



**NZ Early Menopause Support Group**  
[www.earlymenopause.org.nz](http://www.earlymenopause.org.nz)  
[nzem.info@nzord.org.nz](mailto:nzem.info@nzord.org.nz)

## NZEMail

**MAY  
2011**



Hi and welcome...

Well, we're nearly half way through this year already – I can hardly believe it! I'm sorry I haven't been in touch for a while, but things have been very busy at work and at home – and lots of growth in our little community as you'll soon see.

There is so much turmoil in the world at the moment and it really helps me to know this support group is here. It grounds me. It makes me feel we can each make a difference, in whatever small way, to someone else's life. I hope each and every one of you is doing well and managing to connect with others in these challenging times.

In this issue: research into POF, living with long-term health conditions and a symptom tracking chart you might find useful, plus so much more. I hope you enjoy it.

Bye for now - Nicole x

### Group news

#### National get-together, Taupo

Our national get-together is happening over Queen's Birthday weekend (June 4-6). There'll be lots to do:

Living Waters Day Spa at Hotel de Bretts; plenty of cafes and restaurants; scenic walking tracks; and kayaking on the lake.

But I really think the best part will be the opportunity to hang out with a great group of women who know what you're going through. We'll share our knowledge and our experiences (and more than a few laughs!) with each other to help everyone learn and grow on our own journeys.

Thank you to everybody who has already RSVP'd. Let me know if you're

thinking about coming along and I'll make sure there's a bed for you.

The more the merrier- and the less it will cost! We'll be car-pooling where possible and sharing food costs, so I don't expect it to be an expensive weekend.

As well as our national get-together, you may be interested in more regular, local support. If you'd like contact with others in your area, let me know and I'll be happy to put you in touch with each other.

#### New members

Since our last group newsletter we've had three new members join our group.

##### Victoria

Is in Christchurch and has been through a really tough time. She has decided HRT is what she needs and hopefully it's helping to even out her symptoms.

##### Cindy

Originally from Singapore, she's now living in Wellington with her husband and son. While trying for baby number 2 she was diagnosed with POF. The pill and HRT didn't agree with her, so she's keen for advice on how to keep herself healthy. They're now thinking about adoption to complete their family.

##### Lilliput

Her fertility issues started with her husband, then she was diagnosed with low ovarian reserve in December. She became pregnant via DE IVF in February and is struggling with it all.

##### Viktorija

Had an emergency hysterectomy after the birth of her daughter 7 years ago, but wasn't expecting her early menopause to happen so soon.

If you identify with some part of any of these stories, these women would love to hear from you. You can chat to Victoria, Lilliput and Viktorija on our forum by clicking on their names.

To welcome Cindy to our group, please email me and I'll pass your message on to her.

**Latest posts on our forum** (please click to follow the links):

##### [When becoming a mum is hard](#)

Tanya, from the Australian Early Menopause Network, wrote an article at the end of last year about the isolating effects of infertility.

It's a very heartfelt letter to those struggling with any stage of their journey and I encourage you to read it.

##### [Dealing with sadness in the face of happiness](#)

Quirky has posted some thoughts and feelings about something I think we can all relate to. I know I still struggle being happy for women who fall pregnant easily, especially those who were previously ambivalent to the idea of children. If you have any gems of advice for Quirky please share them.

##### [HRT & anxiety](#)

Hilary recently started HRT, following cancer treatment, and she thought it was helping her anxiety symptoms but then it started to have the opposite effect. Have you experienced anything like this? If so, please get in touch.

##### [Where did my libido go?](#)

A lot of us are living with dissatisfactory sex lives as a result of our early menopause experience. Not only do the symptoms make sex painful, but there's also the huge dent it puts in our self-esteem. First I saw a counsellor, now I'm seeing a "women's health physiotherapist". It's not at all what I expected and quite eye-opening at times! Come have a giggle.

##### [Embryo transfer](#)

Jess is anxious about her upcoming first donor egg IVF cycle. She has heard many horror stories about IVF taking years to work and wants to hear some positive stories. If you'd like to share your experience, please get in touch.

## Group news cont.

### NZEM Database

I just wanted to let you know that I maintain a database of our membership that includes some personal information about you.

