bir 2-3 ay şey dönemi geçti. İşte yumurtaların gelişmesini sağlayan o dışarıdan takviyeli östrojen, hormon tedavisine başlandı. Belki o hormon tedavisinin verdiği rahatlamayla falan akabinde bir sene bir buçuk sene gayet normal regl olmaya başladım. Yumurta da dondurdum. Ben bir gevşedim, rahatladım.” (Cansel Keskin)

doctors said to extend it, I would approve. It must be healthy, if the doctor advises it.” (Hale Toprak)²³⁵

Piraye was my other respondent who has a medical history of cancer. In the previous chapter Piraye’s complaints and concerns were given place about the feeling of herself as *less feminine* and *useless* starting with her menopausal transition. Additionally, she declared that she has been perceived as ‘beautiful’ for her whole life and ‘aging’, which she assumes that started after her experience of menopause, made her vulnerable emotionally. The decrease of her libido and vaginal dryness are also important factors compelling her during menopausal transition. As argued in Lupton (1996) many women may choose to apply HRT in order to ‘solve’ the problem of decreased libido, not only for themselves but also for her husbands. Parallel with Lupton’s argument, Piraye also wanted HRT; yet could not use hormones due to her cancer history. Nonetheless, she explained to me some home remedies that she utilized in order to get her menstruation periods back.

“I did not keep on taking them. They had a bitter taste. I used ‘hayıt’, what else... ‘çoban çantası’, ‘aslan pençesi’, (Some herbs named in Turkish colloquial which are used mostly in alternative medicine.) these stuff I used. I think I had my period again due to these. I also used to eat a lot of dried figs; a few of them each day. I had a pretty regular menstrual cycle during that. When I had my period like the times when I was a young woman, I was hopeful and thought that it actually was being cured. As you said, I did research. There are some extra pills. Herbal estrogen for women. I looked into those as well. I also asked my doctor for estrogen supplement, hormone replacement. But the hormone replacement was not recommended for me. Why? Because I have fibro-cysts in my breasts. (The hormone replacement) would feed those. I asked myself a lot why did I went through menopause early. I was obsessed with the reason. Maybe it is obvious. I had thyroid cancer.” (Piraye Yüksek)²³⁶

²³⁵ “Zaten bana o tür tedaviler uygulanamıyor. Tümörüm hormona duyarlı tümör. Onkolog da onaylamıyor. Jinekolog da onaylamıyor. Oluruna bıraktılar.. Düşünürdüm. Yani doktor uzatalım deseydi onaylardım. Doktor söylüyorsa sağlıklı bir şeydir.” (Hale Toprak)

²³⁶ “Yani sonra devam ettirmedim ben onları. Biraz da içimi yenmesi zor acı şeylerdi. Hayıt kullandım, başka ne kullandım, çoban çantası, aslan pençesi bunları kullandım. Bunların etkisiyle tekrardan regl olduğumu düşünüyorum. Bir de kuru incir çok yedim, her gün yani birkaç tane muhakkak yiyordum. Öyle ve çok normal bir adet gördüm bir de hani. Tıpkı genç kızken olduğum gibi adet görünce ben bir ümitlendim filan ya gerçekten düzeliyor diye ama.. Dedğiniz gibi araştırdım, şeyleri de araştırdım. Kapsül halinde satılan bu ekstralar var. Kadınlara bitkisel östrojen veren. Onları da araştırdım. Doktorumdan şeyi de istedim. Bana takviye östrojen yapılmasını, hormon replasmanı. Ama hormon replasmanı bana uygun görülmedi. Neden. Göğüslerimde fibrokistler var. Bunları besleyeceği için uygun görülmedi. Benim menopoza erken girmemi,şöyle,hep neden sorusunu çok sordum kendime.

Another issue related with medicalization of menopause is highly related with neoliberalism. As discussed in Terzioğlu (1980) the medical perspective has altered drastically under the setting of neoliberal state. Since the state has retreated itself from its social duties like education and health in order to decrease public expenditures, all these duties of state has become an individual responsibility in neoliberal state. This situation becomes highly visible in the case of HRT. While Zuhall also complained about doctor's lack of fulfilling their patient's worries about medical conditions, she also underlined that the choice of utilizing HRT is mostly left up to women by doctors.

“Unfortunately, in our country, it is difficult for a doctor to explain something. Or let me put it from my perspective. When I take my child to the doctors, I would want the doctor to tell me without me having to ask. Usually they don't tell it in detail - in very short sentences. I mean they even ask you if you want to take the medicine (HRT). Afterwards there is a short brief about what options of medication you have and a couple of examples. (S)he told me too that I can use medication if I wanted.” (Zuhall Işık)²³⁷

In a similar way Fulden and Güzin also asserted that their doctors left the decision of HRT to them. However, both Fulden and Güzin rejected HRT due to their concerns about cancer and other side effects. From their accounts it is understood that despite controversial remarks about HRT, doctors may behave arbitrarily about HRT without informing enough their patients about the risks related with HRT. Nevertheless, the accounts of both Güzin and Fulden showed that women may also negotiate with medical authority as well about the issue related with their personal health, which can also be related with their class position and level of education.

“My doctor let me decide. I went to the doctor, and (S)he said it is due to stress. (S)he said (s)he can prescribe some pills, or we can go on like this and act if anything changes. I learned those were hormone pills, actually I knew it already. I absolutely do not want hormone treatment, because I have read or heard they

Nedenine çok takıldım. Aslında belki bir yerde çok açık bir neden bu. Tiroit kanseri geçirdim.” (Piraye Yüksek)

²³⁷ “Doktor, maalesef şey var bizim ülkemizde doktorların bir şey anlatması zor bir durum. Ya da ben kendi yapım olarak söyleyeyim. Çocuğumu da doktora götürdüğümde doktora ben sormayayım da doktor bana anlatsın yapılması gerekeni filan isterim. Genelde çok anlatmıyorlar. Sadece çok kısa cümlelerle. Yani çok fazla.. Yani ilacı bile sana soruyor işte kullanmak istiyor musun diye. Kullanmak isterseniz işte şöyle şöyle ilaçlar var, işte dünyada şunları örnek verebiliriz gibi örneklemelerle kısa bir anlatımı oluyor. Bana da istersem ilaç kullanabileceğimi söylemişti.” (Zuhall Işık)

are enabling cancer. At that point, I said let this process run its natural course. When I was asked if I use medication in menopause I always say I don't and, when they (doctors) asked if I am well this way, I tell them I'm fine." (Fulden Karaca)²³⁸

"(S)he asked if I wanted prescriptions. I refused immediately. I did not accept because I think they (HRT) have a lot of side effects. As I said, it is a process that has to happen. I think it has to happen naturally." (Güzin Çelik)²³⁹

I argue that it is highly problematic that medical experts giving the full responsibility of HRT to their patients despite its health risks, which also reflects the neoliberal framework. Furthermore, when the authority of the medical institutions is considered, many women, who are less educated or less interested with its health risks, may choose to utilize HRT even in the cases that it is not that necessary.

Another respondent of mine Tülin declared that she also rejected HRT, when her doctor suggested her to use hormones. However, after her doctor warned her about losing her 'beauty' and strongly supported HRT in an authoritative tone, she is convinced about it; although she has recently survived from thyroid cancer. The emphasis of her doctor about Tülin's skin beauty or weight is in my opinion highly problematic; because these are not health related risks but more about the concerns related with *feminine ethos*.

"(S)he said (doctor) 'this is not the way, your body needs it, you need to take the pills and the hormones. What can you do? You have to take medication.' In fact I want to take it and calm my body down because it has many benefits for me. (Doctor said) 'For skin beauty, weight control, feeling calm and relaxed, being fitter, the way you look - basically for everything we will be in control and use medication.'" (Tülin Pür)²⁴⁰

²³⁸ "Benim doktorum bana bıraktı. Doktora gittim, doktor dedi ki aslında sizin dedi, bu bir streten kaynaklanıyor dedi. İsterseniz haplar veririm, isterseniz böyle devam edelim, duruma göre hareket ederiz şeklinde. Ben o hapların hormonal olduğunu öğrendim, biliyordum da daha doğrusu. Hormon tedavisi kesinlikle istemem, çünkü kansere davetiye çıkarmanın değişik versiyonu olduğunu okudum ya da duydum. Onun üzerine dedim bu süreç doğal bir biçimde bitsin ve gitsin. Menopozda ilaç kullanıyor musun diye sorduklarında hayır, kullanmıyorum, iyi misiniz böyle dediler, evet iyiyim yani gittiğim doktorların hepsi bana böyle dedi." (Fulden Karaca)

²³⁹ "İlaç yazmamı ister misiniz diye sormuştu. Ben de direkt kabul etmedim, istemiyorum dedim. Onların birçok yan etkisi olduğunu düşündüğüm için kabul etmedim. Zaten dediğim gibi yaşanması gereken bir süreç. Doğal olarak da yaşanması gerekir diye baktığım için." (Güzin Çelik)

²⁴⁰ "Dedi ki böyle olmaz, senin vücudunun buna ihtiyacı var, ilaçlarla hormonlarla olman gerekiyor. Ne yapalım? İşte ilaç kullanacağız. Tamam ben de zaten tabi ki olup da vücudumu rahatlatmak

According to Klein and Dumble's study (1994) abandoning treatment of HRT manifests itself an important negotiation mechanism embraced by many women who are going through menopausal transition and 'decided' to use HRT. Also in my interviews I witnessed a lot of women who are willing to quit HRT soon due to its health risks. Also mentioned in Erol's research (2008), it is understood that WHI report in that sense played a very crucial role in order to inform women about health related risks of HRT. To illustrate Tülin quoted above declared that she do not want HRT anymore and implied that she is going to inform her doctor about her decision in her next appointment.

"I don't want to use medication anymore. Yes, I don't want to use medication anymore; I want to take natural foods, do some sports, and basically I want to be cured with other stuff that can make me feel better. I don't need to take medication if it is not going to happen anyway. Why would I take hormones? They take their toll on you after some years. That is why I don't approve of them; if it is going to end there is no point in dragging it further. 40 (years old) was too early, 45-46 is good enough; there is no point in delaying the inevitable. I mean when you think everything is fine and then something comes up like cancer, it does not matter if you are having your period or if you are in menopause. If you have another illness, it does not matter if you have your period or not. That is why you have to end it sometime; it is not the end of the world for me. I don't want to take medication in my current state, and I will tell my doctor that I want to let it run its course and not want to damage my body further." (Tülin Pür)²⁴¹

In parallel, Zuhale mentioned that she utilized HRT for a short period of time by implying that doctor's suggestion of HRT influenced her affirmatively about making her decision. As discussed earlier, the *informed decision* approach fails to frame the

istiyorum çünkü bana çok büyük bir faydası var. Cilt güzelliğin, kilo alıp almaman, kendini psikolojik olarak iyi hissetmen, vücudunun daha fit olması, görünüşün her şeyin için dedi kontrollü giderek ilaç kullanacağız." (Tülin Pür)

²⁴¹ "Artık ilaç kullanmak istemiyorum. Artık evet ben ilaç kullanmak istemiyorum, takviye gıdalarla, sporla kendimi daha başka türlü iyi hissederek yapabileceğim şeylerle tedavi olmak istiyorum, olmayacaksa artık ilaç da almama gerek yok. Niye hormon alayım ki. Onlar bir sene sonra bir yerlerimden patlıyor. O yüzden onu da doğru bulmuyorum, bir yerde bitecekse bir şey bitmeli çok fazla uzamasına gerek yok. Çok erkendi 40, 45-46 yaşlar bence yeter bu kadar, bunu zorlamaya gerek yok. Hani oradan iyi, sorun yok buradan bakıyorum sorun yok deyip de Allah korusun birden çıkınca senin adet olup olmamanın bir önemi kalmıyor o zaman menopoz olup olmamanın yani. Başka bir rahatsızlık çıktıktan sonra sen istediğin kadar adet ol. O yüzden bir yerde bitirmek lazım, dünyanın sonu değil bana göre. Başıma bela olmadan, bu durumdayken ilaç kullanmak istemiyorum, ne şekilde olcaksa o şekilde devam edelim artık vücuduma bir zarar gelmeden diyeceğim doktoruma da." (Tülin Pür)

power mechanisms related with hormone use and; thus, medical authority is highly ignored on women's decision making. On the other hand, Zuhall is also the one who abandoned the treatment shortly after she started using HRT.

“I felt like I would be better, physically. Of course it might be due to the doctor prescribing it. But as I said, I used it for two periods, and did not use ever again. Then I went to my doctor again and asked if it is ok if I did not use it anymore. (S)he said it is not mandatory, and I quit afterwards. It is not possible to change this, so I did not fight it much.” (Zuhall Işıık)²⁴²

When I asked her about the motivation behind abandoning the treatment she mentioned about some psychological effects of HRT, which alters her personality by slightly accelerating her emotional reactions. She also declared that this change of her emotional reactions might influence her work related decisions and harm her professionalism, which stands as a significant aspect behind her decision about quitting of HRT.

“I don't want to use any sort of medication. I have already seen some psychological impacts. For example crying over very simple things - and I am not that kind of person. I was in a fragile state. I am not sure if I am making this connection but there were sudden reactions. You are stressed; maybe it is related to my work, but you can't lash out in the banking sector no matter how stressed you are. Or you become more professional in handling that relationship. Due to its impact I felt like I was more emotional. That is why after visiting the doctor again I did not use medication again.” (Zuhall Işıık)²⁴³

Deniz, whose sleep related complaints were mentioned related with her experience of menopause, was using hormones when we spoke; yet, like Tülin and Zuhall she also asserted that she does not want to use it anymore by noting that HRT helped her to

²⁴² “Fiziksel olarak daha iyi olacağımı hissettim herhalde. Tabii şey, biraz da doktorun verdiği bir şey olduğu için belki de. Ama onu dediğim gibi iki dönem kullandım, ondan sonra da bir daha kullanmadım. Sonra doktora tekrardan gittim artık kullanmasam olur mu diye. Böyle bir zorunluluk görmediğini söyledi. Ondan sonra ben de bıraktım. Bunu değiştirmek çok mümkün olmayacağı için, çok mücadele ederek hareket etmedim yani.” (Zuhall Işıık)

²⁴³ “Ama ilaç istemiyorum yani hiçbir şekilde kullanmayı. Zaten psikolojik bazı etkilerini gördüm. Ne bileyim işte çok basit şeylerde hemen gözü dolan, ağlayan –ki ben öyle ağlak bir tip de değilimdir ama öyle oldum. Böyle çabuk etkilenen bir hal olmaya başladı. Bilmiyorum bununla ben mi bağlıyorum ama ya da ani tepkiler diyeyim. Yani strese giriyorsun, hani belki benim meslek ile alakalı, bankacılığın verdiği şeyle ne kadar strese girsen de dışarıya bunu vurmazsın. Ya da yaşadığın insanlarla o ilişki yönetimini daha profesyonel hallediyorsun. Onun etkisiyle belki daha böyle duygusallaştığımı hissettim. Onun dışında işte en son doktora gittikten sonra daha ilaç kullanmadım.” (Zuhall Işıık)

reorganize her sleeps, which made him not only physically but also emotionally miserable for a while.

“I did not take anything in the beginning. I did not think to take hormones. I was not strict about it; I did not have any prejudice against taking or not taking hormones. However, when the sleep irregularities became difficult to deal with, I started taking hormones. I started roughly 2.5 months ago. My sleep schedule is now better. I have two more weeks to go; it was a 3 month long treatment. From now on I will act as my doctor recommends me; but they don’t recommend long term usage anyhow so I will probably stop taking hormones. I want to quit if the sleep does not get worse.” (Deniz Özgür)²⁴⁴

Considering the dialogue with her doctor the case of Filiz highly resembles with the case of Tülin. Filiz, who experienced menopause at the age of 33, has started HRT with the suggestion of her doctor. Although, her utilization of HRT is understandable in medical terms due to her age, I wanted to attract attention to her doctor’s emphasis of her ‘skin beauty’ once again as the most important aspect behind his/her suggestion of HRT not health related risks like osteoporosis for example, whose likelihood increases in the cases of early menopause.

“(The doctor) recommended the hormone therapy her/himself, said I had to have it. There was information about cancer, specifically breast cancer. I asked my doctor about it and (s)he said yes it is a possibility, but we will be monitoring it. We will have checkups every 6 months. [...] I would have hormone therapy even if I was not working. Because it is necessary for health. The doctor explained that to me. I did not want to use it, I thought it was not needed and I was better without it. (S)he said no; that I had to protect myself from the adverse effects of menopause - most importantly for aging skin. (S)he told me it would speed up, and I must take that pill.” (Filiz Moyar)²⁴⁵

²⁴⁴ “İlk başlarda hiçbir şey kullanmadık. Çok hormon kullanmayı da düşünmüyordum ben. kesin bir kriterim de yoktu yani, kullanırım veya kullanmam diye çok fazla bir önyargım da yoktu. Ama daha sonra, uyku düzensizliğim beni çok fazla zorlamaya başladıkça hormon kullanmaya başladım. Onu da işte 2,5 ay oldu kullanalı. Uykum dizene girdi. 2 haftam kaldı, 3 aylık bir tedaviydi toplamda. Bundan sonra artık doktorumun şeyiyle hareket edeceğim ama çok fazla uzun kullanımı önermiyorlar zaten, bırakacağım o yüzden büyük bir ihtimalle. Bırakacağım yani o uyku işi yeniden bozulmazsa planım bırakmak.” (Deniz Özgür)

²⁴⁵ “Hormon tedavisini kendisi önerdi, alman lazım dedi. Kanseri ilgili bilgiler vardı, göğüs kanseri özellikle. Gittiğim doktora ben bunu sordum, o da şey dedi, evet var böyle şeyler olabiliyor ama yapacağımız şey kontrol etmek. 6 ayda bir kontrolleri yapacağız. [...] Çalışmasaydım da yine hormon ilacı kullanırdım. Çünkü sağlık için bu gerekli. Bunu doktor açıkladı bana çünkü. Ben kullanmak istemedim ne gerek var, olmuyor böyle daha iyi şeklinde. Olmaz, bu menopoz etkilerinden kendini

After dealing with women who utilized HRT for different reasons, I also want to point out the women who strongly disagree about HRT, which includes almost half of my respondents. Some of them like Hande and Melis especially underlined that that; although, they were suggested to utilize HRT, they would decline it due to their acknowledgement about health concerns related with HRT, especially cancer.

“I have to consider the pros and cons (of HRT). I did not need it, and it was not advised to me and that is why I did not use it. However if it was advised, I would still be on the fence because I would not be comfortable taking hormones. That is why I can’t say yes or no right now but I would consider it.” (Hande Kırmızı)²⁴⁶

“I went into menopause when I was 50, so I did not feel the need for it. I think I would not have considered that option even if I went into it younger. I don’t think it is very safe; it has both pros and cons.” (Melis Kızıllı)²⁴⁷

From the accounts of Hande and Melis I obtained an opinion that the trend of ‘being healthy’ may have another aspect which is accompanied by living ‘naturally’ instead of taking drugs to stay healthy. This tendency was apparent in most of my respondents; because pursuing a natural life also stressed by a lot of my respondents. In my opinion, this tendency is related with the historicity of the experience of menopause and the study in general. Additionally, the influence of WHI report was clearly apparent for the utilization of HRT in particular. To illustrate my respondent Melek asserted that she is very unwilling about taking to her body additional hormones and drugs unless she does not have to. On the other hand, even Esra, whose experience of menopause can be considered as traumatic, stated that she also refused

koruyamazsın en önemli şey de cilt yaşlanması. Cilt yaşlanması çok hızlanmış olur dedi. O ilacı alacaksın dedi.” (Filiz Moyar)

²⁴⁶ “Onun artısını eksisini düşünmem lazım. Öyle bir şeye ihtiyacım olmadığı için, yani öyle bir şey önerilmediği için kullanmadım ama hani kullanman gerek denseydi onu da bir düşünürdüm çünkü dışarıdan hormon almak da beni rahatsız eder. Onun için şu anda yaparım yapmam diyemeyeceğim ama değerlendiririm.” (Hande Kırmızı)

²⁴⁷ “Ben zaten menopoza 50 yaşında girdim, o yüzden gerek görmedim. Sanırım daha erken olsaydı da bu seçenekleri değerlendirmezdim. Çok masun görmüyorum, artıları eksileri olan bir konu bence.” (Melis Kızıllı)

to take additional estrogen despite her doctor's advice, due to cancer risk and also declared that she preferred smoking instead of HRT.