In most cases, it's your name, email address, region and any contact numbers you've given me.

I also keep track of your major events like when you were first diagnosed, when you tried IVF, and any other topics that have been big for you.

This information is strictly confidential and I would never pass on any of your details to anyone without asking you first – not even to members of this group.

I use it for three reasons: a) to keep track of the conversations I've had with you; b) to remind myself who I haven't contacted in a while; c) to identify similarities between members' experiences which can be helpful if someone wants help with a specific issue.

I keep this information stored safely on my computer and in hard copy in my office at home. When necessary, I dispose of the hard copy with a paper shredder.

You are entitled to have access to any information stored about you anywhere, so if you would like to see the information I have about you, just let me know and I'll email it to you.

### Call for your experiences!

Our website is ever-changing and always needs more personal stories. Newly diagnosed women get so much from hearing the experiences of others. If not your whole story, is there something you've learned that you think might help others on their journey? It can be quite a cathartic thing to write down your experiences, so not only might you help someone else, you're almost certain to help yourself in the process. Please email me if you'd like to contribute your story.



### Local news



### Baby Gone book launch

On Thursday May 26, Kat and I went to the launch of a new book: 'Baby Gone – True New Zealand stories of infertility, miscarriage, stillbirth and infant loss'.

I had been invited for two reasons:

1. My story was accepted for inclusion in the book
2. The editor has generously donated 20 copies to our support group!

Here is a bit more about the project:

If you are unable to conceive, or if you have lost a baby, it can be one of the most traumatic things that you will ever experience. It can also be very lonely, as it can seem that nobody truly understands what you are going through. The world may seem full of blissfully happy pregnant couples whose biggest worry is what colour to paint their baby's room. The pain can be immense. In these situations women and their partners often seek solace from others who have been through something similar. They want the comfort of knowing that they are not alone and to see how others manage to get through each day.

A book, called *Baby Gone*, will be published in 2011. The book will be compiled by Jenny Douché, founder of the Smarter than Jack book series. It will be full of New Zealand stories about experiences with infertility and with the death of a baby or babies, be it at any stage during pregnancy or post-natally.

About Jenny Douché: "In May 2008 I had a stillborn baby, James, he was born at 30 weeks gestation and had skeletal dysplasia, cause unknown. The whole experience was horrific and threw me into depression. The thing that really helped was talking to others at monthly Sands meetings (Sands is an organisation that supports families following the loss of a baby), however I desperately wanted to read stories from others who had experienced similar losses, but I could not find any New Zealand stories from the last 30 or so years. I wanted to help others, and so I thought it best to put my skills to good use and create this book."

Jenny has donated several hundred copies of the book to charities and health organisations that come in to contact with people who are affected by conception problems and the loss of a baby. This will help ensure that everyone who could benefit from the book has ready access to a copy.

Jenny is an amazing woman and this is an amazing book. It was a very emotional event but I felt honoured to be there. This book is going to be appreciated by many New Zealanders now and in the future as an acknowledgement of our joint struggles in trying to create the families we want so much. The books are in our library now, so just let me know if you'd like to borrow a copy.

### Free Fertility Nurse Consultations

You can now have a confidential 15 minute chat with one of the nurses at Fertility Associates.\*

At this consultation they will discuss questions you may have in regards to your fertility, and be able to advise if an appointment with one of their fertility specialists is your best next step.

For more information please visit the Fertility Associates [website](http://www.fertilityassociates.co.nz).

*\*Consultations are done over the phone and are available to people in Auckland and Northland only at present.*



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## International news

### You still can't trust the media

In March, I received a newsletter that contained an article from the Ivanhoe Newswire, a medical news website. I was very surprised to read the first line: *A new study reveals starting hormone therapy around the time of menopause is linked to a greater risk of breast cancer compared to starting it later on.*

This goes against the current thinking of the big scientific organisations and I was curious to get to the bottom of this mystery. So I went to the website of Oxford University, where the study was published, and found out the newsmakers had painted quite a distorted picture.

To follow is the letter I emailed them (and to which I have had no reply, of course). I have looked up the article again and there have been no changes made. I'm not surprised, but quite disappointed.

Hi there,

I was interested in your article '*Timing of hormone therapy impacts cancer risk*'.