"I personally do not like chemical things to be used in treatment; so maybe not medicine but some sort of psychological support would be better. I might be ok with temporarily, short term solutions too. I would not want to use something that would take years but I don't know if there is no alternative. We are in the hands of doctors after all." (Melek Zeyrek)²⁴⁸

"(S)he then recommended some treatment to delay menopause. But there were some rumors going around them like they are triggering cysts in the breasts, or they cause cancer. I don't like taking pills anyway. I smoke; and when I was told that (the treatment) would have side effects up to paralysis alongside smoking, I refused the treatment. I chose cigarettes." (Esra Karadeniz)²⁴⁹

Especially from the accounts of Esra, it is understood that even for women, whose experience of menopause is traumatic, women's agency continue to be included in the processes of *decision making*; although the medical tendency is to prescribe HRT. I assume that general awareness about HRT and its health risks contributes women's decisions and enhances women's power to negotiate about decisions related with their health. Therefore, I assume that women's *decision making* about HRT has differentiated compared to earlier years especially in the Turkish context. To be more precise, I believe that women are now less prone to utilize HRT than before due to the awareness about health risks and also due to the life trend motivating people to live in a more natural way. Sinem's experience supports my argument, in which she shares her mother's involvement with HRT.

"It is not about being concerned; I accepted that it is a natural process and I have not taken any medicine. The doctor did not prescribe anything anyway, but I would not have used it if (s)he did. We hear all the time that these drugs are cancerogenic and adversely affects your health; we went through this with my

²⁴⁸ "Kişi olarak aslında ilaç veya kimyasal şeyler diyeyim yani tedavide kullanılacak kimyasallara çok sıcak bakmayan biri olduğum için, hani ilaçlı bir tedavi değil de belki daha psikolojik destek olabilir. Ya da geçici süreli, kısa süreli şeylere olur verebilirim. Hani böyle yıllarca uzun süre kullanılacak, hormon ilacıymış şuymuş buymuş, öyle bir şey tercih etmem ama başka kaçışı yoksa bilemiyorum. Yine de doktorların eline bırakıyoruz kendimizi." (Melek Zeyrek)

²⁴⁹ "Ondan sonra uzatmak için belirli ilaçlar önerdi. Ama onlarla ilgili çevrede bazı söylentiler filan vardı işte göğüste kist yapıyor, kansere sebep oluyor filan gibi. İlaç kullanmayı da çok seven bir kişi değilim zaten. işte sigara tükettiğim için de sigarayla beraber tüketildiğinde felce kadar gidecek sonuçlar doğuracağını söylediği için ilaç tedavisini de reddettim. Sigarayı tercih ettim." (Esra Karadeniz)

mom. At that time, there were some pills for menopause and there was not a lot of talk about their adverse effects. You are always told you have to use it, it makes the transition easier. It is always the good things that are emphasized when these kinds of medication first come out; and when they are sold out, then the cons are discussed. I guess that is the way it works. My mom had a lot of issues with her vision for example. She had perfect vision and after those pills she started using glasses. We learned afterwards that the pill she used, I can't remember the name, might even cause permanent loss of vision.” (Sinem Çiçek)²⁵⁰

After witnessing the side effects of HRT on her mother, Sinem also decided to refuse HRT; though she declared that her experience of menopause, which has arrived relatively early, emotionally compelled her for a long time and make her feel less about herself. Nevertheless, she has never considered HRT as an option.

As discussed before in Zuhal's experience with HRT, in which she declared that HRT made her emotionally more vulnerable and whiny, Gaye observed in herself some emotional changes as well. Since her case can be considered as exceptional, she stated that she used estrogen for about 17 years from when she was firstly diagnosed at the age of 23 to the age of 40.

“Of course I was more stressed and agitated. I was easily triggered. Those pills had such a side effect for me. Now I am the opposite, I am much calmer. Because during the time that I used those hormone medicines they were very taxing. I felt stressed and angry. I feel it became much better after the treatment was over. Even my husband told me that I was a much calmer person.” (Gaye Çalimli)²⁵¹

²⁵⁰ “Yok endişe değil, bunu doğal bir süreç olduğunu zaten kabulleniyorsun hiç ilaç falan kullanmadım, doktor da hiç vermemişti, vermiş olsa bile zaten kullanmayacaktım. Duyuyoruz çünkü hep bu ilaçların kanserojen maddeler içerdiğini daha sağlığı bozduğunu, annemde de yaşadık bunu. O dönem menopozda kullanılan haplar vardı çok dillendirilmiyordu o sağlığa zararlı diye. Kullanılması gerekiyor, kullanılsa daha rahat geçiş olacak diye hep o tarz şeyler biliyorsun bu ilaçlar çıktığı zaman ilk önce iyi lanse edilir ondan sonra tüketimleri olur piyasada biter, sonrasında da zararları konuşulur. O da öyle bir süreç herhalde. Annem mesela gözlerini çok, göz bozukluğu yaşadı çok, ileri derecede. Kadının hiçbir şeyi yokken o ilaçlardan sonra gözlük kullanmaya başladı numarası yüksek. Daha sonrasında da biz kullandığı ilacın, televizyonlarda falan da şuan ismi aklımda değil, ilacın göz kaybına bile neden olduğu ortaya çıktı.” (Sinem Çiçek)

²⁵¹ “Tabii daha sinirli daha gergin bir tip oluyordum. Her şeye çabuk sinirleniyordum mesela. O ilaçların öyle bir yan etkisi olmuştu bende. Tam tersi ben daha sakin bir insan oldum. Çünkü o hormon ilaçlarını kullandığım süre içerisinde onlar beni çok yıpratıyordu. Daha böyle gergin ve sinirli hissediyordum,. ilaçlar bittikten sonra daha bir iyi oldu bence. Eşim bile söyledi. Ay dedi sen böyle daha sakin bir insan oldun dedi bana.” (Gaye Çalimli)

Her accounts about emotional influence of HRT is especially important; because, as discussed before, the medical discourse is mostly tend to praise HRT in order to alleviate the ‘symptoms’ attributed to stereotypic menopausal women, who are depicted as aggressive and ill-tempered. Gaye on the other hand, who was on HRT for 17 years stated quite the opposite about it. Therefore, it may be asserted that HRT was constructed around a false consciousness by pledging women a ‘calmer life’ for example in Wilson’s famous book *Feminine Forever*, which may not be true for all like in the case of Gaye, who was on HRT for 17 years.

In this chapter, the medicalization of menopause was discussed by focusing on doctor’s attitude, women’s opinions and experiences about HRT. Additionally, in which ways women express their constant negotiation with hegemonic medical discourse are tried to be covered based on several examples from women’s accounts. In the next section aside from medical discourse, which can be considered as the most dominant one related with the experience of menopause, how the experience of menopause is discussed within women’s own conversations are tried to be examined by looking at generational transfer of knowledge from mother to daughter and women’s sharing of menopausal experience with their friends.

7.2. Sharing the Experience of Menopause With Women

Since this study embraces a FST approach, it aims to support knowledge production processes that women themselves are involved and originated from women’s own experiences in order to form an *organic epistemology*, which differs from hegemonic medical knowledge about embodied processes like menopause. It is argued that this perspective is able to give the power of *self-definition* and *self-valuation* for oppressed groups, who can easily fall into a marginal or stereotypic social position like menopausal women. For instance, the notion of *feminine ethos* reiterated by Sybylla (1997) can be considered as a category of *femininity*, which is usually formed within hegemonic heteronormative values, in which middle aged women’s voices are *silenced*. More importantly, as Collins (2004) argue that *self-definition* is a political act by challenging the established and externally defined knowledge. Therefore in this

study, not only women's experiences regarding menopause are given place without making reductionist claims and generalization about the experience of menopause; but also attach an importance to how women alternatively discuss their experience of menopause among themselves by featuring generational transfer of knowledge and women's conversation with each other. I argue that the nature of women's talks with each other about their experience of menopause differs both from medical knowledge and dialogue between doctor and patient, which should be utilized also as a political tool to struggle against women's social devaluation by challenging *feminine ethos* oppressing women in middle age.

Parallel with that purpose, after dealing with women's interaction with medical experts about their experience of menopause, I posed them another question in order to investigate, in which ways they share their menopausal experiences with other women and how can these conversations be contrasted with the dialogue with medical experts. I obtained variety of interesting results from these questions. My first impression about women's responses once again addresses the intersectionality of the issue between women's class position and the idea of 'modern' and 'bilinçli' women emphasized also in Erol's study (2014) as also mentioned in the chapter related with *trust* and *reliability* issues during their personal research about the experience of menopause. In that sense, several women argued that they mostly rely on what their doctors say instead of listening to other women. In the statements of these women the issue of 'expertness' came to the forefront implying doctors as the 'expert' of menopause. In my opinion, this approach is also related with the dominant perception of menopause as a *disease*; although, the *disease discourse* has been weakening compared to past. Especially Zehra's and Tülin's statements support my argument in that sense.

"I don't think talking with women is reliable; you need the opinion of an expert."
(Zehra Şimşek)²⁵²

"I of course can't compare myself; I need to speak with some experts - everybody should. If you ask me how it is going, I can say I occasionally sweat

²⁵² "Bence kadınlarla olan konuşmalar güvenilir değil, uzmanına danışmak lazım." (Zehra Şimşek)

a little and I am fine afterwards. Can this be your response? Of course not; I can't know how you would experience it. It can't be like 'you are menopausal so use this drug' - everybody has a different experience. You can't talk or get advice from anybody but your doctor. It has to be a doctor, an expert. You need to visit your own gynecologist and share with her." (Tülin Pür)²⁵³

It is also not coincidental that Cansel and Zehra are also the ones who were not skeptical about HRT and implied that they trust to their doctors about their decision of using hormones. Correspondingly, their attitude is critical towards sharing their experience with other women and the knowledge which is produced through women's conversations. Especially, Zehra underlined that she does not prefer sharing her menopausal experience with other women; because they may be too judgmental about her hormone use by again highlighting that she trusts her doctor no matter what.

"Chatting with women is less comprehensive. They tell less; it is much shallower." (Cansel Keskin)²⁵⁴

"For example when the hormone treatment is discussed, a lot of people say there is no need or that it gives you cancer. However I always say my doctor would not have anything against my health, (s)he is my doctor. If it is indeed useful, (s)he prescribes it, then follows up on it - if it was harmful for my body (s)he would not prescribe it. I trust this wholeheartedly." (Zehra Şimşek)²⁵⁵

Unlike Cansel and Zehra many women, especially the ones disfavoring HRT, advocated that women's transmission of knowledge is both necessary and useful. Suna for example, compared women's conversation with the knowledge acquired from internet and underlined the opportunity of interaction between women in order to find answers and solutions related with menopausal transition. More importantly,

²⁵³ "Şimdi ben kendimi kıyaslayamam ki ben, daha bu işin uzmanı insanla görüşmem lazım tabi ki, herkesin öyle görüşmesi lazım. Bana sorarsın nasıl gidiyor diye, ben derim ki ya hafif bir terliyorum atlatıyorum yani. Bu senin için cevap olabilir mi? Olmaz yani, ben senin nasıl yaşayacağını nereden bilebilirim. Bana tutup da hop sen menopozsun, hadi sen ilacı kullan değil ki yani benim durumum farklı, onunkisi farklı, onunkisi farklı, doktordan başka kimseyle mesela bunu hani derinlemesine konuşup da tavsiye alamazsın. Doktor olacak illa ki bu işin uzmanı olacak. Sen kendi kadın doğum doktoruna gideceksin, onunla paylaşacaksın." (Tülin Pür)

²⁵⁴ "Kadın kadına sohbetler daha eksik. Daha az anlatıyorlar. Daha yüzeysel oluyor." (Cansel Keskin)

²⁵⁵ "Mesela hormon ilacını ortamda konuştuğunuzda aa ne gerek var kanser yapıyor da falan filan konuşan çok var. Ama sonuçta ben her zaman diyorum doktorumun benim sağlığıma bir kastı yok sonuçta doktorum. Bunu gerçekten bir faydası varsa veriyor, beni takip ediyor, vücuduma bir zarar veriyor olsa zaten vermez. Ben buna sonuna kadar güveniyorum." (Zehra Şimşek)

Suna also stated that sharing also the emotional aspects of these embodied processes is only possible in these conversations held among women.

“It is more comfortable to have a discussion with questions and answers. You share your experience, and they respond and give answers. It is not a one way street. Internet is only one way; you ask something and you just get whatever is written there and there is no emotional aspect of it.” (Suna Elibol)²⁵⁶

Nazan is also one of my respondents, who agreed with Suna by asserting that dialogue with doctors is more superficial compared to sharing the experience with other women, which also allows for sharing of intimate feelings. Gaye, whose experience with doctors is considerably more than my other respondents due to her condition, strongly agreed that women’s sharing about the women’s embodied experiences are not only much more *reliable*; but also absolutely necessary. After many interactions with doctors, Gaye’s emphasis on the *experience* of other women instead of doctors carries very significant clues related with the political necessity of *organic epistemology* and also highlights the political importance of originating the knowledge from women’s own experiences.

“So you speak superficially with doctor. You can deeply talk with women, because they can feel the same. They can be more intimate since they are also experiencing the same. For instance, we shared that kind of things with my friend because she experienced menopause also. It was like, ‘oh that happened me too’, ‘my belly got bigger’. When she says, ‘it’s not a problem, it’s just temporary’, you feel more relaxed since there is something that already happened there.” (Nazan Bahadır)²⁵⁷

“I think it’s trustworthy. Experience. Rather than theoretic information offered by the doctor mostly. You may or may not experience some of that is uttered by doctor. Because, doctors can just offer what books provide them. However, I argue that women are more experienced as they encounter the same. I mean, if your doctor is female and if she has experienced menopause, indeed, we highly appreciate what she says. On the contrary, if you visit a male doctor, I certainly

²⁵⁶ “Soru-cevap daha rahat alıyorsun. Hem kendin paylaşıyorsun, hem karşıdakiyle cevaplarını alabiliyorsun. Bu da tek taraflı değil. İnternet sadece tek taraflı sorup, orada yazılanları alıyorsunuz duygu filan paylaşmıyorsunuz.” (Suna Elibol)

²⁵⁷ “Yani doktorla daha yüzeysel konuşuyorsun. Kadınlarla daha içsel konuşabiliyorsun. Çünkü oda onları hissedebiliyor. Yaşadığı için daha sıcak yaklaşabiliyor. Kendi de yaşadığı için mesela menopoz yaşayan bir arkadaşımızla öyle şeyler paylaştık. Aa benim de oldu filan diye. İşte göbek tarafı bel çevresi yağlandı. Aa problem değil, o geçiyor geçici filan diyor rahatlıyorsun hani. Sonuçta çünkü yaanmış bir şey.” (Nazan Bahadır)

do not trust him much, as he doesn't live with it, because what he can give is only theoretical information.” (Gaye Çalimli)²⁵⁸

Filiz, who underwent similar processes with Gaye due to her condition, did not strictly disagree about the position of doctors in the process of menopausal transition. Nonetheless, she strongly argued that mothers should be the primary bearer of knowledge related with women's embodied transformations in order to equip their daughters about what might happen and direct them to a doctor before it is too late.

“They're really all important. I think it's crucial that someone who has experience, better also from family, transfers information and directs you to the doctor. But, doctor is very important too. Visiting doctor routinely is also very important. So doctor would be explaining medical consequences. On the other hand, these things are hereditary. It would have been better if I was told by my mother, who experienced before 30, like 'look this is how we are, this is our family', 'my sister has this too', 'please do not ignore doctor', etc.” (Filiz Moyer)²⁵⁹

Filiz's emphasis on the importance mother is beyond coincidence that brings us the topic related with generational transfer of experience, in which Filiz's point will also be discussed in detail.

7.2.1. Generational Transfer of Experience

I argue that one of the most important ways to struggle against medicalization of menopause is to transfer of knowledge from mother to daughter. Due to the age of women the experience of menopause may tend to be shared less often than the other embodied processes such as menstruation, birth, lactation etc. Moreover, in contrast

²⁵⁸ “Bence güvenilir. Deneyim. Yani teorik bir bilgidense, çünkü doktorun verdiği bilgiler teorik olabiliyor. Onun söylediği bazı şeyleri yaşıyorsunuz veya yaşamıyorsunuz. O çünkü sadece size kitaptaki bilgileri verebiliyor. Ama karşınızdaki insan onu birebir yaşadığı için çok daha tecrübeli olarak görüyorum. Yani eğer tabii doktorunuz bir bayansa ve bu süreçleri yaşamış ise tabii ki onun söylediklerine de çok değer veririm. Ama bir erkek doktorla görüşüyorsanız o zaten bu süreci yaşamadığı için sadece kitabi bilgiler vereceğinden dolayı kesinlikle yani ben şey yapmıyorum.” (Gaye Çalimli)

²⁵⁹ “Hepsi de önemli aslında. Şöyle, tecrübeyi yaşamış birinin, ki üstelik yakınsa ve ailedense, aktarması ve ona göre de bir doktora yönlendirmesi bence çok önemli. Ama doktor da çok önemli. Doktora düzenli bir şekilde rutin olarak da gitmek çok önemli. Yani o tıbbi sonuçlarını söylüyor olacak. Diğer taraftan da aileden bu, mesela annemin daha otuzuna basmadan bak biz böyleyiz, bizim aile bu, siz de, ablam da var benim, böyle olabilirsiniz, lütfen doktoru ihmal etmeyin gibi bir şey söyleneceydi daha iyi olabilirdi.” (Filiz Moyer)

to the monolithic explanations regarding the experience of menopause, mother's experiences become also crucial for women to interpret bodily changes occurring in menopausal transition, which are highly diversified among women. Generational transfer of knowledge and experience may also be helpful to struggle with emotional distress that women face in embodied processes.

The ideal of 'modern' women appears itself as an important aspect in this contexts as well parallel with Erol's (2014) study; because women tend to trust medical authorities and ignore their mother's experiences by labelling them as traditional. This tendency is also apparent in Agee's (1995) study, in which she compared the sharing behavior of menopause between white, upper-class women and black, middle class women. She concluded that the experience of menopause is widely shared with mothers among black women and traditional knowledge is more valued; whereas upper-middle class white women rely more on to their doctor's accounts instead of their mothers labelling their mother's knowledge as out-of-date. Similar findings were observable in my fieldwork as well, yet there is no clear-cut boundaries in all women unlike Agee's interracial study. Almost half of my respondents declared that they were aware about their mother's menopausal transition in the past and implied that their mothers shared their experiences with their daughters without disguising anything as understood from Tlin's and Melis's accounts.

"My mother didn't hide anything, when she had her hot flushes she was saying 'I am hot, I am a woman with menopause', with folding fan on her hand, she never hides. In the house she was talking like that, menopause, menopause. That's why we are familiar with menopause, what it is or how it is, what it is going to happen in menopause etc." (Tlin Pr)²⁶⁰

"My mother was always telling that she never had difficulties. Since she was saying these, the example on my mind about menopause was my mother. I was

²⁶⁰ "Benim annem hibir Őey saklamadı ki, sıkıntı geldiđi zaman bana sıkıntı geldi iŐte ben menopozlu kadınım derdi hemen elinde firfırlı yelpazeler, tırtıllı pilli Őeyler, hi saklamadı yani. Evin iinde de byle konuŐuyordu, menopoz menopoz. O yzden hi biz menopozu yabancı deđiliz yani. Menopoz neymiŐ, nasılmıŐ, neler olurmuŐ gibi." (Tlin Pr)

guessing that I would experience the similar. I always follow my mother's footsteps." (Melis Kızıl)²⁶¹

Not only mothers but elder relatives are also important in order to maintain general transfer of knowledge about menopausal transition. In that sense, Nazan for example implied that alongside of her mother, the experiences of her older sisters were also helpful for her in order to guide her about menopause and to make estimations about, what might her menopause be like to prepare herself. Furthermore, she responded that sharing was also motivational for all of them.

"Surely this kind of issues should be talked about, I am speaking freely. I mean with my sister and I were talking to my mother for a couple of months before she passed away. I also told her that I went through menopause. 'Oh, I had experienced earlier', 'yours is even late' she said. We did motivating things to ourselves, it was nice." (Nazan Bahadır)²⁶²

Except from my above mentioned respondents, many others noted that they do not share womanly issues with their mothers, not only because they are traditional, but also due to cultural aspects, which classify women's embodied experiences as taboo or shameful. Therefore, Melek, Piraye and Cansel stated that they were reluctant to talk about their experiences with their mothers, which includes not only menopause but other issues related with reproduction and sexuality as well. In her remark Melek also implied that even if she makes these kind of conversations with her mother, it would be in a medical framework.