[http://www.ivanhoe.com/channels/p\\_channelstory.cfm?storyid=26250](http://www.ivanhoe.com/channels/p_channelstory.cfm?storyid=26250)

You end your article with the statement "they found that women who started hormone therapy at the time of menopause were at a greater risk for developing breast cancer than those who started it later".

I've read some information on the University of Oxford website (where the study was done) and in it, the researchers say: "**these findings do not change the overall risks on which current guidelines are based**".

[http://www.ox.ac.uk/media/news\\_stories/2011/110131.html](http://www.ox.ac.uk/media/news_stories/2011/110131.html)

As far as I'm aware, current thinking among the international medical community is that HRT is safer started closer to the time of menopause and for up to about 5 years.\*

Taking HRT is a reality for many women around the world for health and quality of life reasons. We don't take it lightly and it doesn't help our peace of mind to read articles like this that paint an unbalanced picture. You say your purpose is "to produce and deliver life-changing information to the world." In my view, this article simply adds to the misinformation of women around the world and, in the interests of journalistic integrity, you would do well to rectify this situation in some way.

Kind regards,

Nicole Evans

National Co-ordinator

NZ Early Menopause Support Group

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\*NAMS HRT position statement 2010, page 1, <http://www.menopause.org/PSht10.pdf>

"Recent data support the initiation of HT around the time of menopause to treat menopause-related symptoms; to treat or reduce the risk of certain disorders, such as osteoporosis or fractures in select postmenopausal women; or both. The benefit-risk ratio for menopausal HT is favorable for women who initiate HT close to menopause but decreases in older women and with time since menopause in previously untreated women."

Endocrine Society "Postmenopausal Hormone Therapy",

July 2010, p54, <http://www.endo-society.org/journals/ScientificStatements/upload/jc-2009-2509v1.pdf>

"the data suggest that for menopausal women ages 50 to 59 yr or younger than age 60 yr, the benefits of MHT [menopause hormone therapy] outweigh the risks in many instances and particularly for relief of symptoms due to estrogen deficiency."

**International news cont.**

**Oz article**

You may recall in March I sent you an email about a journalist contacting Tanya at the Australian Early Menopause Network because she wants to write an article about going through early menopause. I've been in touch with her and she'd love to hear from NZ women who'd like to share part of their story with her.

Here's a bit of her email to me:

*I am writing an article about early menopause. A friend of mine went through it last year. I knew nothing about it and neither did our friends. When I found out how many women go through this and how little it is known I wanted to try to change that. I would love to hear from any women - NZ women included - who have personal stories they are willing to share.*

If you're interested in taking part, please send her an email at:  
[alybraithwaite@gmail.com](mailto:alybraithwaite@gmail.com)



[www.daisynetwork.org.uk](http://www.daisynetwork.org.uk)

**Found on the Daisy Network Facebook page**

Blog started by "Linz" in February. She says: "Having spent months and months trying to learn all I can about

POF since the initial diagnosis in 2007, I've decided it's now time for me to share my journey: firstly for me so I can express my feelings and thoughts



[www.pofsupport.org](http://www.pofsupport.org)

On April 25, the International POF Association was proud to support the US National Infertility Awareness Week (NIAW) and RESOLVE by being a guest on The Sheena Metal Experience internet radio talk show You can listen to the podcast at [www.latalradio.com](http://www.latalradio.com) and on the You Tube IPOFA Channel. It's an hour long, very entertaining conversation about fertility awareness generally and POF in particular. I have downloaded the audio file, so if you would like a copy of it on CD, I can make one for you – just let me know!

about it, and secondly so anyone else out there also on this journey or with friends/family on this journey can know that you're not alone.

I've personally found forums, communities, books and blogs to be tremendously insightful and educational, and will be adding links to the ones that have helped me the most during my journey so far.

You can read her blog here:  
<http://feeling-hot-hot-hot.blogspot.com>

**Research update**

You may remember Geraldine Lockley who was doing research into women's and partner's experiences of premature menopause at the end of 2009.