"I am not a person that talk womanly issues with my mother. Sometimes only in a medical framework, if necessary. I tell her whether I had problems or not, or I answer her questions if she asks. But we don't talk about why and what happened. However, since my mom's menopause was through surgery, and since I closely witnessed her before and after the procedure, of course we shared that kind of things. She had difficult time back then, not psychologically but

²⁶¹ "Annem hep anlatırdı zaten bir sorun sıkıntı yaşamadığını. Hep de bu şekilde anlattığı için benim kafamda menopoza dair örnek zaten annemdi. Benimkinin de böyle geçeceği tahmin ediyordum zaten. Ben de hep onu örnek aldım." (Melis Kızıl)

²⁶² Böyle şeyler konuşulmalı tabii, ben konuşuyorum rahatlıkla. Yani kardeşlerimle olsun, şimdi annem rahmetli oldu ama onunla da vefat etmeden zaten birkaç ay öyle geçirmiştik, menopoza girdiğimi de söylemiştim. Aa dedi ben daha erken girdim dedi. Seninki geç bile oldu dedi. Güzel böyle motive edici şeyler yaptık birbirimize." (Nazan Bahadır)

physically, because she had surgery when she was 41 or 42. She suffered things of early menopause and negative implications of surgery.” (Melek Zeyrek)²⁶³

Similar remarks were made by Piraye and Cansel, who experienced certain level of emotional distress during their experience of menopause. It is important to note here that, not only they did not share their experiences with them; but also their mothers were not also not willing to discuss them about these processes, or menopause in particular. Therefore, it may be concluded that especially for some women it cannot be talked about generational communication, which also plays an important role to strengthen the medical hegemonic discourse by increasing its legitimacy especially about the experience of menopause.

“I assume that mothers don’t speak clearly with their daughters. They don’t speak comprehensively, it’s like superficial such as hot flushes and anger. I also didn’t speak with my mother about all these things that I am telling you now.” (Piraye Yüksek)²⁶⁴

“My mother never explained to me such a process (menopause).” (Cansel Keskin)²⁶⁵

About this issue the case of Filiz for me the most striking one. As mentioned several times, she experienced menopause at the age of 33 abruptly, caused her a lot of stress especially at that time. When I asked her whether is there any sharing of experience between her and her mother about these issues, she replied that topics related with reproduction and sexuality are highly tabooed in her family, which are never

²⁶³ Annemle çok böyle kadın muhabbeti yapan bir insan değilim. Ama gerektiği kadar tıbbi bir konuşma içinde zaman zaman. Sorunlu, sorunsuz gibi bir konuşma yaparım veya o sorarsa cevap veririm. Ama oturup annemle nasıl olmuştu ne olmuştu filan diye konuşmam. Ama annemin ameliyatla bittiği için, onun yaşadığı süreci veya ameliyattan sonra yaşadığı süreci yakından gördüğüm için, o tarz bir paylaşımımız tabii ki oldu. Psikolojik olarak olmasa da fiziksel olarak sıkıntılı bir süreç geçirdi çünkü o da 42 yaşında ameliyat oldu annem 41-42 yaşında. Tabi o erken menopoz ve birden ameliyatla kesilmiş olmanın şeylerini yaşadı.” (Melek Zeyrek)

²⁶⁴ “Galiba anneler kızlarıyla çok açık net konuşmuyorlar. Tam olarak konuşmuyorlar, gene yüzeysel hani böyle sıkıntı sinirlilik gibi. Ben de oturup annemle konuşmadım yani aslında bütün bu size anlattıklarımın hiçbirini.” (Piraye Yüksek)

²⁶⁵ “Annem anlatmadı hiçbir zaman böyle bir süreci.” (Cansel Keskin)

discussed. She added that after she was diagnosed about her condition, her mother had no idea for years until she got married and her mother got excited about grandkids.

“No, that didn’t happen. We don’t often see my aunts, they were living in Uşak. My mother and I came to İstanbul and they are in İzmir now. We were and still are always seperated. Another thing that we never speak these issues with my mother. This (menopause) and these kinds of things are never spoken between us. I don’t know why but we never talk things like that. My mother didn’t know anything even after my doctor diagnosed me. When I decided to marry, I introduced my husband to my family. When my mother started to fantasize about having a grandchildren, I told her that this would never happen. Like I expressed, we don’t talk these things. It’s secret, we hide it, we simply ignore these issue as if it don’t exist. This (menopause) and similar topics. At least in our family it is like that. Because of that, my mother learnt this after I got married. I said to her because I had to. She had started to fantasize about grandchildren, I said, never dream of such things, it will not happen.” (Filiz Moyer)²⁶⁶

It is understood from her accounts that Filiz experienced her menopause by herself, which might complicate coping with physical and psychological hardships as well as resulting in to interpret her experience only in a medical framework.

Aside from these mentioned examples, a lot of my respondents stated that they asked to their mothers and elder relatives about menopausal experiences after their transition has begun; although they did not talked about it before again due to cultural aspects.

“In our family, this kind of thing is never spoken neither with my mother nor with my aunts. I haven’t seen any effects. I only asked my aunts that, at what age they went through menopause, right after mine (menopause) started.” (Hande Kırmızı)²⁶⁷

²⁶⁶ “Yok, öyle bir şey olmadı. Belki teyzemle çok sık görüşmüyoruz, onlar uşakta yaşıyorlardı. Ama annemle de ben İstanbul'a geldiğim için, onlar İzmir'de şimdi. Hep bir arada olmadık. Bir diğer konu annemle de bu tür konuları hiçbir zaman konuşmazdık. Bu ve benzeri konuları hiç konuşmuyoruz. Böyle bir şey var yani nedense o konuşulmaz. Öyle konuşmadım o yüzden bana doktor söyledikten sonra bile annemin haberi yoktu. Ne zaman ben evlenmeye karar verdim. Tanıştırdım eşimi ailemle, annem torun hayali kurmaya başladığında sesli bir şekilde böyle bir şey yok dedim, olmayacak dedim. Dedim ya biz konuşmuyoruz böyle şeyleri. Şey ayrı, gizli o, yok sayıyoruz biz o konuyu. O ve benzeri konuları daha doğrusu. Bizim ailede öyle en azından. O yüzden evleneceğim zaman öğrendi annem. O da mecburen söyledim, torun hayali kurmaya başlayınca, kurma hayal sakın böyle bir şey olmayacak dedim.” (Filiz Moyer)

²⁶⁷ “Bizim ailede mesela ben annemde teyzelerimde hiç böyle bir şeyin konuşulduğunu bilmem. Etkilerini de görmedim. Ben sadece şeyi sordum teyzelerime, kaç yaşında menopoza girdiklerini benimki başladıktan sonra.” (Hande Kırmızı)

“I immediately asked my mother at what age did she go through menopause. I think this is related with our cultural structure. We don’t speak such things with our families. We speak with our closest female friends, even it’s not pleasant to speak with male friends.” (Zuhal Işık)²⁶⁸

Although, many of my respondents noted that they either did not exchange any of their embodied experiences with their mothers, or consulted them afterwards; a lot of women, who especially experienced menopause earlier than expected and feel bad about losing their reproductive capacities, emphasized the importance of generational transfer of knowledge by stating that the lack of sharing these experiences made them more vulnerable and unprepared about menopause. Two statements of Esra are given place about this issue, in one of which she admitted that she blamed her mother not to inform her about menopause. Because, after her menopause Esra found out that her mother’s menopausal transition also started in the age of 38.

“For example, if my mom had explained me all these, I could have taken my precautions accordingly. Maybe, I could have evaluated my opportunities better. But I learned all these after it was too late for everything. We didn’t have that kind of sharing. Nothing is spoken properly due to the factor of shame. I was a high school student and even I didn’t know anything about giving birth.” (Esra Karadeniz)²⁶⁹

“I blamed her for the time being, yes. I blamed her because she didn’t explain me anything. I told her that I wished she had explained me all these.” (Esra Karadeniz)²⁷⁰

Filiz also noted that her lack of relation with her mother was problematic by stressing the significance of *experience*, because after she confronted with her mother she also discovered that her mother also had a similar story of early menopause.

²⁶⁸ “Ben hemen annem kaç yaşında girdiğini filan sormuştum. Bizim bence kültürel yapımızla alakalı, biz bu tarz şeyleri çok konuşmuyoruz ailecek. İşte en yakın bayan arkadaşlarımızla konuşuyoruz; yani hatta erkeklerle bile bu konuyu konuşmak çok hoş olmuyor.” (Zuhal Işık)

²⁶⁹ “Mesela annem bana anlatsaydı bu olayı, belki ben ona göre önlemini alacaktım. Belki onun için yapabileceğim şeyler varsa onları değerlendirecektim. Ama iş işten geçtikten sonra ben bunları öğrendim. Bizde yoktu öyle bir paylaşım, yasaklarımız çok fazlaydı. Aman ayıptı, aman söylenmez diyerek hiçbir şey konuşulmuyor. Lise talebesiydim daha doğumun nasıl gerçekleştiği konusunda bilgim yoktu.” (Esra Karadeniz)

²⁷⁰ “O dönemlerde evet suçladım. Niye anlatmadı diye suçladım. Bahsetseydi keşke diye söyledim.” (Esra Karadeniz)

“I think it’s crucial that someone who has experience, better also from family, transfers information and directs you to the doctor. [...] It would have been better if I was told by my mother, who went through menopause before 30, like ‘look this is how we are, this is our family’, ‘my sister has this too’, ‘please do not ignore doctor’, etc.” (Filiz Moyer)²⁷¹

Nazan and Hande’s remarks addressed the historical change related with the communication between mothers and daughters and noted that compared to past it is now not only easier to share these processes with mothers and elder relatives; but also there are a lot of open sources for women to research. At this point especially Hande underlined internet as a crucial tool.

“This issues were harder back in my time. Nowadays young people are more ‘conscious’. Mothers and fathers are more ‘conscious’. Even fathers speak about this now. It was taboo back then. Not in our family but in generally it was. It was a shame, you couldn’t even share it with your friends. It’s not like that now, everything is overt.” (Nazan Bahadır)²⁷²

“There is no getting information from some particular place, like old times. You read from everywhere. You open it from the internet and read about menopause. So, there is no need for information from the friend or mother like it was in the previous generation.” (Hande Kırmızı)²⁷³

To sum up, my data shows both resemblances and discrepancies with Agee’s (1995) and Erol’s study (2014). Especially, women, who did not evaluate her menopause as a pleasant experience, emphasized the importance of generational transfer of knowledge; although, they could not have a chance to talk about their menopausal experience with their mothers. The *invisibility* of the experience of menopause also manifests itself in generational relationships. In the next section, women’s

²⁷¹ “Tecrübeyi yaşamış birinin, ki üstelik yakınsa ve ailedense, aktarması ve ona göre de bir doktora yönlendirmesi bence çok önemli. Mesela annemin daha otuzuna basmadan bak biz böyleyiz, bizim aile bu, siz de, ablam da var benim, böyle olabilirsiniz, lütfen doktoru ihmal etmeyin gibi bir şey söylenecekti daha iyi olabilirdi.” (Filiz Moyer)

²⁷² “Bizim dönemimizde daha zordu o işler. Şimdi gençler de maşallah çok daha bilinçli. Anne babalar bilinçli. Şimdi babalar bile anlatıyor artık anneyi bırak. Bizde tabuydu o dönemlerde. Bizim ailede değildi ama genelde öyleydi. Ayıptı, arkadaşlarınla bile paylaşamazdın. Şimdi öyle değil, her şey çok aleni.” (Nazan Bahadır)

²⁷³ “Eskisi gibi bir yerden bilgi almak ve şey yok. Her yerde okuyorsun. İnternette açıp menopoz ile ilgili bilgileri okuyorsun. Yani o yüzden de bir önceki nesil gibi arkadaşından annenden filan bir bilgi yok.” (Hande Kırmızı)

conversations with friends and colleagues will be focused within the same framework of seeking an *organic epistemology*.

7.2.2. Conversations With Friends

Inspiring from the Marxist tradition, women's talking with each other about their experiences and problems are seen as an important political mechanism in order to alleviate women's oppression from the beginning of feminist thinking. After dealing with talking about menopause in the medical and generational perspective, I also posed a question to my respondents by asking them to describe in which ways they share their experience of menopause within peer groups.

From the responds of women, I recognized that sharing their experience with peer groups also shows itself as another negotiating mechanism both against stigmatization and against dominant medical discourse, which regards menopause as a *disease*. From these conversation many women like Zuhall and Sinem, who both experienced menopause before 45 years old, declared that they voluntarily share their menopausal experiences with their friends in order to inform and emotionally support them.

“We speak. Due to my early experience, when I observe a similar effect on my friends, I tell them it's normal and share with them that I also felt similar things. It's the biggest thing among women. Sharing about everything reduces the stress.” (Zuhall Işıık)²⁷⁴

“With close friends, topics that once that you were uninterested became topics you are now involved in. Then you pay more attention about how your friends experience, what is happening to them, etc. Some experiences this (hot flushes) very frequently as you said, and some other experiences nothing.” (Sinem Çiçek)²⁷⁵

²⁷⁴ “Konuşuyoruz. Genelde işte, dediğim gibi belki ben daha erken olduğum için diğer etrafımdaki arkadaşlarımdan, benzer belirtileri gördüğümde normal olduğunu, benim de yaşadığımdan filan bahsediyorum. Kadınlar arasında en büyük şey o zaten. Her konuda paylaşım insandaki stresi azaltıyor.” (Zuhall Işıık)

²⁷⁵ “Yakın çevrendeki insanlarla, önceden sana uzak olan konu senin içinde olmuş olduğun bir konu oluyor. Bu sefer daha kulak kabartıyorsun sen nasıl yaşıyorsun, sende ne oluyor, bende böyle oluyor. Kimi dediğin gibi çok sık yaşıyor bunu kimi de çok rahat mesela, hiçbir şey geçirmiyor.” (Sinem Çiçek)

Hande also declared that she talks with her friends about her experiences and also listen the experiences of her friends. However, she argued that the ones, who suffer from physiological discomforts, are more willing to share their experiences due to the fact that they are more involved about the solutions, home remedies, and its influences on general health. Additionally, Suna's remarks were similar with Hande's implying that Suna and her friends try to be aware from their friend's coping strategies with menopause including medical and alternative therapies, physiological and emotional processes.

“Actually when we speak these together, we share information with each other at the end. But this is rather a personal issue. I mainly have friends who do researches lot more frequently, she is like that you know. I have some other friends who are interested in medical subjects and read about those. Not just for this issue (menopause); but in general. I assume that people who experience more physical problems with this (menopause) probably do more research about how they can fix the problems or how can they ease their troubles. And they can provide more information. I have never experienced such a situation, so I didn't need that. I am the one who gets informed mostly. Because I don't need it, I just listen and join the conversation.” (Hande Kırmızı)²⁷⁶

“I'm not a type of person who talks about my private life but I do speak with my close friends of course. We have been speaking about have you gone through menopause, what did you experience, what did you use, how did you get over it, like these kinds of stuff.” (Suna Elibol)²⁷⁷

Although, Piraye perceives crucial women's sharing with each other about the experience of menopause, she addressed also some problems, in which she complained that other women either cannot comprehend her distress or trivialize it instead of supporting her. According to Piraye, women, who experienced menopause

²⁷⁶ “Aslında birbirimizle bunu konuştuğumuz zaman bilgileri birbirimizle paylaşıyoruz sonuç olarak. Ama bu biraz kişisel bir şey. Benim daha çok araştırma yapan arkadaşlarım var ama onun genel yapısı öyle. Daha çok okuyan tıbbi konulara çok meraklı arkadaşlar var. Hani bu konuya özel değil, genel eğilime bağlı. O daha çok bilgi veriyor mesela. Birazcık bu konuda fiziksel sıkıntıları olan insanlar herhalde bu konuya daha çok araştırmaya, en azından bu sorunu nasıl gidebilirim, nasıl daha az etkilenirim' i araştıran insanlar daha çok bilgi veriyorlar. Ben hiç baştan da dediğim gibi bende hiç öyle bir durum olmadı, ihtiyaç duymadım. Bilgi alan taraf oluyorum bu durumda yani. Kendim ihtiyacım olmadığı için, sadece duyuyorum ve konuşmaya katılıyorum.” (Hande Kırmızı)

²⁷⁷ “Ben zaten özel yaşamımla ilgili çok konuşan bir insan değilim ama yani samimi arkadaşlarımla konuşuyorum tabii ki. Sen geçirdin mi, sen neler yaşadın. Ne kullandın, nasıl atlattın bunları tabii konuştuk, halen de konuşuyoruz.” (Suna Elibol)

rather smoothly or unaware of what menopause can cause in terms of general health, cannot help her. Therefore, she evaluated these talks with her friends as unnecessary for the most of the time. From her accounts, I also got the impression that her friends might have approached her depression related with menopause in a judgmental way and might have thought that Piraye was exaggerating her situation, which made Piraye reluctant about demanding support from her friends.

“We don’t talk too much about it with women that I asked about. Especially if they are not influenced much. For example, I generally ask. However, if she says it (menopause) did not influence her, then there is nothing to talk with her. Maybe she thinks that she is not affected. I know what effects it create on my body or problems it would cause. These are blood pressure, cholesterol, osteoporosis etc. Since women are not ‘conscious’, the most famous hot flushes comes out instantly and preguvenly as the most common thing when you ask women about their menopause. Look, I am just now started to talk about hot flushes. I have faced many other problems before coming to hot flushes. However, when you ask a woman, the initial answer that they give you is hot flushes, sweating, etc. Yes, I’ve experinced these too but I didn’t mind these physical effects because I thought that they would eventually diminish by time. But psychologically I am more negatively influenced. it was challenging.” (Piraye Yüksek)²⁷⁸

From Piraye’s remarks I conclude that the women, who underwent a serious depression started with menopausal transition, may still feel themselves excluded from women’s conversations or these communications may not be helpful for them; although, women are tend to explain and share their menopausal experiences with each other. In that sense, I claim that it is also significant in which way the menopause is talked instead of whether women share their experiences of menopause or not. This issue will be elaborated in the next section. However, in order to expand Piraye’s point, similar remarks were made by other respondents like Nehir by stating that only

²⁷⁸“Çok uzun üzerinde konuşmuyoruz, sorduğum insanlarla. Hele ki, etkilenmediyse bazıları. Ben mesela soruyorum genellikle. Ama etkilenmedim diyor mesela, o zaman onunla konuşacak bir şey yok. Ama etkilenmediğini zannediyor belki de yani. Bir şeyi bilince, hani şimdi yani ben vücutta yarattığı etkileri bildiğim için, ya da bana getireceği sonuçları bildiğim için, tansiyon, kolesterol, osteoporoz gibi sonuçları bana taşıyacağı için... Ama kadınlar çok bilinçli olmadığı için, sadece hep söylenen şu bütün kadınlarda ortak hani sordunuz ya hemen işte sıcak basması o fix. Bakın ben daha sıcak basmasına şimdi geldim, sıcak basmasına gelene kadar daha insan ne sıkıntılar yaşıyor. Ama kadınlara sorulunca hemen ilk söyledikleri şey sıcak basması, terleme veya işte birden üşüme. Evet tabii bunları ben de yaşadım ama ben psikolojik anlamda hani daha çok beni etkiledi bu fiziksel şeylere çok fazla takılmadım çünkü geçeceğini zamanla düşündüm ama o psikolojik tarafı zor oldu.” (Piraye Yüksek)

some specific aspects of menopause are tended to be mentioned in those talks. In order to support her claim she exemplified her complaint of vaginal dryness, which she finds difficult to share even with her close friends.

“These experiences are not easy to share. For example, the biggest effect on my life is vaginal dryness and it can’t be told everywhere.” (Nehir Erdem)²⁷⁹

Supporting Nehir, Melek also evaluated that sharing menopausal experiences may be shameful for the most of women, since the word menopause directly signals ‘aging’ at the same time; considering the fact that most of the women deliberately try to avoid from the perception of an ‘aged’ person.

“It’s a bit like that I think. Women perceive this (menopause) as a matter of youth. Or finitude of reproduction is thought to be as a sign of elderliness or beginning of the end. Maybe just for this reason, it’s hidden or untold in order to deny old age. If you ask to your close friend you can get answers about whether she is menstruating or not, or what she experienced. But it may not be talked with an ordinary friend. In fact, I assume that women even don’t ask this question, if it (menstruation) is continuing, finished, what happened etc.” (Melek Zeyrek)²⁸⁰

Gaye also explained her challenges about telling her experience of menopause to her friends. Although, she emphasized that at the beginning she thought no one can understand what she was going through, after sharing with several friends she acknowledged that it has contributed a lot to in order to cope with emotional distress. In her remark, she advised not only to share the experience but also listen to others to get familiar with alternative opinions. From the accounts of Gaye, women’s transmission of experience among themselves manifests itself not only as an important tool to cope with embodied changes, but also significant in order to form

²⁷⁹ “Şimdi şu tecrübeler öyle çok kolay paylaşılan şeyler değil. Mesela şey. Benim hayatımdaki en büyük etki vajinal kuruluk ve yani anlatılır bir şey değil öyle her yerde.” (Nehir Erdem)

²⁸⁰ “Ben biraz öyle olduğunu düşünüyorum. Bunu bir gençlik şeyi olarak algılıyor kadınlar. Ya da kesilmeyi yaşlılık, bir sonun başlangıcı, böyle hani artık yaşlılığa adım atma gibi düşünülüyor. Onun için belki o sadece bu sebeple yani, yaşlılığı kabul etmeme sebebiyle saklanıyor veya söylenmiyor. Yoksa çok samimi arkadaşına sorsan cevap alabilirsin belki hani kesildin mi,, kesilmedin mi veya ne yaşadığıyla ilgili ama normalde sıradan, çok samimi olmadığın biriyle konuşulmayabilir. Kadınlar hatta bence bu soruyu birbirlerine sormuyorlar hatta. Devam ediyor mu, bitti mi ne oldu filan demiyor. Durup dururken.” (Melek Zeyrek)

an alternative discourse against hegemonic assumptions in order to deal with *invisibility*.