Well, she's been in touch and she says: *"The thesis is coming along. I am due to submit it by end of June - and it can take months before it gets examined and changes are made etc. So, I'm on track. Thanks to you amazing women who shared your stories with me. The findings are totally as you expect, the main themes being shock, loss, reactions to infertility, men's responses, bringing couples together (mostly), a disrupted sense of ageing, feelings of being in a social void and a sense of professional confusion in the area."*

This is going to be a wonderful addition to the literature and I have high hopes it will help give health professionals a window into our world. I'll pass on any published material she shares with me.

Thank you to everyone from this support group who took part! I've included at the end of this newsletter some research into

the effects of premature menopause on a woman's identity. I really enjoyed reading this summary of the results and I hope you do, too!



**Health news**

**Sunscreen – an inconvenient truth**

I spotted this article in the March edition of *Investigate His/Hers* Magazine. In the article, Ian Wishart reports that a new study, from the University of New Mexico, suggests *"there's no evidence sunscreens prevent the serious skin cancers."* Not yet anyway. And regular sun exposure actually appears to be good for us. But, most importantly for you and me, the researchers say, *"If individuals actually applied sunscreen as recommended, then it is likely that routine sunscreen use would inhibit Vitamin D production."* Very bad news for our bones that are already at risk due to our diminished oestrogen levels. So, for now, the message seems to be take care in the sun, but don't rob yourself of its benefits. At the cooler ends of the day, get out there without sunscreen on. Get some exercise for your bone and heart health, and absorb some rays for your daily Vitamin D allowance. [Now we just need to fix that hole in the ozone layer...! N]

**Thought for the day...**

**"A person without a sense of humour is like a wagon without springs. It's jolted by every pebble on the road."**

**– Henry Ward Beecher  
1813-1887**



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### Health news cont.

#### **Making friends with your illness**

*No, we don't have cancer or MS, but what we're living with is devastating to our personal identity, current and future health and our life goals and dreams.*

*I know I found acceptance hard. But once I found it, things got a lot easier.*

*It won't happen instantly - everyone heals at their own rate. But if you're struggling to find acceptance of your circumstances, I hope this article helps you. Nicole x*

Whether it is a sign of the times we live in, or maybe age catching up with some of us, these days there seems to be a lot of people we know who are dealing with illness. Deb often accompanies our dear friend Liz while she has chemo: "I am continually touched and impressed by the fellow cancer patients receiving hours of what Liz calls the 'healing elixir,' by their cheerfulness and friendship to one another."

As illness is such a part of being alive, and as resistance creates tension and denial, it is important that we make friends with whatever our circumstances may be. Acceptance creates room for growth, change and even healing.

As Liz says, "As a cancer patient, I can honestly say that cancer is definitely a drag. However, it has also brought many blessings. Instantly I had to start listening to my world, I discovered a sense of space and newness, and LOVE—so much love. Trungpa Rinpoche, my teacher, said that you just have to lean into whatever is happening. He called the experience of living with illness *one taste*; that whether you get well or not, all conditions have the same one taste."

Making friends with illness is not easy. Diane has MS, and there are many times she wishes her legs would work better than they do. But she has also realized that fighting them, stressing out, or wishing they were different achieves nothing, while loving them as they are makes the experience one of continual learning and discovery.

Making friends with our reality is also a way of making friends with ourselves. There will always be times when life in the body gets overwhelming or when we argue with reality, but being a friend means being able to accept what is and move on. "Healing can occur even when curing doesn't," said Bill Moyers in *USA Today*. "It is an acceptance of the unavoidable, a grace in living that escapes us if we are simply passive in the face of trouble."

There is an important distinction between curing and healing. To cure is to fix a particular part. Western medicine is particularly good at doing this, offering drugs and surgery so that disease, illness or physical problems can be suppressed, eliminated or removed. It plays a vital role in alleviating suffering; it is superb at saving lives and applying both curative and palliative aid. This is invaluable.

However, the World Health Organization defines health as *complete* physical, mental and social wellbeing, which implies a more total state of wellness beyond simply being cured of a symptom or illness. It suggests there is a place of inner healing, where we can be completely at peace whether we are physically well or not.

The word *remission* is used to describe a period of recovery, when an illness or disease diminishes. A patient is described as being in remission when their symptoms abate.

Yet the word can also be read as "re-mission", to re-find or become reconnected with our purpose or a deeper meaning in life.