“Yes of course, it’s hard to talk about this. I was also having hard time to mention my problems, talking about psychological pressure and all that. Or you don’t think that you can express yourself. Or you think that you wouldn’t be understood properly. However, as you share, and observe different point of views, I felt much more relaxed. Yes, this is important. So, sharing is really hard but when you share, you realize that there are different perspectives.” (Gaye Çalimli)²⁸¹

In her remarks Esra also admitted that menopause is not as frequently discussed as other embodied changes that women are going through such as pregnancy. She evaluated women’s conversations about menopause especially important because the issue of early menopause often tend to be seem as extremely rare; although, many women experience this in contrast to the existing assumption. Therefore women, whose menopause arrives earlier than expected, might not have a chance to consider this possibility due to the fact that they mostly remain unaware about the physiological signs of early menopause, when they do not have an opportunity to listen other women’s experiences.

“It would be much better. I wish it can be talked as a normal issue. I wish women can express their menopause such like saying I am pregnant or I will give a birth like a normal thing. I wish women can talk freely about menopause with other women like, ‘look this is going to happen’, ‘be careful about that’, ‘this might happen in early age’ etc. It is not that every women with hot flushes are experiencing menopause but women should be talking freely by saying things like ‘go see a doctor, do research etc.’. These should be spoken among women.” (Esra Karadeniz)²⁸²

²⁸¹ “Valla tabii ki böyle konuları konuşmak zor, ben de ilk zamanlarda çok zorlanıyordum bu sıkıntıyı dile getirmekte. İşte o psikolojik baskıyı onunla konuşmak konusunda. Ya da ifade edemiyorsunuz kendinizi. Ya da karşınızdakinin sizi anlamayacağını düşünüyorsunuz. Ama paylaştıkça, onun farklı bakış açılarını gördükçe ben kendimi daha rahat hissetmeye başladım. Evet bu önemli. Yani gerçekten paylaşım zor ama paylaşınca da çok daha farklı şeylerin olduğunu görebiliyorsunuz.” (Gaye Çalimli)

²⁸² “Çok daha iyi olurdu. Normal bir şey gibi konuşulsa keşke. Nasıl sen gebeysen, ve ben hamileyim çocuk doğracam diyebiliyorsan, menopoza girdim veya menopoza giriyorum, arkadaşlar böyle böyle şeyleri oluyor. Bakın siz de dikkat edin, erken yaşlarda da olabiliyor bu. Hani illa ki her terleyen her sıcak hisseden menopoza girecek diye bir şey yok ama; onunla ilgili doktora gidip bilgi alın araştırın diye rahatça konuşabilmeli kadınlar kendi aralarında.” (Esra Karadeniz)

Another problem of experiencing menopause earlier is stressed in Filiz's remarks. She noted that she did not have a chance to talk about menopause with her friends in the past when she was diagnosed at the age of 33; because, her friends, whose age were similar to Filiz's, were completely remote to the experience of menopause. It is understood from Filiz's point that alongside of talking with friends, generational transfer of knowledge is especially and important dealing mechanism, which should be encouraged.

"I will tell you something, I couldn't speak with many people when I went through menopause at the age of 33. Because many of women experiencing menopause were older than me. Since I don't have mother to speak, and I can't speak with my aunt either, then I had to find some others to talk with but there wasn't anyone around me. There are 50 years old people around me who menstruate normally. But there wasn't anyone who went through early, about 33, around me back then. Even there were no 40's. If there was, it would definitely be nice to share experiences." (Filiz Moyar)²⁸³

As mentioned before in the discussion related with women's personal research about menopause, based on her experience Fulden asserted that personal research or additional sources informing about menopause were not necessary for her due to her dialogue with her friends. She was one of my respondents, whose bond with her friends are the closest in terms of sharing embodied experiences. To emphasize the importance of women's conversations Fulden's remarks are given place once more, in which she also exemplified one of her friends, who experienced menopause at the age of 28.

"I am still in touch with my secondary and high school friends. Thus, my group of friends is always same. I am still seeing my 13-15 years old friends at the age of 52. Therefore, they are all within a similar level of culture. We don't have any complaint about getting informed (about menopause). We all had opportunity to

²⁸³ "Sana bir şey söyleyeyim mi, ben olduğumda 33 yaşında ben bunu çok insanla konuşamadım. Çünkü girenlerin çoğunun yaşı daha büyük. Benim tutup bir abla bulup, annem olmadığına göre, annemle bu konuşmayı yapamadığıma göre, teyzemle yapamadığıma göre o yaşta birilerini bulup konuşabiliyor olmam gerekir ama yoktu. Yok yani benim çevreme baktığın zaman. Hani 50 yaşında hala normal devam edenler var. Ama benim gibi 33 yaşında erken olan birisi yoktu benim çevremde. Hadi 33'ü geç 40 da yoktu. Olsaydı güzel olurdu deneyim paylaşmak." (Filiz Moyar)

inform ourselves. For example, a friend of ours went through menopause at 28 and she told us about her experiences.” (Fulden Karaca)²⁸⁴

After discussing Gaye’s, Esra’s and Filiz’s opinions on the importance of menopause and early menopause in particular shared within women’s conversations, it is seen that Fulden’s remarks, in which she explained that the experiences of her friends illuminated the issue for her, exactly supported their opinions.

In this section the dialogue with medical experts are tried to be contrasted with women’s conversations in terms of generational transmission of knowledge and sharing with peer groups. In brief, women emphasized the significance of women’s own *experience* from several aspects, in which women’s talks gain a special importance in the cases of early menopause. In the next section, talking about menopause will be focused in accordance with the tendencies of either *hiding* or *joking* about the experience of menopause.

7.3. Closer Look to the Patterns of Sharing the Experience: Hiding and Joking

As mentioned above and in the previous chapters many women implied their tendency to disguise their experience of menopause from their friends, partners and families; as well as in their work environments. Considering the *invisibility* of menopausal experience except from the medical discourse and the aspects of social stigmatization, these tendencies can be justified. More importantly, I discovered that the way of talking about this experience also matters. In my interviews, I observed that even women, who disagrees that they are *hiding* their experience of menopause in public or among their friends, they explained that they are mentioning about menopause in a mockery and/or in a *joking* manner. This tendency of *hiding* and *joking* about the experience of menopause attracted my attention; thus, I not only elaborated the issue with further questions during interviews; but also wanted to allocate a special focus

²⁸⁴ “Benim arkadaş grubum, ortaokul ve liseden birlikte olduğum arkadaşlarımla hala görüşüyorum. Dolayısıyla arkadaş grubum hep aynı. Aynı derken 13-15 yaşındaki arkadaşlarımla 52 yaşında hala görüşüyorum. Dolayısıyla hepsi belli bir eğitim ve kültür düzeyinde. Hiç şeyimiz yok, ne denir ona, hiç böyle önceden bilgilendirilseydik şöyleydik böyleydik yok. Hepimiz birbirimizi bir şekilde ya bilgilendirecek ortamlarımız oluştu ya önceden bilgilendirilmiş veya bir arkadaşımız mesela 28 yaşında menopoza girmiş onun bize anlattıkları vardı.” (Fulden Karaca)

of these *hiding* and *joking* behavior; because, although these two behaviors may seem contradictory to each other, in my opinion they are in fact closely related originating from the issues of *invisibility* of the experience and social stigmatization of menopausal women.

To begin with, the patterns of *hiding* the experience of menopause worth elaborating. It may be assumed that the *invisibility* of menopausal experience, compared to other embodied changes that women are going through such as pregnancy, may reinforce women towards not talking about their experience of menopause. This claim was uttered also by Zuhall with following words:

“Hiding may not be the right word, but I don’t like sharing let’s say. If you ask why? I am thinking about this in detail right now actually, but I don’t know. Maybe it’s related with my character. Also, the fact that these kind of issues are not talked, so that it might have affected me.” (Zuhall Işıık)²⁸⁵

Other than Zuhall’s concerns some of my respondents, who felt emotional distress about losing their reproductive capacities implied that they prefer not disclosing about their experience of menopause, because they already feel themselves as *useless*. To illustrate Sinem underlined that she feels herself very uncomfortable, when her in-laws brought the subject about making more children. At these cases, Sinem implied that she does not disclose her condition related with menopause; instead she replies them that she does not want any more children. I argue that Sinem’s emphasis on ‘in-laws’ is especially crucial; because it underlines her belief about devaluation of her subjectivity exemplified in her position as a ‘daughter-in law’.

“They may tell me that I should have one more child, especially my husband’s relatives. They say ‘what would happen if there is one more’, ‘it’s early you can make another baby’. I don’t want to talk this issue especially with my husband’s relatives. I don’t know why. It wouldn’t be perceived falsely, why would it? For example, we are like friends with my sister-in-law we talk with each other. But if I talk with relatives, I say I have two children and that is enough. I particularly don’t want to mention the issue (of menopause) and discuss about earliness and

²⁸⁵ “Sakladım değil de çok paylaşmak hoşuma gitmiyor diyelim. Neden dersen, şimdi düşünüyorum açıkçası bu konuyla ilgili detaylı, bilemiyorum yani belki yapısal bir şey benim yapımla da alakalı olabilir. Bu konuların çok konuşulmamasıyla ilgili belki etkilenmiş olabilirim diye düşünüyorum.” (Zuhall Işıık)

reasons. I can't understand this, but I don't want to talk, I suppose I feel uncomfortable.” (Sinem Çiçek)²⁸⁶

Güzin and Piraye, on the other hand, preferred *hiding* their experience of menopause especially at the beginning; simply because it is something that they are experiencing hard time to admit in the first place. Moreover, Piraye implied that it was a matter of pride for her to be treated as ‘menopausal’ or ‘old’.

“Yes, it happened to me a bit. Even it became matter of pride. Since I thought that I went through menopause early, I wanted to hide it. It's because of denial. I made it matter of pride and didn't want to show. That kind of thing happened due to denial. I was abstained because I thought that everyone would see me as an old person and treat me like ‘menopausal’. You know it is established that kind of perception: ‘menopausal’” (Piraye Yüksek)²⁸⁷

“I would be lying if I say didn't happened too much. Yes, it happened at the first because I felt like everything is over.” (Güzin Çelik)²⁸⁸

The feeling of *shame* was also apparent stressed in some of my interviews, which is originated from the value attributed to being *feminine* and *losing femininity* with menopause. Hale exemplified her cousin about this issue of *shame*; yet she also emphasized that she found the behavior of her cousin odd considering the fact that their relationship is very close since childhood. From the example of Hale's cousin it is understood that women may even *hide* their menopause from the people, who are close to them, and may force women to experience these transition by themselves.

²⁸⁶ “Bir tane daha çocuğun olsun derler mesela özellikle eşimin tarafları, bir tane daha olsaydı ne olurdu, bak daha erken yine yapabilirsin vesaire. Özellikle eşimi taraflarında bu konuyu konuşmak istemiyorum. Bilmiyorum o nasıl bir şeyse, aslında farklı algılanmaz niye algılsın ki? mesela görüncemle daha arkadaş gibiyiz konuşuyoruz ama ne bileyim akrabalarından falan birisi olursa yok düşünmüyorum iki tane çocuğum var yeterli deyip geçiştiriyorum. Özellikle belirtip de o konuyu açıp, ‘aa daha çok erkendi de, neden böyle oldu da’ o konuları açıkçası konuşmak istemiyorum. Anlam veremiyorum ama konuşmak istemiyorum kendimi rahatsız hissediyorum herhalde.” (Sinem Çiçek)

²⁸⁷ “A evet biraz oldu o bende. Gurur meselesi oldu hatta. Ben işte gene erken girdiğimi düşündüğüm için saklamak istedim. Kabul edememekten. Bunu biraz gurur meselesi yaptım, yansıtmak istemedim. Öyle bir şey oldu kabullenememekten kaynaklı. Hem de dışarıya karşı da şey, şimdi herkes beni yaşlı diye bakacak aman menopozlu kadın muamelesi göreceğim hani böyle de bir kalıp laf yerleşmiş ya işte menopozlu kadın filan diye bunları istemediğim için tabii insan biraz çekimser oluyor.” (Piraye Yüksek)

²⁸⁸ “Çok olmadı desem yanlış söylerim. Evet, oldu ilk başlarda bunu söylemek sanki her şey bitmiş gibi hissediyordum.” (Güzin Çelik)

“Yes there is such a thing. My aunt’s daughter is 2 years older than me. We got together with our cousins around 2 years ago. One of my cousin said, ‘I have already went through menopause a long time before but I haven’t mentioned’. She didn’t say anything to us until then. The thing is, we three are like sisters. She is generally tight-lipped.” (Hale Toprak)²⁸⁹

Aside from Hale cousin, Cansel shared similar remarks in which she admitted that she is witnessing women from her immediate environment, who tend to *hide* their experiences by stressing that even sometimes she is reluctant to ask women about their experiences of menopause; because according to Cansel, women can be annoyed from these kind of questions. She justified the reluctance of women again with the issues of ‘aging’, ‘reproduction’ and feeling of *shame* accompanying them. Cansel’s point also indicates that women’s conversations with each other are also not free from these kind of concerns.

“Talking about menopause is like that. Since it ends fertility of women and limits life in many aspects and causes bad experiences, majority of women don’t want to share it. And it seems like symbol of old age. Menopause means I am old now. That’s why many are afraid of going through it. Hence, they don’t share. A woman is like 55 but doesn’t want to tell. Sometimes I intend asking about ‘how was yours’ and people don’t want to talk about it. They see it as a defect. They don’t want to share this defect with others.” (Cansel Keskin)²⁹⁰

It is clear that women, who experienced menopause earlier than the expected age range, are also the ones, who feel the social pressure of ‘menopause’ the most. Therefore, they also tend to *hide* their menopausal experience. Gaye and Esra both stated very clearly that they probably might have refused my offer to make interview with them, if I asked them in the early years, when they firstly encountered with menopause. However, both Gaye and Esra also added that these kind of feelings were

²⁸⁹ “Evet şöyle bir şey var. Teyzemin kızı benden 2 yaş büyük, Bahsettiğim kuzenimle üçümüz bir araya gelmiştik 2 yıl önce filan. Ben çoktan menopoza girdim söylemedim dedi. Bize bile söylememiş; ki biz üçümüz üç kardeş gibiyiz. O zaten genellikle ketumdur söylememiş.” (Hale Toprak)

²⁹⁰ “Menopozdan bahsetmek şöyle bir şey. Kadınların üremesini bitiren bir şey olduğu için ve hayatını çok anlamda kısıtlayıp kötü şeyler yaşamasına sebep olduğu için kadınların çoğu bunu etraflarıyla zaten paylaşmak istemiyorlar. Bir de yaşlılığın sembolü oluyor sanki. Ben artık yaşlandım demek menopoz bu yüzden menopoza girmekten korkuyor herkes çok. Bu yüzden de menopoza girdiğinde paylaşmıyor. Kadın 55 yaşında filan mesela ama anlatmak istemiyor. Yani bazen ben de mesela senin nasıl geçti filan diye soracak oluyorum çok o konuya girmek istemiyor insanlar. Yani kendisinde bunu bir kusur olarak görüyor. Bu kusuru dışarıyla paylaşmak istemiyor.” (Cansel Keskin)

not permanent for them and now they are talking rather freely, because they have adapted themselves to this issue and they do not perceive menopause as a threat posed to their subjectivity or *femininity* anymore.

“That is possible for women since fertility is over. They can feel a psychological pressure inside. Consequently, they might want to keep it away from others. [...] If you asked for this interview 10 years before, maybe I wouldn’t have accepted it. Because my concerns were very different, I was worrying about not having children. My case was exceptional. But I’m done with that in my mind. If we were speaking 10 years before, maybe I would say yes, I hide it because I can’t accept. However, this is not the case now. Because I accept this.” (Gaye Çalımlı)²⁹¹

“In my opinion, no, I don’t hesitate. I can easily mention that I went through menopause. But in that time, I couldn’t say it. After that, I can easily say that I went through menopause in the age of 38. But back in those days, I couldn’t say that I went through menopause. My eyes were filling with tears when this issue was brought up, I wanted to cry. It affected my psychology. Maybe I’d refuse to make interview if this happened back then. I don’t feel like that anymore.” (Esra Karadeniz)²⁹²

It is important to note that women, who experienced menopause in their later life like Melek and Fulden, admitted that they might have been *hide* about it, if they had experienced menopause before the age of 35; although, they do not evaluate talking about their experience of menopause as troubling. From these remarks, I conclude that the cases of early menopause is even more *invisible* in the society and more challenging for women, about which further studies are needed; because in fact it

²⁹¹ “Doğurganlık bittiği için. Kadınlarda öyle bir şey olabilir. Psikolojik bir baskı hissediyor olabilirler kendi içlerinde. Dolayısıyla da bunu herkese deklare etmek istemeyebilirler.[...] Eğer siz benimle olan bu görüşmeyi 10 sene önce bana söylemiş olsaydınız, o zaman ben belki görüşmek istemeyebilirdim. Ama şimdi bu işi kafamda bitirip aştığım için, çünkü benim olayım çok farklıydı ben çocuk sahibi olamama derdin deydim. Çok farklı bir durumdu benimkisi. 10 sene önce konuşuyor olsaydık belki derdim ki evet kabullenemediğim için gizleme gereği duyuyordum derdim ama şimdi şu anda öyle bir şey yok. Çünkü ben artık bunu kabullendim.” (Gaye Çalımlı)

²⁹² “Kendi açımdan hayır, hiç çekinmiyorum. Rahatlıkla da söyleyebiliyorum ben menopoza girdim filan diye. Ha o dönemde belki söyleyemeyebiliyordum. Belirli bir dönem evet söyleyemedim. Ama sonrasında artık rahatlıkla ben 38 yaşında menopoza girdim falan diyebiliyorum. Ama o dönem şeydi: menopoza girdim de diyemiyordum, bu konuyla ilgili konuşulduğunda da gözlerim doluyordu, ağlamak istiyordum. Psikolojik olarak çok etkilemişti beni. ben de mesela o yeni girdiğim zamanlara dek gelse görüşmeyi kabul etmeyebilirdim. Ama mesela şu an artık hiç öyle hissetmiyorum.” (Esra Karadeniz)

cannot be classified as a rare condition at all but rather a totally disguised phenomenon.

“Do I wanted to say if I were 40 or 35? Maybe I don’t. I mean I would think not to share or talk about. I don’t have a such worry now.” (Melek Zeyrek)²⁹³

“I am not saying for my age but saying for women around 40’s. When we are 52, menopause is pretty normal but saying I went through menopause in 38 or 35 is not easy for every woman.” (Fulden Karaca)²⁹⁴

From the accounts of my respondents, I argue that the invisibility of menopause is reproduced due to women’s tendency to *hide* it, which can be considered as a rational response considering both the *abject* character of menopause and the social stigmatization surrounding the meanings of that experience. Here, Roger’s arguments (1997) are worth reminding, in which he stresses the ways in which the experience of menopause gains its *abject* character. According to Rogers (1997) *repression*, *sublimation* and *ritualization* are the strategies in order to deal with *abjection*. In addition, he claims that medicalization is a *pollution ritual* imposed on the experience of menopause. In the light of Roger’s accounts, I argue that the tendency of women to disguise their experience of menopause is also a well-established example of *repression*. Furthermore, based on my observations in the field from the mimics, gestures and actual statements of my respondents, I also argue that the statements of women, who are even comfortable about sharing their menopausal experiences in public, are accompanied by an element of *joking*. I found this tendency quite interesting to note and interpreted that due to the social stigmatization of middle aged and menopausal women, embodied experiences related to it are not allowed to be talked unless a context of risibility is involved. Correspondingly, in the interviews many women like Zehra, Hale and Nazan implied that they share their experiences in public as a matter of comedy.