Remission also has another, lesser-known meaning, which is forgiveness. This implies that it can occur through forgiving ourselves by accepting our behaviour and releasing any guilt, or through accepting and forgiving another and letting go of blame. The power of such forgiveness is enormous.

<http://www.care2.com/greenliving/making-friends-with-illness.html>

#### **Symptom Tracking Chart**

I figure a good way to make friends with something would be to get to know it as well as you can, right?

So, to follow is a symptom tracking chart I've put together to help you and your health care professional figure out what your body is trying to tell you.

To use the chart, enter the month and year in the top right corner. It starts on Day 1 of your cycle; i.e. the first day you experience bleeding. If you don't get a bleed, then you can ignore this part of the chart and simply start on the first of the month. Then you mark it with the symptoms (both physical and emotional) you experience each day, giving each one a rating of mild, moderate or severe.

It is based on a fertility chart but I took out the fertility references and added in more menopause features.

If you're taking HRT you mark whether you're taking oestrogen or progesterone each day and thus you can see if your symptoms are related to your hormone levels. On the right hand side is space to track the success of your HRT regimen. You mark your symptoms without HRT (or upon commencement of HRT), then at 3 months, then at 6 months.

I hope you it helps you figure out what your body is trying to tell you.





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Special Topic

### Working back to womanhood: biographical work and gendered identity among prematurely menopausal women

By Trudie Cain, a former Co-ordinator of the NZ Early Menopause Support Group

Thank you, Trudie, for doing this research and adding to the universal understanding of what it is to go through menopause 'out of time'. Nicole x

After entering menopause at the age of 34, I tried to find out as much as I could about menopause. For the most part, the information I found was suited only to the "average" menopausal woman; that is to say, the woman who has entered menopause between the ages of 45 and 55. As a result of this frustrating search for information, I decided to do some research myself. The aim of this research was to find out what the experience of entering menopause was like for the 1-3% of women who had not yet turned 40.

During 2005, I spoke with 9 women who had entered menopause prior to the age of 40. Each interview was tape recorded and transcribed so that I could look at the transcripts at a later date, searching for similarities and differences between the women who took part. The first question of each interview was: Can you tell me the story of your menopause?

I asked this question so that women could take control of the interview process and decide which direction the discussion should take, rather than pushing a particular angle myself. I tried to keep my questions open-ended so that women were encouraged to talk and examine their own personal

experience of premature menopause.

The following represents a summary of just one aspect of what came through in those interviews. There were many areas or themes that could have been followed up more closely. Unfortunately, in a relatively short research project, I was limited to focusing on just one 'common theme'. The theme I chose to focus on was the way in which premature menopause initially disrupts how women understand themselves as women, causing them to explore various ways of 'fixing' this disruption. In this way, women are able to either "get back to the old me"<sup>1</sup> or create new ways of making sense of their menopause experience and create new possibilities for the future.

#### Dealing with Disruption

The women taking part in this study expressed emotions such as anger, confusion, shock, and devastation while reflecting on their early entry into menopause. For some, these emotions were self-directed, often indicating a sense of betrayal by their bodies for not performing as they felt it should, or not performing in a way that is expected for a woman of their age. Some of the women (particularly those who did not

have children at the time of diagnosis) struggled with who they now were as women. Comments indicating a grieving process such as "my world had fallen apart" were not uncommon. This was often accompanied by fears for the future as the threat of osteoporosis became a regular companion. This manifested in a stream of visits to doctors, specialists and naturopaths in an attempt to address this concern and control the myriad of symptoms associated with menopause.

When asked about the public perception of menopause, women responded primarily with negative stereotypes of the older adult woman such as drying out, sprouting unwanted hair, losing sexuality and getting a hunchback! Faced with such negative images, many became fearful that their early entry into menopause might fast track them toward the physical signs of ageing. Consequently, the women in this study generally became more conscious of signs of the ageing process such as the presence of wrinkles and thickening waists. In an effort to not only convince others of their continued femininity but also convince themselves, some women became more conscious of the way they presented themselves to the world,

<sup>1</sup> Because I only spoke with 9 women and many of you know each other through the NZEM group, I decided not to state the author of quotes reported throughout this summary. All quotes are indicated by quotation marks.



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enhancing their feminine appearance by wearing makeup, having their hair “done” and wearing more feminine clothing; in effect ‘dressing’ themselves in femininity.

The realisation that having children was now called into question came as the greatest loss however. This, combined with fluctuating hormone levels caused some women to question how they understood themselves as women, in some cases questioning their very womanhood, as the following quotes express:

*“are you really complete. Are you still a woman?... do you still fully exist as a woman?”.*

*“when you don’t get your period anymore you think, well you almost think you’re not a woman any more. You’re not feminine”*

*“initially I felt that sort of sense that I wasn’t feminine anymore”.*

A great deal of self-doubt appeared to arise from the physical and emotional rollercoaster of premature menopause and it was not uncommon to hear women speak of “making out everything was fine when it wasn’t always fine” or of “keeping up appearances” while inside a “dreadful burden” is being carried.

The perceived stigma most of these women associated with menopause, stopped women from talking openly about their experience with others. Some women did not speak at all of their experience due to a sense of “shame around it”.

Others were guarded about sharing information and when they did, it was often limited. The age of friends was also a factor, many suggesting that friends their own age did not understand.

The assumption that the older menopausal woman might provide a source of support was found to be misguided as older friends (of menopausal age) were found at times to be “dismissive” of their concerns and experience.

However, the NZEM contact group was mentioned favourably by two women as a space (albeit cyber-space) where the stigma of menopause is momentarily lifted as demonstrated by the following:

*“... the support group has been brilliant because there are other people going through it... and I thought I was the only one. [Laughs] You think you’re a freak because you think, ‘well women aren’t supposed to go through this’”.*

The premature onset of menopause signifies an end to a woman’s natural reproductive capacity. Without exception, all of the women in this study added support to the position in various ways that motherhood is a fundamental aspect of what it means to be a woman. Already having a family at the time of diagnosis did not seem to exempt women from experiencing distress when realising they could no longer have children, regardless of whether they had wanted to have more children prior to diagnosis. However, the most intense and enduring reactions were from those women who did not already have a family at the time of diagnosis, but had always imagined that motherhood would one day be a natural part of their life story. As a result of this deep seated belief, the loss of reproductive potential was difficult for women to understand and come to terms with. Some women interpreted this loss as a failure to live up to their social role as a woman, as demonstrated by the following

example:

*“women are meant to, you know, have children, be normal, get periods, ovulate, be fertile. But it’s all taken away from you. Boomph! It’s gone. That is hard to deal with”.*

For five of the six women facing this situation, it was clear that their menopause experience affected every aspect of their lives and left some women floundering as to how to move forward through the experience. Two of the women however, found alternate ways of becoming a mother through In Vitro Fertilisation [IVF] and adoption. One woman’s story (I’ll call her A in this report!) of adoption highlighted how this provided a way for her to reclaim her old self and her previously imagined life story.

The adoption process proved a “huge healing” for A, not only in terms of becoming a mother but also of making sense of her early entry into menopause. A now claims to have “been really lucky” as adoption provided a way forward to “some sort of acceptance” of her menopause, despite not being able to understand it. On another level, it quite literally provided her with a focal point, which meant she was able to get on with “doing” and planning for the arrival of her baby, instead of simply “being” in her pain at not being able to bear a child naturally. By adopting a baby, A and her husband feel as though they have “done something positive out of this dreadful, dreadful situation”. In the process, A is able to reclaim her past self and heal her broken life story:

*“I think I’m back to the old me... I hadn’t been through anything as traumatic as that really. I lost the ability to see ahead... to see the future... I just couldn’t see our way forward... maybe six months after we*



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*got [baby]... something just dawned on me... I could now look ahead... I could dream again".*

The symptoms of menopause are often reported as being more severe for those who enter menopause early. Severe symptoms were certainly the reality for a number of the women who took part in this study. This caused some women to feel "abnormal" (in comparison to their former selves) as they lacked the required hormones that women "severely need at a young age".

While some women had concerns about taking HRT, others were more than happy as the "big thing was to feel normal again". Through HRT, severe physical and emotional symptoms were able to be "leveled out" and women were able to regain a sense of control over their lives, ultimately feeling more like their old selves as well as someone more properly aligned with their true chronological age.