²⁹³ “40 yaşında 35 yaşında olsaydı söylememek ister miydim? İsteyebilirdim. Yani söylemeyeyim paylaşmayayım diye düşünebilirdim. Şimdi öyle bir endişem yok.” (Melek Zeyrek)

²⁹⁴ “Benim yaşımdakiler değil de 40lı yaşlardaki arkadaşlar için diyorum. Biz 52 olunca menopozluk gayet normal gibi ama 38 yaşında menopoza girdim demek ya da 35 yaşında menopoza girdim demek her kadın kolay kolay söylemiyor.” (Fulden Karaca)

“No, mainly I don’t have any problems, thus, it’s generally in a joking way. Like, don’t come close to me, I am menopausal etc.” (Zehra Şimşek)²⁹⁵

“Maybe there is someone noticed but didn’t tell me, if they did I’d make fun of it. I wouldn’t be significantly affected. Sometimes I can even make jokes of it (menopause) with my male friends.” (Hale Toprak)²⁹⁶

“No, I really speak it out. (laughs)” (Nazan Bahadır)²⁹⁷

In my opinion this tendency of *joking* about menopause or sharing the experience in a risible way can be related with Roger’s argument of *sublimation*, which is addressed by Rogers as a strategy against *abject*. It should also be stressed that talking about menopause in a risible manner not only rules out the problems related with the oppression and social devaluation of women in middle age; but also, helps to confirm the stigmas attached to the experience of menopause. Therefore, I argue that it may not be as innocent as it sounds. Also from Tülin’s account it is understood that this tendency has also a strong historical background due to her example of her mother and elder relatives.

“No, how can I say, there are aunt-in-laws around me who are of the same age with my mother. They always reacted wittily. Always smiling, joking, they were saying that we were young girls back then, we were still young. They said ‘we are menopausal women’, we surely have discomforts, you will also go through menopause when time comes. They were smiling and slurring over by laughing. I am same in the office. I say that I’m menopausal, I may feel distressed time to time, they would laugh away and say, ‘oh chief have it your way’.” (Tülin Pür)²⁹⁸

²⁹⁵ “Yok, benim genelde şöyle, pek bir sıkıntı yaşamadığım için o konuda genelde espri şeklinde oluyor. Hani menopozluyum bana yaklaşmayın falan.” (Zehra Şimşek)

²⁹⁶ “Fark edip söylemeyen de olmuş olabilir, söyleseler de gırgıra vururdum. Çok etkilenmezdim. Erkek arkadaşlarla bile yeri gelir esprisini yaparım.” (Hale Toprak)

²⁹⁷ “Yoo gayet de söylüyorum valla açık açık. (gülüyor)” (Nazan Bahadır)

²⁹⁸ “Yok, benim etrafımda nasıl diyeyim, mesela işte yengemler falan var annemle yaşlılar, onlar şöyle der hep esprili şekilde karşıladılar. Hep böyle gülererek, şakalaşarak, işte mesela genç kızdık o zamanlar, öyle de genciz, ya işte biz menopozlu kadınlarız kızım, bizim sıkıntılarımız olacak tabi sizin de zamanınız gelince siz de menopozlu olacaksınız. Hani gülerlerdi onlar, gülererek geçirirlerdi. Ben de aynı öyleyim iş yerinde filan. Ben zaten menopozlu biriyim, bana böyle sıkıntı arada geliyor gidiyor falan yaptığım zaman gülüp geçiyorlardı yani. Ya şef sen kafana göre takıl falan diye.” (Tülin Pür)

Joking about menopause is also highly apparent in the work environment as well that women utilize in order to share their menopausal experience with their colleagues. Therefore, it may be also a coping mechanism for some women like Suna in order to utter their physical discomforts.

“I am generally in the office. We spend most of our life here. We understand each other in the office. Or we can make jokes to ourselves. When I have hot flushes, I say turn the AC on, shut this off, I am feeling hot etc. These things can happen, yes we make each other feel that.” (Suna Elibol)²⁹⁹

About the relationship with partner, Deniz underlined that *joking* about menopause is unacceptable and considers herself as lucky because her husband never mocks her related with her physiological changes. From her accounts it may also be inferred that husbands also embrace a *joking* behavior, which both trivializes women’s problems in menopause but ratifies also the position of menopausal women also in marital relationships.

“I am lucky. My spouse never makes jokes about it, not even a little fun about menopause. Because this is a natural thing and making fun of this is hurting. He never makes a comment about these issues I mean.” (Deniz Özgür)³⁰⁰

In this chapter the ways, in which menopause is talked about are focused by emphasizing the general tendencies of women either *hide* or *joke* about their experience of menopause. I agree with Roger’s in this case that *hiding* menopause and *joking* about menopause may seem as disparate but in fact closely related with each other; since they are both refer to different strategies in order to deal with the *abject* character of menopause, which are *repression* and *sublimation*.

So far, the issues related with women’s oppression in middle age and women’s social and subjective problems related with their experience of menopause is focused. In the

²⁹⁹ “Genellikle iş yerindeyim zaten. En çok hayatımız burada geçiyor. Ofiste zaten birbirimizi anlıyoruz. Ya da birbirimize espri yapabiliyoruz, işte ben çok ateş bastığı zaman klimayı açın, beni yine ateş bastı bunu kapatın filan öyle şeyler olabiliyor evet hissettiriyoruz birbirimize.” (Suna Elibol)

³⁰⁰ “Ben şanslıyım, benim eşim hiçbir zaman esprisini bile yapmaz aa işte sen menopoza girdin filan diye esprisi dahi olmaz. Çünkü doğal bir şey şakaya vurulması rencide edici ve o o konularda yorum yapmaz yani.” (Deniz Özgür)

next section, the *outsider/within status* of middle aged women will be dealt in detail by emphasizing the empowering aspects of middle age for women.

7.4. Politicizing the Untold: Empowering Aspects of Middle Age and the Experience of Menopause for Women

In this section there are two major points of focus. Firstly, women's reactions and strategies against the *invisibility* of menopausal experience are given place. Secondly, based on women's accounts how middle age can be revisited as a way leading towards empowerment by stressing the *outsider/within status* of women, who are middle aged. These two major points will be presented in order to the place of middle age women in feminist politics and to seek strategies for strengthening the engagement of middle age and the experience of menopause in women's movement. I acknowledge that empowering aspects of middle age may not be necessarily related with menopause. Nevertheless, I believe that covering the empowering dynamics of middle age is also necessary, because the experience of menopause often coincides with middle age and subjectivity of middle aged women is thus valuable considering the fact that middle age subjectivity is rarely discussed in feminist studies.

My participant group was enlightening in order to cover women, who experienced menopause in earlier stages of their lives. For this section as well, I find their accounts quite valuable. To begin with, based on their own experiences, in which they had to deal with a lot of problems alone, all of my respondents underlined that they are helping other women around them and try to inform them about menopause as much as possible. Filiz, for example, implied that she embraced this purpose of making women familiar about menopause and warning them about the possibility of early menopause as a personal mission.

"I embraced this as a mission you know, I inform my friends about my experience and advise them to visit a doctor for tests and controls. Many of my friends ask me about what they experienced since I already lived all those." (Filiz Moyer)³⁰¹

³⁰¹ "Kendimi öyle şey hissediyorum, çevremdeki arkadaşlarıma öyle benim başımdan geçti bak önden bunu anlamak için şunları yap, bak şöyle de bir test var, şöyle bir doktor var mutlaka git baksın kontrol

Filiz's statement also critical; because she also stated that other women acknowledge her as a source of knowledge as well against the dominant medical discourse. Esra on the other hand, who confessed that she blamed her mother about her mother's reluctance about sharing her own early menopause, made similar remarks with Filiz by declaring that she also tries to inform women around her as much as possible.

“Afterwards, I informed many people who are close to menopause. I always tried to support them with my experiences. For instance, I believe my daughter will be more informed on this issue. I was uninformed when I encountered this. I met with menopause rather ‘unconsciously’. I learnt my from mother that she had same experiences like me and she also had went through menopause early, after I already went through menopause. We talked and I complained about why she hadn't told me before. I even blamed her. I blamed her for not telling me that. She said, how she could know that I'd go through menopause early too. Then she explained what she had gone through. She just had sweating problem but not extreme anger problems. This is what passing the experience among generations is. I will do more and as I said, since these are my experiences I know what can I do. She (her daughter) can make her eggs frozen before menopause, if it is sustained a generational transfer from her mother.” (Esra Karadeniz)³⁰²

Upon her statement about Esra's relationship with her mother about menopause, I asked her if she is sharing her experiences with her daughter. She responded that she considers the option of egg freezing for her daughter as well, in case she can also experience menopause earlier. In her remark, she highlighted the generational transfer of knowledge many times; because she thinks that things may be different for her, if her mother told Esra about menopause. In addition, I argue that attitudes like Esra's

etsin diye yönlendiriyorum. Hatta çoğu arkadaş bana soruyorlar, senin başından geçti bende şöyle bir şey var ne yapayım falan diye soruyorlar.” (Filiz Moyar)

³⁰² “Sonrasında menopoza yakın yaşlardaki insanları çok bilgilendirdim. Ben yaşadım, sen benim yaşadığımı yaşama şeklinde hep destek olmaya çalıştım etrafımdakilere. Mesela benim kızımın bu konuda daha bilinçli olacağını düşünüyorum. Ben kendi açımdan bilinçsiz bir şekilde karşılaştım. Annemin yaşadıklarını işte ben yaşadıktan sonra öğrendiğimde onun da aynı şekilde erken menopoza girdiğini öğrendim. Konuştuk niye daha öncesinde söylemedin diye açıkçası biraz veryansın da ettim. Bahsetseydin keşke dedim. Hatta suçladım. Niye anlatmadı diye suçladım. Nereden bilebilirdim dedi senin dedi bu şekilde olabileceğini. Ondan sonra yaşadıklarını anlattı. O da aynı şekilde işte aşırı bir şekilde sinir olayı filan olmamış. Onda da sadece terleme olayı olmuş. İşte bir sonraki nesle aktarma olayı bu aslında. Ben mesela daha fazla yapacağım ve dediğim gibi bu yaşanmışlıklar olduğu için benim onun için yapabileceğim şeyleri biliyorum, menopoza girmiş olabilir ama yumurtalarını dondurmayı becerebilir önceden annesinden böyle bir aktarım olursa.” (Esra Karadeniz)

also help alleviating the *invisibility* of menopause and weakening the *abjection* of menopause.

“I share, surely I told her. I entered early but I am planning these for you, for example freezing eggs when you reach a certain age. A woman wants to give birth no matter what. When she wants to give birth, she needs to be informed. She needs to know procedures like egg freezing. If these were told to me before, I could take measures for them. But it wasn’t explained to me. Communication between mother and daughter and passing information through generations are crucial. There is nothing to hesitate about this. This will happen to every woman. Passing down to next generation would make them informed. They would know what would happen to them. At least they will have an idea about what precautions to take.” (Esra Karadeniz)³⁰³

Some of my respondents especially emphasized about enhancing the visibility of menopause by talking about it more freely and frequently, which results in transforming the meaning of menopause from a *shameful* and ‘funny’ experience. Both Tülin and Zuhale agreed on that by arguing that the more it is talked, the more loosens the social stigmatization attached to the experience of menopause. Additionally, I argue that talking about menopause produces its knowledge from within, which may eventually help to form an *organic epistemology*.

“Sure, these are kept secret. People will talk easily about this as it become popular with culture and speaking. I can talk everywhere, it is not a shame. If, I hesitate and don’t speak, people will think that it’s a shameful thing. What if, I speak openly, what would they think then? If she doesn’t hesitate, it’s not something to be ashamed of. You create this sense of shame. So, if you don’t speak people will think that it is something to be ashamed of.” (Tülin Pür)³⁰⁴

³⁰³ “Paylaşıyorum tabii söyledim. Bak ben böyle erken girdim ama sen belirli bir yaşa geldiğinde ben senin için bunları düşünüyorum yumurta saklattırma olayı mesela. Eninde sonunda bir kadın olarak doğurmak isteyecektir, mutlaka isteyecektir. Doğurmak istediğinde bu fırsatı kaçırmamak için elinde bilgi olması gerekiyor işte yumurta dondurma vs. gibi yöntemleri bilmesi gerekiyor. Bana bunlar anlatılsaydı zamanında belki ben de bunun önlemini alacaktım. Belki böyle bir şeyin varlığından haberdar olabilecektim. Ama anlatılmadı. Anne-kız iletişiminin, yaşananların bir sonraki nesle aktarılması çok önemli. Bu konuda hiç çekinecek sıkılacak bir şey yok. Bütün kadınların başına gelecek olan bir şey. Bir sonraki nesle aktarmak ve o sonraki nesil durumu nasıl idame ettirir bilmiyorum ama en azından, bilinçli bir şekilde idame ettirir. Başına gelecekleri bilir. Yani, yaşanacak olan süreci en azından aa ben şimdi ne yapacağım diye karşılamaz ona göre bir an önce önlemini alır diye düşünüyorum.” (Esra Karadeniz)

³⁰⁴ “Tabi, bunlar saklanıyor yani. İşte hep kültürle, konuşmayla, ne kadar yaygınlaşırsa o kadar daha insanlar rahat konuşacak. Ben her ortamda konuşurum valla, ayıp bir şey değil ki. Ben çekinirsem çünkü konuşmazsam o zaman sanki çok ayıp bir şeymiş gibi algılanır. Ben çok rahat konuşursam bunu o zaman ne düşünecekler? Çekinmediğine göre o zaman çok da utanılacak bir durum değil yani. Hani

“The more talked, the better it is. I don’t want to be judgemental but instead of those useless wedding programs on TV, women should think what they experience is a normal process for either housewife or working woman, this would be better for all of us.” (Zuhal Işık)³⁰⁵

By addressing the exclusion of menopausal women from the category of ‘woman’ due to the social meanings attached to *feminine ethos*, the *outsider/within status* of menopausal women is underlined many times within different contexts throughout the study. However, at this point I also want to emphasize the *outsider/within status* of middle aged women within feminist movement. Based on my fieldwork data, I argue that middle aged women actually tend to be more aware about women’s oppression and gender inequality in society; although, they do not define themselves as feminists or do not make their political decisions accordingly. In my opinion two aspects are closely related with this argument. Firstly, through divorce or life experiences like that, they implied that they had faced many inequalities, which have changed their perspective, in terms of gender relations. Secondly, when they arrive midlife, due to the familial and professional achievements not only their self-confidence have increased; but also they have become more able managing to cultivate other identities except from being *feminine*. Suna’s statement is quite self-explanatory about this issue, in which she compares her subjectivity with her mother’s. In addition, when I asked Hale to define the positive aspects of midlife she made parallel remarks with Suna.

“We are very similar in terms of that. My mother is a bit introvert and emotional. Maybe that’s why it was more effective. She was not working, she was housewife. She was more dependent on her husband and she was thinking that her husband didn’t understand her. I don’t have this as a necessity, I don’t need

bu utanma algısını siz yaratıyorsunuz. Yani sen konuşmazsan insanlar utanılacak bir şey olduğunu algılıyorlar.” (Tülin Pür)

³⁰⁵ “Ne kadar konuşulursa o kadar iyi. Yani o saçma şimdi yargılamak için söylemiyorum ama o evlilik programları ya da başka içi boş programlar yerine bu yaşadığı şeyin normal olduğunu ev kadını da olabilir, çalışan kadın da olabilir, normal olarak yaşanan bir süreç olduğu kabullenilirse herhalde hepimiz açısından daha iyi olur.” (Zuhal Işık)

people to understand me. So we are a little different on this matter.” (Suna Elibol)³⁰⁶

“More mature, more female, more confident, more free.” (Hale Toprak)³⁰⁷

Deniz and Melek also focused more on the positive aspects of being middle aged. Whereas, Deniz implied that her self-confidence has increased through aging and due to her achievements, Melek stressed that she is now able to act more like herself without considering what possible repercussions her *femininity* might reflect to her personal relationships.

“In fact, I earned more respect with increasing age. I earned more value. Because anyhow you prove yourself. In your career too. You take on responsibility of a family. I think I accomplished something. Okay, I don’t have extremely successful career but I am maintaining a family. I feel more confident. This affects your social relations and you earn respect. You aren’t as worried as you were young about what people would tell about you. Maybe society’s expectations from you declines with age, that may cause a relaxation.” (Deniz Özgür)³⁰⁸

“I think it is a good thing. I personally, not that kind of a person. But, some people are like that, they behave in accordance with the present environment. Together with increased age and with that experience, men also accepts her as she is, due to her life experience. What happens then, she starts acting normally like in her natural state. This is why it is socially a positive thing. More natural, in a way that it is supposed to be.” (Melek Zeyrek)³⁰⁹

³⁰⁶ “O anlamda birbirimize çok benziyoruz. O (her mother) birazcık daha içe kapanık daha duygusal yaşayan bir insan, ondan belki daha çok etkili olmuştur. Çalışmıyordu, ev hanımıydı. Daha çok kocaya bağımlı, daha işte beni anlamıyor havasındaydı, benim öyle bir ihtiyacım yok. Kimsenin anlayıp anlamamasına. Yani birazcık daha farklıyız o anlamda.” (Suna Elibol)

³⁰⁷ “Daha olgun, daha kadın, daha kendine güvenli, daha özgür.” (Hale Toprak)

³⁰⁸ “Ben aslına bakarsan daha saygınlık kazandım yaşla beraber. Daha değer kazandığımı düşünüyorum. Çünkü bir şekilde kendini ispatlamış oluyorsun bir kere. Mesleğinde de öyle. Sonuçta bir ailenin sorumluluğunu alıyorsun, yürütüyorsun. Bir şeyleri de başardığımı düşünüyorum. Tamam illa böyle aşırı yüksek bir kariyerin olmayabilir vs. ama sonuçta bir aile geçindiriyorsun. Ben kendimi daha özgüvenli hissediyorum bir kere, bu benim sosyal ilişkilerime de yansıyor, saygınlık getiriyor size. Gençlik yıllarındaki kadar tedirgin olmuyorsun insanlar hakkımda ne derler diye. Belki toplumun beklentisi de azalıyor yaşla birlikte bu da bir rahatlık yaratmış olabilir.” (Deniz Özgür)

³⁰⁹ “Bence iyi bir şey. Şöyle iyi bir şey, yani ben karakter olarak pek öyle değilim ama, bazı insanlar daha öyledir. Daha olduğu yere göre davranır. Bu yaşla beraber o tecrübeyle, erkeğin de böyle daha onu tecrübeyle veya ortamda kabul ettiğinde ne oluyor normal davranmaya başlıyor, kendisi olduğu gibi davranmaya başlıyor. Onun için toplum olarak iyi bir şey bence. Daha doğal, olması gereken.” (Melek Zeyrek)

It would be wrong to directly assume that women, who experienced menopause live in misery for the rest of their lives. On the contrary, regardless of menopausal age, all my respondents declared that despite physiological and emotional challenges compelling them especially at the beginning of menopausal experience, they are now highly satisfied from their lives as it is. Filiz for example, her *self-valuation* has brought her to a much happier state as she was ten years before.

“Since my life has changed, I assume it’s because right person is with me. Despite all these health and menopause issues. It depends on the effort that she put herself and the value that she gives herself. I think that. It depends on person. It depends on lifestyle. That’s how I think about it. Thank God now I am happier than I was 10 years age.” (Filiz Moyar)³¹⁰

The word maturity also mentioned many times during interviews by women, which came up as one of the positive aspects of middle age. Even Piraye, whose experience of menopause was devastating for her, implied that she is more content about herself in terms of maturity.

“In the past, ambitions and desires were greater. I wanted the more and better. Now it’s like what I have is enough, nothing more is necessary. This is valid for everything, for social relations for moral and material issues. It’s like ‘okay, this is it’.” (Piraye Yüksek)³¹¹

It is also an obvious result that alleviating the risk of pregnancy can also be considered as a huge relief for women in terms of menopause. Several of my participants declared their relief that they do not have to use contraceptives anymore. Correspondingly, finitude of menstruation was mentioned in a relieving way in terms of bleeding and discomforts related with pre-menstrual syndrome.

³¹⁰ “Yaşamım değiştiğinden, doğru insanın yanımda olmasından kaynaklandığını düşünüyorum. Bütün bu sağlık, menopoz konusuna rağmen. Bu da kişinin kendisiyle ilgili, kendisine verdiği emekle ilgili ya da kendisine verdiği değerle ilgili bir şey. Ben öyle düşünüyorum.. Kişiye bağlı, yaşam şekline bağlı. Şuan çok şükür 10 sene öncesine göre daha mutluyum.” (Filiz Moyar)

³¹¹ “Şimdi eskiden daha hırslar filan istekler daha büyüktü. Daha çok oldun, daha iyi olsun, şu da olsun, bu da olsun diye düşünürdüm. Şimdi e tamam işte olduğu kadar yeter daha da fazlasına gerek yok gibi. Bu her şeyde böyle, insan ilişkilerinde de maddi manevi tüm değerlerde de yani ‘tamam okey buraya kadar’ gibi bir şey oldu evet.” (Piraye Yüksek)

“You can do it freely since there will be no pregnancy. There is also such a liberating side.” (Deniz Özgür)³¹²

“It was like relief for me. You are more relaxed I mean. There is no chance to get pregnant. You don’t deal with periods every month. It’s like relief if you don’t suffer from physical effects. Maybe I would think differently if I was under other physiological discomforts.” (Hande Kırmızı)³¹³

“Frankly, first of all there is no risk of pregnancy. You live more freely and enjoyable. Yes, it is a organic thing. There is also a good thing about is, I was feeling terrible pain and hospitalized every month due to pms. These are gone now, I feel much relaxed. Maybe we are keen to do things. For example, I got 5 tattoos after 40, I got a piercing on my belly. It maybe called youth ambition, I don’t know. This might be panic of it. Or we are trying to do what we wanted and couldn’t do.” (Zehra Şimşek)³¹⁴

Zehra’s point was crucial, in which she asserts that she is doing now what she could not dare before like tattoos. Esra’s and Suna’s remarks were also similar with Zehra’s point. Yet, they mostly emphasized the element of ‘time’ in their statements. While Esra declared that due to the decrease of household duties she has now more time to spare for herself; Suna on the other hand declared that she feels herself more productive; because her experience of menopause has reminded her that time is both limited and precious. .

“I want to save time for doing something about myself. Now I have time for this.” (Esra Karadeniz)³¹⁵

“No, there is no connection between menopause or old age and enjoyment of life. It might only triggered me for doing things that I couldn’t do. Taking more

³¹² “Rahat bir şekilde yapabiliyorsun artık ne de olsa çocuğum olmuyor diye düşünüyorsun. Böyle bir özgürleştirici tarafı da var.” (Deniz Özgür)

³¹³ “Bana rahatlama gibi geldi bu. Daha rahatsın yani. Hamile kalma ihtimalin yok. İşte her ay regliyle uğraşmıyorsun. Eğer fiziksel bir şey yaşamıyorsan rahatlama gibi. Ben menopozun öbür etkilerini yaşıyor olsam belki farklı düşünürdüm.” (Hande Kırmızı)

³¹⁴ “Samimisini söyleyeyim, en başta hamilelik riskimiz yok, daha özgür yaşıyoruz, daha keyifli yaşıyoruz. Evet yapısal bir şey. Sadece şöyle bir güzelliği oldu, artısı oldu ben her ay korkunç ağrı çekerdim, hastanelik olurum. Onlar bitti çok rahatladım şu anda. Yani şöyle, belki hani bazı şeylere daha çok saldırmaya başlıyoruz. Mesela ben 40 yaşımdan sonra 5 tane dövme yaptırdım. Göbeğime piercing yaptırdım, en son şunu deldirdim. Daha bir gençlik hevesi mi geliyor bilmiyorum. Belki bu onun paniği olabilir. Ya da hani yapamadığımız şeyi heves edip yapamadıklarımızı yapmaya çalışıyoruz şu anda.” (Zehra Şimşek)

³¹⁵ “Kendimle ilgili bir şeyler yapmak için artık zaman ayırmak istiyorum. Artık buna zamanım var.” (Esra Karadeniz)

care to myself. By means of those, yes, menopause encouraged me positively. Actually this period is very efficient for productivity, it needs to be benefited.” (Suna Elibol)³¹⁶

From the point of view of Esra and Suna, it may be asserted that they achieved some kind of liberation that is often asserted by radical feminists. To be more precise, Fulden’s and Zuhâl’s point were also highly crucial to note; because they especially underlined that now household duties limit them much less compared to the time, where their children are smaller and in need of mother’s care.

“I can travel more. I used to spend time doing houseworks, now I don’t care about it. So, I am taking more time to myself.” (Fulden Karaca)³¹⁷

“Now there is time for my hobbies and fun. There is also such thing, we gain experience on planning of life like every person does. You plan home, work, children. Naturally, time that I can spare for myself was reduced. So I’ve been doing ceramics for just two years. It gives so much happiness. Because I’ve never spent time for myself due to my job for years. I’ve just realized this. I’ve never gone to the cinema for years, I’ve never shared a moment with my spouse. Since our families don’t live here, we didn’t have anybody for babysitting. I realized these just now. I did not realize that I couldn’t spare time for myself then. Only very recently, I realized.” (Zuhâl Işık)³¹⁸

Since becoming a mother is attributed to women as a must and a sacred duty to accomplish, Filiz for example declared that she began evaluating her childlessness due to her early menopause as a positive thing through time; because she has more time for herself and feel more relaxed and free from the challenges of raising a child

³¹⁶ “Yo, hiçbir bağlantısı yok menopozun ya da ileri yaşın yaşam zevkime. Sadece beni biraz daha tetiklemiş olabilir, birtakım şeyleri, yapmadığım şeyleri yapayım. Kendimle birazcık daha ilgileneyim. O anlamda aslında evet beni birazcık teşvik etti menopoz olumlu yönde. Aslında bu dönem üretken kılınması açısından oldukça verimli insan hayatında, değerlendirmek gerekiyor.” (Suna Elibol)

³¹⁷ “Daha çok gezebiliyorum. Eskiden ev işlerine takılırdım şimdi umurumda değil. Yani kendimle daha çok ilgilenmeye başladım.” (Fulden Karaca)

³¹⁸ “Şimdi zamanın oluyor işte kendine zevklerine zaman ayırmaya hobiler kazanmaya. Çünkü şey şöyle de bir şey var. Yani, bir de tabii hayatı planlama, biz de her şeyde tecrübe kazanıyoruz her insanın her şeyde yaptığı gibi. Evi planlıyorsun, işi planlıyorsun, çocuğu planlıyorsun. Doğal olarak kendine ayırdığın zaman azalıyor. Ben de çini yapmaya başladım mesela, iki senedir sadece. Öyle bir mutluluk veriyor ki çünkü daha önce hiç, belki mesleğin verdiği bir şeyle gerçekten kendime yıllarca hiç zaman ayıramamışım. Bunu şimdi fark ediyorum. Sinemaya mesela bakıyorsun yıllardır gitmemişim, eşimle bir an paylaşmamışım. Zaten çocuk büyüyene kadar, bizim belki tabii ailelelerimiz burada yaşamadığı için, çocuğu bırakacak kimsemiz yoktu. Daha çok çocukla zaten birlikte de zaman geçirecek bir ortam olmadığı için hem çocukla hem eşinle zaman geçiriyorsun. Onların hepsi belki de şu anda fark ediyorum. O zaman zaman ayırmadığımı fark etmiyorsun zaten. Yeni yeni.” (Zuhâl Işık)

in the contemporary context of Turkey by referring to both financial and political problems.

“If we look on bright side of this, I am not sure if this is bright but, I made positive side for me. I don’t have child, I am free, I take a lot of time for myself.” (Filiz Moyar)³¹⁹

During our talks with women, the emphasis of self- confidence becomes prominent from many respects. Firstly, many women declared that they feel themselves more relaxed about bodily concerns compared to the times when they experience puberty despite the ‘horror’ constituted around aging and decay.

“I am doing sports, also there are lots of people around me who are interested in sports. I have social environment whose members prioritize simplicity and naturalness. Besides, I don’t care if anyone criticises my physical appearance. Because this is my point of view: After a certain age, external things can’t manipulate you.” (Melis Kızıl)³²⁰

“I was feeling more beautiful and well before. But this doesn’t bring me dramatical spiritual burden. You don’t obsessed like you did in your adolescence.” (Nehir Erdem)³²¹

Supporting Melis and Nehir, Fulden also made similar claims about the relation of bodily concerns and midlife by stressing that she feels herself more confident in these ages to wear a bikini; although she is also more distant now from the standard image of ‘beach body’ than she was before. Fulden’s example reminded me Güzin’s questions; thus I wanted to give place for her remarks once again. It may be inferred that they position themselves against objectification of female body; yet in feminist thinking their framework is rather disguised.

“Nothing is important once you trust yourself. I learnt that actually. When I was young, for example, for 45 years I was worrying about my big butt and thick

³¹⁹ “İşin olumlu taraflarına bakarsak yani bu olumlu mu bilmiyorum ama kendime göre bir olumluluk tarafı yarattım. Çocuğum yok ki rahatım, kafam rahat, kendime zaman çok ayırıyorum.” (Filiz Moyar)

³²⁰ “Ben spor yapıyorum, etrafımda da sporla ilgilenen bir sürü insan var. Daha sade ve doğallığım önde olduğu bir ortamım var. Ayrıca fiziksel olarak beni eleştiren varsa da aldırmiyorum açıkçası. Çünkü bu da benim görüşüm, artık dışarıdan gelen şeyler belli bir yaştan sonra sizi manipüle edemiyor.” (Melis Kızıl)

³²¹ “Öncesinde daha iyi ve daha güzel hissediyordum tabii. Ama bunun bana inanılmaz getirdiği bir ruhsal ağırlık yok. Ergenlik dönemlerinde takıldığın kadar takılmıyorsun.” (Nehir Erdem)

legs until my menopause. If somebody told me that my butt is big back then, I would go through crisis. Now I say, yes it is big, so what. I really don't care at all. I didn't wear bikini before, now I swim with bikini. So what? I pay no attention to these even if my butt is big and legs are thick. I realized now that if you are well and you stand firm, nothing else matters. I guess this is my current mood.” (Fulden Karaca)³²²

“If I get my body done, will I look much more beautiful to others? Why am I supposed to look beautiful? Should I look beautiful?” (Güzin Çelik)³²³

Based on my observations I discovered that some of my respondents, who especially experienced divorce, developed kind of a shield against men and deliberately try to reestablish themselves by getting rid of their dependence on men. Fulden and Zehra described this effort as a discovery of *self-value*, which corresponds to their middle age years. Their remarks are also important by addressing the aspect of self-confidence as well in midlife.

“Now, it's impossible, let alone my husband, I can't endure anyone now. That's why I told you, I got more selfish. What I mean by selfish is to realize my self-worth. I wish I could have divorced when I was 37-40 years old, that's my opinion now. Perhaps, it would have been difficult with kids, but I would manage it somehow. I feel myself more smart actually.” (Fulden Karaca)³²⁴

“I used to let others to oppress me. But I am not like that anymore. For example back then, we were trailing behind men pretending that they are our lives. Now I don't care. Even my current spouse says, you are doing what you want to me as you didn't say anything to your old husband.” (Zehra Şimşek)³²⁵

³²² “Tabi kendine güvenden mi gerisinin hiçbir önemi yok. Aslında ben onu öğrendim. Gençlikte mesela çok öncelerden popom büyük işte bacaklarım kalın, işte inan menopoz yaşına kadar işte 45 yıldır aşağı yukarı hep bu muhabbetlerim vardı. Şimdi bana birisi atıyorum, senin kalçan büyük, kıcın büyük dese önceden krizlere girerdim. Şimdi aman büyükse büyük diyorum. Hiç umurumda değil. Eskiden bikiniyle denize girmezdim, şimdi bikiniyle denize giriyorum. Aman ne olacak. O kadar şeyim var yani demek istediğim. Önemsemiyorum artık, valla şimdi umurumda değil. Popom da büyük olsa, bacağım da kalın olsa. Şimdi şunu fark ettim, sen iyiysen ve yere sağlam basıyorsan gerisinin hiçbir önemi yok. Benim şu anki şeyim de o biraz modum bu galiba.” (Fulden Karaca)

³²³ “Hani ben buralarımı yaptırdığımda karşımdakine çok daha mı güzel görüneceğim? Niye güzel görünmek zorundayım? Güzel görünmek zorunda mıyım?” (Güzin Çelik)

³²⁴ “Yok canım, şimdi olsa mümkün değil, bırak kocamı hiç kimseyi çekecek psikolojim yok. Onun için diyorum sana bencilleştin. Bencilleştin derken, kendimin değerli olduğunun farkına varıyorum. Onun için şey yapmazdım yani ben 37-40 yaşındayken boşanmayı becerebilmeliymişim benim fikrim. Belki çocuklarla yaşamak zor olurdu ama gene de yapardım. Daha akıllı hissediyorum yani genel olarak kendimi aslında.” (Fulden Karaca)

³²⁵ “Eskiden kendimi çok ezdirirdim. Şimdi ezdirmiyorum artık yani. Hatta şimdiki eşim diyor, eski eşine hiç çenen açılmamış şimdi bana yapıyorsun yapacağını. Şimdi şey mesela o zaman böyle bir erkeğin peşine takılıp hayatımız oymuş gibi davranıyorduk. Şimdi işine gelirse diyorum. Tabi tabi işine

Fulden also noted that she has completely changed her frame of reference in terms of romantic relationships due to her experiences that she acquired from her failed marriage. By looking retrospectively, she realized that her role in her former marriage was like a servant to her husband and she also feels herself glad that this order did not sustain. It is also crucial to note that Fulden might not have been aware of women's oppression if her marriage had maintained or when she was younger.

“Nowadays I am being told that, Fulden you are young, energetic, there are people who wants you, you can get married etc. I say, that man should heal my spirit first. In addition, I don't trust anyone. I won't marry with a man who will cause financial burden to me, who will twaddle or to whom I will serve. In fact, I don't want to marry. Because during my 20 years of marriage, only I served to them, no body served me for 20 years. Who needs it. I would hire a caretaker if I need. Maybe I won't live that long. Therefore, I don't bother myself about this. I don't want to marry.” (Fulden Karaca)³²⁶

Another example can be given from Zuhâl's and Melek's remarks, in which they explain that they prefer their ages of midlife compared to their younger self; because they feel much more competent right now and more aware about their self- value by again stressing the significance of self-confidence.

“I am calmer because aging provides experience and self-confidence. Moreover, making more deliberate choices about what I want and I don't want makes me happy.” (Zuhâl Işık)³²⁷

“I feel more confident. Self-confidence is constantly rising. Why? Because you have both experienced in life and profession. That increases self-confidence. Because of increased self-confidence, women can swear more openly. So what? How old enough to express my reactions as they are. But when you are 30, you

gelirse diyorum işine gelirse durusun işine gelmezse güle güle. Bu kadar daha kendimize güvenliyiz yani.” (Zehra Şimşek)

³²⁶ “Şimdi bana diyorlar ki, Fulden, sen gençsin, enerjiksın seni isteyen olur, evlenirsin bilmem ne. Ben diyorum, bir kere öncelikle ruhumu düzeltecek bir adam, bir kere ben hiç kimseye güvenmiyorum diyorum. Ruhuma iyi gelmeli, ama bana maddi yük getirecekse, bana bıdı bıdı yapacaksa ya da ona da hizmet edeceksem ben öyle bir insanla falan evlenemem. Evlenmek de istemiyorum çünkü 20 yıllık evlilik hayatımda şunu gördüm, aslında hani diyorlar ya bir çorba getirenin olsun, 20 yıl boyunca hep ben çorba getirdim, onların çorba getirdiği yok ki. Ne gerek var, bundan sonra da yani en fazla bakıcı olur bana. Belki de o kadar şey yapmam, yaşamam bile. Onun için çok kendimi o konuda hiç sıkıyorum. Evlenmek de istemiyorum.” (Fulden Karaca)

³²⁷ “Tecrübe ve özgüven kazandırdığı için daha dingin, mutluluğu daha çok tercih edebilecek konumda ya da neyi istediğini neyi tercih ettiğini daha bilinçli olarak hareket etmek bilmiyorum beni daha mutlu ediyor.” (Zuhâl Işık)

can't say what you feel exactly, even if you want. Because it is inappropriate etc. But now, self-confidence is higher because of high professional experience. Increase of income provides comfort. Because of this, I would prefer to stay this age, not 25 or 30. I want stay on this age and with my current experiences. If I am offered to turn back to the age 25 without these experiences of mine, I wouldn't accept." (Melek Zeyrek)³²⁸

As emphasized by the statements of Fulden, Zuhale, Zehra and Melek, I clearly observed a feminist awareness in my respondents, yet they are rarely discussed in feminist politics or their opinions are rarely given place in feminist studies; although, I acknowledge that these cannot be solely related with the experience of menopause. In my opinion, this position of middle age women carries them to an *outsider/within status* within women's movement as well, which results in their experiences are ignored. I claim that, just as emphasized above about the importance of generational transfer of knowledge, in feminist studies as well, opinions of older women tend to be trivialized, which not only marginalize the oppression of middle-aged women's experiences of oppression; but also debar feminism from an important source of knowledge.

³²⁸ "Daha çok kendime güveniyorum. Özgüven duygusu gittikçe yükseliyor. Neden? tecrübe etmişsin hayatı çünkü hem mesleki hem iş olarak, hem hayat olarak. O özgüvenin artıyor. O özgüvenin arttığı için, dedim ya kadın daha rahat küfredebiliyor. Ne olacak ki, kaç yaşındayım zaten tepkimi göstereceğim. Ama 30 yaşındayken o an içinden gelse de, hissetsen de söyleyemezsin, yakışmaz, uygun değildir falan. Burada hani özgüven artıyor, mesleki olarak tecrüben arttığı için özgüvenin artıyor. Hayat koşullarına karşı artıyor. Maddi gelirin yükseldiği için o bir rahatlık taşıyor. Ben o yüzden, hep bu yaşta kalmayı tercih ederim. 30 veya 25 yaşında değil. Bu yaşta kalayım, bu tecrübeleri taşıyayım. Bu tecrübeleri kaybedip tekrar 25 yaşına getirelim seni derlerse ben kabul etmem." (Melek Zeyrek)

CHAPTER 8

CONCLUSION

This last chapter is dedicated to underline concluding remarks of the thesis in order to build up the main findings of the research and to attach them to the broader discussions in social theory and feminist movement. Parallel with this purpose, the fieldwork analysis will be summarized by highlighting the most crucial and authentic indications of the study obtained from women's accounts, I aimed that the reader will be able to find links between intersectionalities introduced throughout the study by *italics*, and their possible contributions to feminist thought. To finalize, methodological limitations of the study will be described in detail along with contributions to the literature; while, departing from these limitations suggestions for further researches will be offered for progressing studies about women's experiences of menopause.

As mentioned, I conducted in-depth interviews with 20 participants interrelating with experience of menopausal transition, without asserting any predetermined criterion of age interval, which paved the way experiencing menopause 'early' came to the forefront from many respects. My study has revealed that the ones, whose menopausal transition has begun roughly before age 35, tend to experience menopause more in *abjection* due to the social resonances of *feminine ethos* on women's 'functionality'. It may result in women during menopausal transition social pressure and stigmatization. Additionally, the experience of menopause has remained as an *invisible* experience due to heteronormative culture.

Another reason behind *invisibility* of menopause is related with the fact that menopause is a woman's experience. Women's embodiment has long been an 'othered' category, whose details are explained in chapter 2. Hence, knowledge on menopause hegemonic can be evaluated as hegemonic. Additionally, neoliberalist political economy transforms health related issues as a matter of personal

responsibility, which increased the power of medical interest groups; so that, women's perception on their own menopausal experience can be influenced by.

Moreover, menopause as an embodied experience is severely under medical domination in Turkey, considering the ideal of 'bilinçli' and 'modern' women. That's why, similar with the case studies conducted in European and North American contexts, HRT represents a huge financial profit in Turkish context as well.

Although, dealing body and sex in feminism undeniably stand on a fine line; avoidance towards discussing women's embodiment in feminist theory like in the experience of menopause may not be the right way to form knowledge from within; therefore, multidisciplinary feminist studies are required. Not only doctors, but nurses should be considered in raising awareness for feminist perspectives within medical community. Within that purpose, the voluntary contributions of academics in women and gender studies would not undeniably helpful, but also would clearly be a political act through constructing an *organic epistemology*.

Through this study, I tried to touch upon the link between feminist knowledge and women's movement by summoning aspects related with women's healing practice, which has a long history before the domination of Western culture. Within that perspective, I believe I could manage to open a feminist front against both medicalization and ridiculization of menopausal experience.

The experience of menopause in various social settings are investigated throughout the study. In accordance with this aim, it is concluded that middle aged and menopausal women in media is either non-existed or depicted in a stereotype of menopausal woman, who is hot-tempered and constantly suffering from imbalances in her body temperature. Majority of women participants agreed that their menopausal experience is vastly incompatible with this mainstream image. Furthermore, it may also be asserted that the social devaluation of women with the process of aging consolidates with social stigmatization of menopause especially through media images. Above all, it is also discovered that the social stigma attached to middle aged women manifests itself in the workplace as well by the utilization of the word

‘menopausal’ as an insult to offend women. According to the patterns related with the social stigmatization of menopause, it is observed that considerable amount of women have witnessed above mentioned stereotyping in the workplace either by observing a colleague to be insulted like that or by being themselves as the subject of stigmatization. Throughout the study, the *invisibility* of middle aged women in feminist studies and in society is criticized. Considering the stigmatization and stereotyping of menopausal women in media and workplace, women’s preference to remain *invisible* by *hiding* the physiological and emotional aspects of menopause can be easily apprehended. By the same token, it is also interesting to note that the mainstream method to share the experience of menopause embraced by the majority of women appears as *joking* about it, which is interrelated with social stigmatization as well despite seeming innocent and entertaining.