Earlier I talked about the stigma that some women believed was associated with a body that doesn't quite fit with the norms of society. The women in this study attempted to over-ride this perceived stigma in some interesting ways. One such way for women whose menopausal onset was a result of surgical intervention i.e. hysterectomy, was the denial of menopause as a natural event in their lives. These women appeared to take solace in the fact that their menopause wasn't natural, as demonstrated by the following quote (I shall call her B!):

*"I try and console myself 'cause it's something that didn't happen naturally to me... for health reasons I had to... have a hysterectomy at a very early stage in my life...I tell myself "Well, I am not old"... it's not nature... it's something that had to be done medically and that is why it's... so early in my life".*

By focusing on the surgery, B understands menopause as something that happened to her; menopause arose from the actions of others i.e. her surgeon. As B is somewhat distressed by the prospect of premature ageing which she feels is inevitable as a prematurely menopausal woman, this way of thinking about her menopause serves as an excellent self-protection device as by doing so, she is effectively able to distance herself from the association of menopause with ageing. The issue of control over the body was also raised by one woman. Being able to control whether or not to submit to surgery (and consequently enter menopause prematurely) enabled her to retain a degree of authority over her body, an authority that she felt other women who entered menopause naturally did not.

A further way in which women sought to overcome the stigma of premature menopause and create a rational framework for understanding their menopause experience was to create a 'hierarchy of illness'. It was extremely common for women in this study to speak of those who were "much worse off than me". The following provides an example:

*"there's... people suffering from cancer... [and] other diseases and ailments which they cannot cure and cannot control... at the end of the day it's not that bad...we can still say we're okay... and there's nobody telling us we've only got a certain amount of years to live".*

Although as one woman put it "you wouldn't want to wish this on anybody", it seems that premature menopause understandably becomes more bearable when compared against life threatening conditions.

For some of the women in this study, their unexpected and early entry into menopause, and the associated loss of reproductive capacity in particular, was too difficult to come to terms with on their own and so the help of a counsellor was sought. As one woman put it, although she had "intellectual understanding" of her menopause experience, she struggled with the "emptiness and the hole left behind". By seeking the help of a counsellor, she and others, were able to open up a pathway to understanding their experience and ultimately create space for imagining an alternative future as the following expresses:

*"[menopause is] no longer the first thing I thought about in the morning or the last thing... it's not the essential focus of my life, whereas a year ago it was".*

While counselling was a great help to some women, others relied on their faith (in this case Christianity and Buddhism) in order to make sense of their menopause experience. When all around appeared to make no sense, these women were able to turn to their faith to provide a sense of continuity; faith became the one constant in their lives:

*"... your faith... [is] not something that's separate from you, it becomes part of your reality".*

Faith in something greater than themselves provided a spiritual foundation on which to place their menopause experience, providing a way of making sense of that experience, as the following explains:

*"but it's my own personal journey and I'm here in this lifetime to learn certain lessons... and I'm a firm believer in everything happens for a reason... [Buddhism] was just a different way of looking at things and why it all happened... it helped me cope with it,*



**NZ Early Menopause Support Group**  
[www.earlymenopause.org.nz](http://www.earlymenopause.org.nz)  
[nzem.info@nzord.org.nz](mailto:nzem.info@nzord.org.nz)

## NZEMail

**MAY  
2011**

### WHAT'S ON GUIDE

#### **NZEM National Meeting**

Casual weekend away  
June 4-6, 2011  
Lake Taupo

#### **Fertility NZ Contact Group meetings**

NB. If your area isn't on this list, please email [support@fertilitynz.org.nz](mailto:support@fertilitynz.org.nz) to see if one is likely to start.

#### **Auckland** [cg.fnzauckland@gmail.com](mailto:cg.fnzauckland@gmail.com)

Six courses per year, each 3 weeks long.  
Next one starts June 14.

For regular get-togethers:

[casualcoffeegroup@gmail.com](mailto:casualcoffeegroup@gmail.com)

#### **Hamilton** [karenandmarcus@yahoo.co.uk](mailto:karenandmarcus@yahoo.co.uk)

#### **Tauranga** [support@fertilitynz.org.nz](mailto:support@fertilitynz.org.nz)

#### **Rotorua