Before moving on the relationship between the experience of menopause and the perception of *femininity*, it should be implied that the menopausal experience of women may roughly be diversified into two: The ones experiencing menopause with minor subjective changes and the others experiencing menopause with major subjective transitions. Especially for the latter group of women, the cultural meanings of menopause can be challenging for their identity and perception of self, due to the cultural construction of *femininity*, which includes the capacity of reproduction, sexual attractiveness, youth and beauty, operationalized as *feminine ethos* throughout the study. For these women the experience of menopause is accompanied by the feelings of *loss*, *failure*, *shame*, and *uselessness*, which can be a source of depression and *anxiety* towards aging and, more importantly, it can deteriorate the foundations of self-worth and value; instead of embracing the positive and empowering aspects of it. To illustrate, the sacred myth of motherhood is so strong in the society that even women, who did not plan having more children, became upset about the idea of finitude of reproductive capacities; instead of celebrating menopause as the most effortless method of birth control. Additionally, it is widely observed that the generation of my participants does not have a critical standpoint to the idea of sexuality favoring male pleasure. Correspondingly, not all but considerable amount

of women participated in the study complained about their sexual life simply because they remain incapable of arranging their sexual life based on their own needs and demands. Additional to the challenges in sexual life, some women declared their anxiety over harming the marital union due to their reluctant behavior towards sexual activity. Another component of *feminine ethos*, which are youth and beauty, appears also as a source of emotional stress for some women; because acknowledging physiological decay may be more challenging especially for women, who were used to be admired as 'beautiful'. At this point, majority of women agreed that they are devoting their time and money for cosmetic products and procedures in order to maintain their youth. This issue is again related with the social devaluation of aged women. However, it should be underlined that not all women experience these above mentioned aspects in the same level. Professionality, class and job position, which indicates distinguished levels of social and financial capital for women, directly interrelates with the experience of menopause and dealing with cultural devaluation of age. To be more precise, the results of the study addressed that the more is women's professional achievements, the less compelling the negative aspects of menopause tend to appear.

The results of the study shows parallelisms with Giddens's and Bourdieu's claims that body has become a personal project. In that sense, the issues of health and wellness put into words very frequently in terms of women's reservations about the relationship between losing their health and their experience of menopause. Although, many women declared that they are advised to utilize HRT by their doctors in order to protect their bodily integrity; majority of women, who went with the option of HRT, underlined that either they have abandoned the treatment or planning to quit soon. Compared to previous studies on medicalization of menopause and on HRT, this study carries more recent clues about the perception of HRT by upper-middle class women, in which the idea of HRT often contested. It is argued that the reason for that can be originated from the recent trend of living 'naturally' and increased awareness about the side-effects of HRT compared to past. Nevertheless, the position

of doctors are rarely criticized about the experience of menopause; though, HRT is approached skeptically.

From another perspective, within unequal gender relations, the lifelong struggle of women in order to increase their social status thorough professional achievements and personal developments in many social realms, is ‘threatened’ by the experienced menopause. Moreover, the process of aging actually carries important tools for women’s empowerment due to the increase of self-confidence, independency and changed attitude towards men. However, due to the devaluation of aging, which is especially coercive for women compared to men, the increased social and financial capital of women that at the same time help them to become more independent individuals both in social and subjective terms, women are embarked on another gendered burden; instead of enjoying and advancing their personal achievements for the rest of their lives.

Aside from the negative influences of the experience of menopause and aging, the data showed that there are empowering aspects of aging and midlife as well, since the experience of menopause often coincides with middle age. First of all, almost all women responded that their self-confidence and autonomy is increasing through time and accumulation of personal achievements. Second of all, many women evaluated their middle age years as an opportunity to save time for themselves due to the relative decrease of assumed duties of women in the household. Moreover, through the process of maturity and ongoing life experiences especially in terms of marriage and divorce, a lot of women declared that they feel themselves as more illuminated about gender relations which disfavor and oppress women from many respects.

No doubt that, the study has certain limitations as well, three of which will be pointed out. First of all, the general assumption of the study on the category of ‘woman’ covers only cisgender and heterosexual women, which excludes lesbian and transgender women. Secondly, this study focuses on the menopausal experiences of a very privileged group of women in Turkey; thus, no inferences can be made about lower-class women, who are more dependent and less educated. Thirdly, although many of

the respondents unsobtly shared their experiences of menopause in terms of sexuality with me as a researcher, who is near the age of their children, I suppose that they would have shared more intimate details, if I were near their age. Besides, I had no clue about my respondent's history with sexuality in terms of number of partners, frequency of sexual activity, meanings attributed to sexual pleasure, or their level of satisfaction from sexual activity. Due to my age and the duration of the interview I was not in a position to learn about all these; therefore, I evaluate my data related with sexuality as the tip of the iceberg considering the experience of women in middle age.

Nevertheless, I believe that this study is quite valuable considering the lack in the feminist literature about embodiment and aged women especially in the Turkish context. It constitutes to the accumulation of scientific feminist knowledge; because it can be used as a reference study by carrying extensive review of the existing feminist literature about menopause and also by giving place for women's accounts widely about their experience of menopause and middle age. Departing from this study, further studies are required in order to enlarge the niche created with this study. To begin with, homosexual women should be included into the discussion when talking about aging. Secondly, the issue of 'early menopause', should be analyzed in a more detailed way, in order to reveal other aspects of it based on women's accounts. Thirdly, this data should be contrasted with other case studies conducted in accordance with European cultural context. Most importantly, further studies are needed, in which the 'privileged' group of these participants are contrasted with lower class and status groups. Studies based on a methodology of comparison either with other case studies and or with other class groups will help illuminating both sides in terms of the experience of middle age and menopause.

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APPENDICES

A: FIELD GUIDELINE

General

1. At which age did you start considering about menopause?
2. What does menopause means to you?

Knowledge about menopause

3. Have you done any research about menopause?
 - a. From where did you make your personal research about menopause?
 - b. What are the things that you are curious about menopause?
 - c. What did you learned from your research?
 - d. Was that helpful for you or did it create anxiety?
 - e. Did you talked with women near the age of menopause about your experience?
 - f. What did they tell you?
4. Did you wish to be formerly informed about menopause?
 - a. What things might be good to be prepared for?

Talking about menopause

5. Do you think that menopause is rarely talked?
 - a. Why menopause does rarely talked?
 - b. Are you reluctant to talk about menopause?
 - c. Do you think that women tend to hide their experience of menopause?
 - d. Do you feel the need to hide about menopause?
6. Whom do you abstain from talking about menopause?
7. Whom do you prefer talking about menopause?
 - a. Do you talk with your mother or elderly relatives about menopause?

- b. What are the differences between conversations among women and conversation with doctor?
 - c. Which one is more reliable: mother, friends or doctors? Why is that?
8. What do you mostly talk about menopause with others?

Media Representations

9. What do you think about media representations of women at your age?
- a. Do you think that your experience of menopause coincide with the image of menopausal women in media?
10. What might be the reasons behind that media prefers younger women?
- a. How do you feel about it?

Embodiment of menopause

11. Considering other embodied processes that women are going through, what are differences of menopause?
- a. What is the difference of menopause from pregnancy, puerperality, birth or menstruation?
12. What do you think you are most uncomfortable from the 'medical symptoms' of menopause?
- a. Which one do you experience most?
 - b. Which one do you feel frightened about experiencing?
 - c. What do you feel about physiological discomforts?
13. What is the most emotionally challenging about menopause?

Youth & Beauty

14. What do you think about feeling oneself beautiful?
- a. Do you perceive yourself as beautiful?
 - b. Did this perception changed with menopause? Why?
 - c. Are you content about your body figure? Why?
 - d. What do you think about cosmetic operations?
 - e. Have you ever considered about it?

Healthiness

15. What is the meaning of being healthy?
 - a. Did menopause influence your health?
 - b. Do you feel less healthy with menopause? Why?

Medical institutions and menopause

16. Have you ever considered to utilize any medical options about menopause?
 - a. Which ones did you used?
 - b. How did it affect you?
 - c. What are the positive and negative sides of HRT in your experience?
17. What can you tell about your doctor's attitude about menopause?
 - a. Did you need any further help?
 - b. Did you need emotional help?
 - c. How did your doctor react to your demand?

Social support

18. Did you expect any support from your immediate environment?
 - a. If not, what would be helpful in terms of support?
 - b. What kind of support did you expect from your family?
 - c. What kind of support did you expect from your partner?

Self-image

19. What do you think about changes in your body with age?

Reproduction

20. How do you relate reproductivity with menopause?

Sexuality

21. How menopause can influence sexual life?
 - a. How menopause can influence marriage relations?

- b. In which ways do you share your experiences with your partner?
- 22. What can be different about aging of men and aging of women?

Men in middle age

- 23. What do you assume men are experiencing in middle age?

Men and menopause

- 24. What are the things that men understand/don't understand about menopause?

Generational differences

- 25. Can you compare your mother's menopause with yours?

Aging and maturation

- 26. What do you feel about getting aged?
- 27. What do you feel about becoming more mature?
 - a. Have your behaviors changed over time?
 - b. In which way your behaviors have changed over time?
- 28. What might damage your self-confidence about menopause?

Work

- 29. How do you experience menopause in work environment?
 - a. Do you observe any differences after menopause?
 - b. Did you experience stigmatization?
 - c. How did make you feel?

Concluding

- 30. What are the positive aspects of menopause?
- 31. What are your advice for women about menopause?

B: TURKISH SUMMARY/TÜRKÇE ÖZET

MENOPOZ DÖNEMİNDE KADIN DENEYİMLERİNİN SOSYAL VE ÖZNEL ANLAMLILIKLARI ÜZERİNE BİR FEMİNİST ÇALIŞMA

Bu çalışmanın amacı gerçek kadın deneyimlerinden yola çıkarak, medikal ve heteronormatif olarak kabul edilen egemen söyleme karşın feminist eleştirel bir tutum içerisinde, menopoza deneyimine ilişkin sosyal ve öznel anlamlılıkları keşfetmektir. Tıbbi açıklamalar ışığında menopoza deneyimi, belli bir yaşa erişmiş kadınların yumurtlama fonksiyonlarının bitmesi sebebiyle en az bir yıl süreyle menstrüasyon yaşamaması olarak tanımlanır. Ayrıca bu batılı bilimsel yaklaşım, menopoza deneyimini hormonal çerçevede ele aldığından, menopoza sıklıkla bir hormonal eksiklik (östrojen) söylemi içerisinde ele alınmakta ve buna göre menopoza, sıklıkla olumsuz bir deneyim olarak görülmektedir. Yaygın olarak kabul edilen bu tıbbi yaklaşım, menopoza deneyimine zaman ve mekândan bağımsız olarak evrensel ve özcü nitelikler kazandırdığı gibi, ‘eksiklik’ yaklaşımının da, heteronormatif kültür içerisinde, kadın kategorisine atfedilen doğurganlık kapasitesinden ileri geldiği düşünülmektedir. Bu çalışmada, menopoza deneyimine ilişkin tıbbi yaklaşımların orta yaştaki kadınların sosyal değerlerine ve yaşam fırsatlarına etki etmesinin yanı sıra, kadınların menopoza deneyimlerine ilişkin öznel algılarını da değiştirdiği iddia edilmektedir. Öte yandan menopoza deneyimini evrensel ölçüde ‘istenmeyen’ bir çerçeveye sokan batılı tıbbi yaklaşımın da indirgemeci olduğu savunulmaktadır.

Menopoza deneyimin bedenselliği göz önünde bulundurulduğunda, kadın deneyimlerinde menopozun nasıl yaşandığına ilişkin analize geçmeden önce, bu dönemi incelerken *yaş*, *toplumsal cinsiyet* ve *beden* kavramlarının kesişimselliğine değinmek elzemdir. Buna göre, doğurgan dönemlerinin dışındaki kadınların feminist çalışmalarda nadiren yer bulabilmesi eleştirilmiş ve *yaş/yaşlanma* kategorilerinin tıpkı sınıf, ırk ve etnisite gibi kadınların toplumsal cinsiyet statüsünü etkileyen bir kesişimsel alan yarattığının benimsenmesi gerektiği savunulmuştur. Bu bağlamda

‘bedensellik’ tartışması tezin ana ontolojik dayanağını oluşturmaktadır. Modernist felsefeye göre özne, Descartes’ın Kartezyen düşünce sisteminden bu yana, *beden/zihin* ikiliği içerisinde incelenmektedir. Buna göre beden, zihnin iradi becerisine karşın, salt biyolojik ve mekanik bir pozisyonda olduğundan, ikincil konumdadır. Oysa bu çalışmada bedensel süreçlerin sosyal ve öznel karşılıkları bulunduğu varsayıldığından, öznel deneyime fenomenolojik olarak yaklaşılmış ve beden ve zihin arasındaki mutlak ayrım reddedilmiştir. Aynı şekilde, feminizmin temel dayanak noktası olarak *cinsiyet/toplumsal cinsiyet* ayrımı da fenomenolojik çerçeveden yeniden gözden geçirilmiş ve *doğa/kültür* ikiliği arasında modernist bilimsel yaklaşım tarafından ihmal edilen bağlar keşfedilmeye çalışılmıştır. Her ne kadar feminizm içerisinde bedenselliği tartışmak kolayca evrensel, özcü ve indirgemeci sonuçlara yönlendirici olabilmesi sebebiyle kaygan zemin olarak görülse de, özellikle menopoza gibi gömülü deneyimleri keşfetmek için gereklidir. Bu amaçla çalışmada feminist düşünce içerisinde bedenselliğin nasıl konumlandırıldığına dair teorik tartışmalara yer verilmiştir.

Beden ve yaş kavramlarının toplumsal cinsiyet ile ilişkisini açıklığı kavuşturduktan sonra tez çalışmasının epistemolojik dayanak noktası olarak, modernist paradigmanın özellikle nesnellik ve evrensellik iddialarına temelden eleştiride bulunan, feminist duruş kuramını göstermek mümkündür. Postmodernist anlayıştan ilham alan feminist duruş kuramı, nesnellik yerine bilginin *kısmi* ve *durumsal* nitelikte olduğunu savunmaktadır. Buna göre feminist duruş kuramı, ezilen konumdan üretilen bilginin gerekliliğine vurgu yaparak feminist bilgi ve politika arasında bağ kurmayı amaçlamaktadır. Aynı şekilde, ezilen pozisyondan üretilen bilginin *epistemik önceliği* olduğu, feminist duruş kuramının önde gelen savlarından biridir. Bu çalışmada da menopoza deneyiminin örtülü yapısının, kadınların bu döneme özel olarak yaşadıkları toplumsal cinsiyet eşitsizliği pratiklerinden ve medikal söylemin bu deneyimi hastalık çerçevesinden incelemesinden ileri geldiği savunulmuştur. Bu sebeple menopoza deneyimleyen kadınların menopoza bilgisini üretmede epistemik önceliği olduğunu varsayılmıştır. Ayrıca menopoza bilgisinin *kısmi* ve *durumsal* olduğunu

varsayımından yola çıkarak tek tip bir tanımlama ile sınırlı olan medikal menopoza anlayışının yerine her kadının menopoza deneyiminin farklı olduğunu altı çizilmiştir.

Menopoza deneyimine ilişkin feminist literatürde yer alan çalışmalar incelendiğinde, bu deneyimin tıbbileştirilmesine yönelik eleştirel çalışmalara hem dünya hem de Türkiye genelinde rastlamak mümkündür. Buna göre, öncelikle *yaşlanma* sürecinin toplumsal anlamda özellikle kadınlar için patolojik bir durum olarak algılandığını ve menopoza da bu süreci fiziksel olarak imleyen bir niteliği olduğunu söylemek yanlış olmayacaktır. (Gulette, 1997) Benzer şekilde Rogers (1997) da Kristeva'nın menstrüasyon kavramsallaştırmasını menopoza uyarlayarak bu deneyimin *abject*³²⁹ bir niteliği olduğunu öne sürmektedir. Rogers'a göre toplumsal olarak *abjection*; baskılama, uçuculaştırma ve törenselleştirme olarak üç yoldan perçinlenmektedir. Baskılama temel olarak menopoza deneyimine ilişkin sosyal tepkilerin korku, kaygı ve sessizlik şeklinde materyalleşmesine neden olurken; uçuculaştırma menopoza deneyimi sırasında oluşan fiziksel ve duygusal tepkileri önemsizleştirir ve/veya onları sosyal olarak yaftalayıcı bir hale büründürür. Örneğin, Türkiye'de 'menopoza teyze' tipi menopoza deneyiminin basmakalıp bir kategoriye sokulmuş hali olup, çoğunlukla bir espri unsuru olarak karşımıza çıkmaktadır. Son olarak, Rogers' a göre (1997) menopoza deneyimi tıbbi bir biçim alacak şekilde törenselleştirilmiştir ve bunun sonucunda menopoza bir 'eksiklik hastalığı' olarak algılanmaya başlanmıştır. Sybylla (1997) *dişil etos*³³⁰ varsayımlarını öne çıkararak menopoza deneyimini incelemiştir. Buna göre *dişil etos* kadınlığı doğurganlık, cinsel çekicilik, gençlik ve güzellik gibi kavramlarla eşleyen ve sosyal olarak yaygın şekilde kabul gören bir varsayımdır. Bu varsayımlar doğrultusunda menopoza 'kadınlığın sonu' algısını yaratmakta ve kadınların bu dönemde kendilerini kadın olarak eksik ve işe yaramaz hissetmelerine yol açmaktadır. Her ne kadar Türkiye özelinde menopoza ilişkin çalışmalar görece seyrek olsa da, Erol'un çalışması (2014) 'modernlik' vurgusuna dikkat çekerek,

³²⁹ "Abjection" Türkçede hoş olmayan, rahatsız ettiği için dışlanan, tiksinti ve aynı zamanda büyülenme uyandıran anlamına gelmektedir. Bu terim Türkçe'ye "iğrençlik", "abject" terimi "iğrenç" olarak çevrilmişse de bu çeviriler Kristeva'nın vermek istediği anlamı karşılamamaktadır. Bu yüzden bu bölümde terimlerin İngilizce karşılıkları kullanılacaktır.

³³⁰ Feminine ethos

menopozun tıbbileşmesini gözler önüne sermesi açısından kıymetli bulunmuştur. Erol'un çalışmasında kadınlar tarafından övgüyle bahsedilen 'bilinçli olma' durumunun tıp kurumlarına olan güven ve itibarın temelini oluşturduğu ve bu yolla, Türkiye'de menopozun tıbbileşmesinin ve hormon replasmanı terapisi (HRT) gibi tıbbi müdahalelerin meşrulaşması arasında ilişki kurulmuştur. (2014) Fakat her ne kadar bu çalışmada tıbbi yaklaşım ve HRT, finansal ve heteronormatif çeşitli hegemonik ilişkiler barındırması sebebiyle eleştirilmiş olsa da; çalışmada HRT'ye ve/veya HRT kullanan kadınlara yönelik kategorik olarak karşıt bir tutum benimsenmemiştir.

Araştırma metotları şu şekilde sıralanabilir: Öncelikle araştırma katılımcıları, İstanbul'da yaşayan, orta-üst sosyoekonomik sınıfa mensup, profesyonel veya yönetsel pozisyonlarda aktif olarak çalışan kadınlar arasından seçilmiştir. Katılımcıları belirlerken kartopu seçim metodu kullanılmıştır. Katılımcıların seçimi sırasında önceden oluşturulmuş her hangi bir yaş sınırı konulmamış, bunun yerine menopoz deneyimini bir şekilde yaşamının gündemine almış tüm kadınlar kendi beyanları doğrultusunda araştırmaya dâhil edilmiştir. Bu doğrultuda 20 kadın ile yarı-yapılandırılmış derinlemesine görüşmeler yapılmış³³¹, görüşmelerin tümü katılımcıların önceden sözlü ve yazılı onayı alınarak ses kayıt cihazı ile kaydedilmiştir. Görüşmeler ortalama bir saat sürmüştür. Ayrıca görüşmecilerin gizliliğini korumak amacıyla, çalışma esnasında görüşmecilerin tümü takma isimler ile anılmıştır. Görüşmelerden elde edilen ses kayıtları deşifre edilerek analize imkân verecek şekilde manuel olarak kodlanmış ve araştırmanın kavramları belirlenmiştir.

Çalışmada menopoz deneyimi üç ana başlık içerisinde ele alınmıştır. Bunların ilki menopoz deneyimi ile ilk karşılaşmanın hangi biçimlerde olduğunu araştırmaktadır. Buna göre, katılımcılar kabaca menopoz deneyiminden hafif ve ağır olumsuzluklar eşliğinde etkilenenler olarak ikiye ayrılmıştır. Bir diğer önemli nokta menopoz deneyiminin beklenen veya beklenmeyen bir bedensel dönüşüm olmasının menopoz deneyimi ile ilk karşılaşma açısından önemli olabileceğidir. Özellikle menopoz

³³¹ Saha Yönergesini Appendix A'da bulabilirsiniz.

deneyimini beklenmedik olarak tanımlayan kadınlar açısından bu deneyimin başka süreçler ile ilintili olabileceği görülmüştür. Bunların arasında, ölüm boşanma gibi travmatik olaylar, özellikle kadınları hedef alan meme, tiroit gibi kanser vakaları ve ‘erken’ menopoza sayılabilir. Görüşmecilerin seçiminde yaş sınırı konulmamış olması erken menopoza konusunu gündeme getirmesi açısından önemlidir. Buna göre araştırma katılımcılarının 2’si 35 yaşından önce, 4’ü 40 yaşından önce menopoza deneyimlemiştir. Bu deneyimlerden yola çıkılarak erken menopoza deneyiminin çok daha örtülü bir yapısı olduğu görülmüştür ki; bu durum Sybylla’nın *dişil etos* kavramsallaştırması düşünüldüğünde tesadüf değildir.

Menopozun bedenselleşmesi araştırma verilerini inceleyen ikinci ve en önemli başlıktır. Fakat menopozun bedensel etkileri tartışılırken görüşmeciler tarafından altı çizilen fizyolojik sıkıntılar tek başlarına değil, bunlara etki eden sosyal ilişkiler ile birlikte ele alınmıştır. Buna göre, menopoza deneyimine eşlik eden fizyolojik süreçlerin menopoza deneyimine ilişkin sosyal yaftalama mekanizmaları düşünüldüğünde hâlihazırda çalışan kadınlar için daha zorlayıcı olabileceği gözlenmiştir. İlişkili olarak, katılımcıların önemli bir bölümü ‘menopozlu’ olmanın bir sosyal etiket ve/veya bir hakaret biçimini aldığı konusunda fikir birliği içindedirler. Bu noktada kadınları heteronormatif değerlerin dışında görmemek gereklidir. Örneğin iki görüşmeci fiziksel sıkıntılar yaşayan kadınların kendilerini meşgul tutacak beceriden yoksun olduğunu ifade etmiştir. Menopozla ilişkin sosyal yaftanın kitle iletişim araçları tarafından desteklendiği ve yeniden üretildiği ile ilgili teorik varsayım ile alan çalışmasında da karşılaşmıştır. Görüşmecilerin bir kısmı, ‘kadın’ denildiğinde, medyada çoğunlukla genç ve güzel kadınların yer bulunduğunu; öte yandan, kendi yaş grubundaki kadınların ‘menopoz teyze’ tipi ile resmedildiği görüşüne katılmaktadırlar.

Menopozun bedenselleşmesi konusunda öne çıkan en önemli dinamikler hiç şüphesiz doğurganlık ve cinselliktir.

“Türk toplumunda sanırım, kadının doğurgan olması iyi bir şey, doğurgan değilse işe yaramaz. Öyle bir düşünce var.” (Filiz Moyar)

Filiz'in Türkiye toplumu ile ilgili yaptığı bu tespit yerindedir, çünkü araştırma katılımcıları Türkiye geneli ile kıyaslandığında görece eğitilmiş ve bağımsız kadınlardan oluşsa dahi; pek çok kadın bu dönemde 'eksik', 'işe yaramaz' ve 'kadınlıklarını kaybetmiş gibi' hissettiklerine yönelik ifadelerde bulunmuşlardır. Kadınlığı kaybetme hissiyatı özellikle menopoza deneyimini görece erken yaşamış görüşmecilerde daha güçlüdür.

“Kadınlığının ve doğurganlığının elden gittiğini filan düşündüm. Benim için orada önemli olan doğurganlığının bitmesi, bir daha çocuk doğuramayacağım duygusu. Benim için önemli olan nokta oydu. [...] Beni etkileyen tek şey o doğurganlık özelliğimin kaybolması. Çöküntüyü sadece orada yaşadım, ciddi anlamda aşırı bir çöküntü yaşadım. Onun haricinde ötekiler pek gözümde değil açıkçası.” (Esra Karadeniz)

Kadınlığın kaybı hissi kadınların öznel olarak kendilerini 'işe yaramaz' hissetmelerine yol açmaktadır. Esra ile benzer olarak Piraye de menopoza girdiğini doktordan ilk öğrendiği anı “sanki biri beni uçurumdan attı, ben orada kaldım” şeklinde tarif ederek kadınlığının bitmesi hissini ağırlığını vurgulamıştır. Bu noktada çocuğu olmayan kadınların küçük bir kısmı menopoza deneyimini doğurganlığın sonunu işaretlemesi bakımından kaygı verici bulmuş olsa da, evli ve/veya bekâr pek çok çocuğu olmayan görüşmeci menopozun özel bir pişmanlık yaratmadığına değinmiştir. Buna rağmen, Hale'nin ifadesinde görüldüğü gibi, doğurganlığın bitmesi çocuk istemeyen kadınlarda dahi duygusal olarak zorlayıcı olabilmektedir.

“Hiç çocuk istemedim. Hala da istemem. Ama o insana bir ağır geliyor gerçekten. Ben de sorguladım ama bu hissi. Zaten istemediğim bir şey, garantiye aldın artık niye kötü hissediyorsun diye. Ama insana bir ağır geliyor. Belki işe yaramazlık hissi mi, kadınlığım bitti gibi bir his mi ortaya karışık böyle duygular yaşadım.” (Hale Toprak)

Sadece doğurganlık değil, cinsellik de menopoza deneyimi esnasında farklı ilişkisellikler içermektedir. Görüşmecilerin yarıya yakını menopozun cinsel yaşamlarında her hangi bir değişikliğe yol açmadığını belirtmiştir. Öte yandan bazı görüşmeciler bu dönemde cinsel isteklerinin azaldığını, üstelik vajinal kuruluk gibi fizyolojik engellerle karşılaştıklarını belirtmişlerdir. Her ne kadar hassas bir konu olması dolayısıyla cinsellik her yönüyle konuşulamamış olsa da; görüşmecilerin önemli bir bölümünün cinselliği erkek hazzını önceleyen bir biçimde algıladıklarını

söylemek yanlış olmayacaktır. Buna göre, kadınların bir kısmı menopoza döneminde cinselliğin kendileri için bir zevk unsuru değil bir evlilik sorumluluğuna dönüştüğünü ve bu durumun onları evlilik kurumunu yürütmek konusunda zorladığının altını çizmiştir.

“Bu mevzu zaten benim en sıkıntılı olduğum şey herhalde. Belki bana özel, belki pek çok kadın bunu yaşıyor. [...] Onu pek eşim anlamıyor. Yani benim daha az istekli olduğum, kaçındığım, mümkünse bahaneler yarattığım bir konu aslında bu. O anlamıyor bunu. Ben artık menopoza girdim diyorum eşime. Bu benim için gayet normal diyorum. Ama işte yine aynı sorularla geliyor bana. Ne var Hande, ne var ne oldu, yine ne oldu diye soruyor her seferinde. Anlamıyor. Nedir, acaba başka bir şey mi var, altında başka şeyler aramaya filan başlıyor.”

(Hande Kırmızı)

Menopoz deneyimi sırasında partneriyle ne gibi paylaşımların yapıldığı ve kadınların partnerlerinden her hangi bir destek görüp görmediği sorulduğunda, kadınların bu konuda çok değişken ifadeler verdiği görülmüştür. Örneğin, erken menopoz sebebiyle iki yıla yakın bir süreyle depresyona sürüklendiğini ifade eden Esra, menopoz konusunda eşiyle arasında hiçbir konuşma geçmediğini, eşinin kendisinin menopoza girip girmediğini bile bilmediğini söylemiştir. Esra örneğinden yola çıkarak, Türkiye’de pek çok kadının bu dönemi fiziksel ve duygusal sıkıntılara rağmen sessizce ve tek başlarına geçirmek zorunda bırakıldıklarını iddia etmek yanlış olmayacaktır. Bu savı destekleyen bir başka durum da menopoz döneminde eşlerinden duygusal destek gördüklerini belirten görüşmecilerin, bu yardımcı tutumu eşler arasında olması gereken bir şey olarak değil ‘şans’ olarak nitelendirmeleridir.

Görüşmeler esnasında, doğurganlık, cinsellik, gençlik ve güzellik üzerine konular, erkek ve kadınların orta yaş deneyimleri arasındaki farklar sorgulanarak genişletilmeye çalışılmıştır. Buna göre görüşmecilerin büyük bir kısmı orta yaşlı bir erkeğin kendisinden daha genç bir kadınla duygusal ilişki kurmasını olağan olarak değerlendirirken tam tersinin toplumda yadırganabileceği ve yargılanabileceği üzerinde durmuştur.

“Bir erkeğin göbeğim var diye taktığını ben düşünmüyorum. Kadınlar daha takıntılı. Ayrıca erkek göbekliyken de birilerini bulabiliyor mu? Bulabiliyor tabii. O parayla da çok alakalı, para mevki bunlar orta yaşlı erkeklerde daha çok. Orada ciddi bir dengesizlik var.” **(Nehir Erdem)**

Görüşmecilerle gençlik ve güzellik üzerine konuşmaların bir kısmı kozmetik müdahaleler ve estetik operasyonlar etrafında şekillenmiştir. Uzun yıllar bankacılık sektöründe çalışmış olan Zuhal, son yıllarda bankacılık sektöründe işlerin satış ve pazarlama odaklı yürütüldüğünü; bu sebeple daha az deneyim sahibi olsalar dahi kendilerinden daha genç olan kadınların belli pozisyonlar için tercih edildiğini söylemiştir. Ayrıca görüşmecilerin bazıları beyaz-yaka çevrelerince estetik operasyonların sıradanlaştığı görüşüne katılmaktadırlar.

Her ne kadar doğurganlık, cinsellik, güzellik gençlik gibi konular orta yaştaki kadınlar için yeni toplumsal cinsiyet eşitsizliği pratiklerine gebe olsa da; araştırma katılımcılarını oluşturan kadınların yönetsel ve/veya profesyonel işlerde çalışmalarının ‘kadınlığın bitmesi’ kaygısı ile mücadele etmekte çok önemli bir baş etme mekanizması olduğu görülmüştür. Bu bağlamda, görüşmeciler arasında aylık geliri en yüksek olanların bu kaygıyı en az, en düşük olanların ise en çok yaşadığı gözlemlenmiştir. Paralel olarak, tepe yöneticilik seviyesinde çalışan kadınların da bu kaygıyı diğerlerine nazaran daha az yaşadığı söylenebilir.

“Ben kendimi onun üzerinden kadın olmanın üzerinden, evet kadınız ama, hayatımın bütünü kadın olmak üzerinden kurulu değil. İşte okudum bir meslek sahibiyim, çalışıyorum çocuğum var bir işim var. Yani sadece kadınlık değil işte annelik eşlik işteki kimlik vs. Hani onlar da var o yüzden birinin eksilmesi diğerlerinin ortadan kalkması anlamına gelmiyor. Meslek sahibi olmayan çalışmayan kadınlar için belki daha zor olabilir. Yani çünkü varlığını onun üzerinden kurduysan eğer, anne ve kadın, kocamın karısı üzerinden kurduysan daha zor olabilir.” (**Nehir Erdem**)

Menopozun bedenselliği konusunda bir diğer önemli konu bu deneyimin sıklıkla sağlık konularıyla birlikte anılmasıdır, çünkü menopoz deneyimi kimi görüşmeciler tarafından yaşlanma ve sağlığını kaybetme ile ilişkilendirilmiştir. Bu durumu yaratan sebeplerin ilki son 15 yıl içerisinde oldukça popülerlik kazanmış olan ‘sağlıklı yaşam’ görüşüdür. Sağlıklı yaşam araştırmanın kapsadığı sınıf pozisyonu açısından bir sosyal statü aracı olarak görülmekte ve bu sebeple menopoz deneyimi ‘kadınlığın kaybı’ gibi kaygılar içermese bile, yaşlanma ve sağlığı kaybetmeye dair kaygıları öne çıkarabilmektedir.

Saha verilerinin analizi için üçüncü ve sonuncu başlığı menopoz deneyiminin kimlerle ve ne şekilde konuşulduğu oluşturmaktadır. Buna göre, öncelikle kadınların doktorlarıyla olan ilişkileri irdelenmiş ve bu ilişki doğrultusunda kadınların HRT tutumlarına bakılmıştır.

“Kadın doğum doktorlarının bu konuyla ilgili hiçbir endişeleri yok. Bence bütün süreçte, ergenliğe girerken de aynı şekilde, menopoza girerken de aynı şekilde, her hangi bir noktada, bireyi destekleyecek o dönüşüme hazırlayacak hiçbir şey yok. Ancak bir östrojen hapi verirler, o kadar.” **(Nehir Erdem)**

“Hatta ilk bir doktor bana şöyle bakıp: ‘Ayy vah vah çok da gençsin’ demişti. Ben o kadar yıkılmışım ve üzülüyordum ki; hani bir doktorun bunu bu şekilde söylemesi ne kadar yanlış bir yaklaşım. Yani ben düşünün 30 yaşımdayım ve suratıma baktı vah vah daha çok da gençsin gibi bir yaklaşım. Ben yıkılmışım. Yıkılmışım o zaman.” **(Gaye Çalmlı)**

Gaye’nin ve Nehir’in açıklamalarından doktorların, menopoz deneyiminin duygusal etkileri konusunda kadınları bilgilendirme çabası içinde olmadıkları anlaşılmaktadır. HRT desteği alıp almama konusunda ise kadınlar farklı tutumlar sergilemişlerdir. Görüşmecilerin ikisi HRT’ye doktorlarının tavsiyesiyle başladıklarını ve doktorlarına güvendikleri için bu tedaviyi onayladıklarını belirtmiştir. Öte yandan, HRT kullanan görüşmecilerin önemli bir bölümü, olası sağlık riskleri sebebiyle, ya kısa bir zaman sonra HRT’yi bıraktıklarını ya da bırakmayı planladıklarını altını çizmişlerdir. Katılımcıların bir bölümü ise doktorları kendilerine HRT önerisine rağmen bu seçeneği reddettiklerini ifade etmişlerdir.

Menopoz deneyiminin tıbbileşmesini problematize ederken kadınların menopoz konusunda diğer kadınlarla (arkadaş, anne ve aile büyükleri) iletişimi önemsenmiştir. Bu bağlamda, kadınların menopoz deneyimi konusunda nesiller arası iletişimine yönelik sorulara yer verilmiştir. Görüşmecilerin bir kısmı annelerinden menopoza ilişkin her hangi bir bilgi almadıklarını, hatta kendi deneyimlerinden sonra dahi bu konu hakkında konuşmadıklarını belirtmiştir. Örneğin 33 yaşındayken menopozu deneyimleyen Filiz, bu konuda çeşitli sıkıntılar yaşamasına rağmen yakın bir geçmişte annesiyle nu konuda konuşmadığını beyan etmiştir.

“Bana doktor söyledikten sonra bile annemin haberi yoktu. Ne zaman ben evlenmeye karar verdim. Tanıştırdım eşimi ailemle, annem torun hayali kurmaya başladığında sesli bir şekilde böyle bir şey yok dedim, olmayacak

dedim. Dedim ya biz konuşmuyoruz böyle şeyleri. Şey ayrı, gizli o, yok sayıyoruz biz o konuyu. O ve benzeri konuları daha doğrusu. Bizim ailede öyle en azından. O yüzden evleneceğim zaman öğrendi annem. O da mecburen söyledim, torun hayali kurmaya başlayınca, kurma hayal sakın, böyle bir şey olmayacak dedim.” (Filiz Moyar)

Filiz’in deneyimiyle benzer olarak Esra, annesinin de kendisi gibi erken menopoza girdiğini, bu durumu aralarındaki iletişim eksikliği sebebiyle çok geç öğrendiğini, hatta annesini kendisini her hangi bir önlem alması konusunda (yumurta dondurma gibi) bilgilendirmediği için suçladığını belirtmiştir. Öte yandan Esra, anne-kız ilişkisinin önemine vurgu yaparak kızıyla bu konularda çok daha açık konuştuğunu belirtmiştir. Benzer şekilde katılımcılara kadın kadına olan konuşmaların doktor ile olan iletişimden ne gibi farkları olduğu sorulmuş; pek çok görüşmeci kadınların birbirleriyle olan iletişiminin deneyim paylaşımı anlamında çok önemli bulmasının yanı sıra duygusal anlamda da destekleyici olarak nitelemiştir.

Menopoz hakkında kamusal alanda hangi biçimlerde konuşulduğu araştırmanın odak noktalarından bir diğeridir. Bu noktada sosyal olarak ‘menopozlu’ olarak yaftalanma kaygısının kadınlarda bu deneyimlerini gizleme eğilimi yaratabildiği görülmüştür. Buna bağlı olarak, menopozun kadınlar tarafından sıklıkla ‘alaycı’ bir biçimde dile getirildiği gözlenmiştir ki; bu durumun da menopoz deneyimini saklama eğilimine içkin bağlantıları olduğu savunulmuştur.

Sonuç olarak tıbbileşmiş menopoz bilgisine karşın kadın deneyimlerinde menopozun farklı farklı tezahürleri olduğu görülmüştür. Ayrıca, tıbbi menopoz bilgisinin kadınların menopoz deneyimleri üzerinde etkileri keşfedilmiş olup; *doğa/kültür* arasında yaygın modernist yaklaşımın öngördüğünün aksine, yakın ilişkiler olduğu vurgulanmıştır. Öte yandan, belli bir yaşa gelmiş ve bu yaşam tecrübesi içinde özellikle maddi ve mesleki anlamda kazanımlar elde etmiş kadınların kendilerine biçtikleri öznel değerin aslında orta yaş ile birlikte arttığı gözlenmiştir. Orta yaştaki kadınların feminist politika içerisinde kendilerine yer bulmaları ve kadın mücadelesinin bir parçası haline gelmeleri, menopoz gibi kadınsal deneyimlere feminizm içerisinde daha geniş yer verilerek sağlanabilir. Buna bağlı olarak, kadın deneyimine bilimsel bir nitelik kazandırılacağından, kadınların nesiller arası ve

birbirleriyle olan paylaşımlarının da önü açılarak indirgemeci olduğu savunulan tıbbi bilgiye karşın organik bir epistemoloji yaratılabilir. Bu şekilde menopo  deneyimi, ‘eksiklik’ bağlamından kurtulmaya yaklaşacağı gibi; kadınların da öznel anlamda bu deneyimi olumsuz olarak algılamasının önüne geçilebilir.

Araştırma yalnızca heteroseksüel kadın deneyimlerini incelemiş olup; LGBT kadınları veya cisgender olmayan kadınları dışarıda bıraktığından limitlidir. Gelecek akademik çalışmalarda menopo  deneyimi lezbiyen kadınları da içerecek şekilde genişletilebilir. Araştırmanın bir diğer sınırlılığı cinsellik konularının yeterince etraflıca konuşulamamış olmasıdır. Ayrıca, Türkiye ekseninde bakıldığında bu çalışmanın sınıfsal açıdan yalnızca üst tabaka kadınların deneyimlerine yoğunlaştığını söylemek yanlış olmayacaktır. Bu sebeple, ileriki çalışmaların sınıflar arası farkları kapayacak şekilde organize edilmesi önerilmektedir. Ek olarak, erken menopo  konusunun feminist çerçevede ve daha detaylı olarak araştırılması önemli gör lmüştür. Son olarak, bu çalışma göstermiştir ki; menopo  deneyimi tıbbi tanımlamanın aksine salt biyolojik bir biçimde ele alınamayacak kadar geniş olup; tıp kurumlarının konuya yaklaşımı oldukça indirgemeci ve eksiktir. Bu anlamda, multidisipliner yaklaşımları benimseyen akademik çalışmaların hem tıbbi bilgi hem de feminist bilgi açısından menopo  deneyimine yönelik olarak daha kapsamlı sonuçlar içereceği düşünülmektedir.

C: TEZ FOTOKOPİSİ İZİN FORMU

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Uygulamalı Matematik Enstitüsü ☐

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YAZARIN

Soyadı : Fenercioğlu

Adı : Nazlı Deniz

Bölümü : Sosyoloji

TEZİN ADI (İngilizce) : A Feminist Study on Social and Subjective Meanings of
Women's Experiences in Menopause

TEZİN TÜRÜ : Yüksek Lisans ☒ Doktora ☐

1. Tezimin tamamından kaynak gösterilmek şartıyla fotokopi alınabilir. ☒
2. Tezimin içindekiler sayfası, özet, indeks sayfalarından ve/veya bir bölümünden kaynak gösterilmek şartıyla fotokopi alınabilir. ☐
3. Tezimden bir bir (1) yıl süreyle fotokopi alınamaz. ☐

TEZİN KÜTÜPHANEYE TESLİM TARİHİ: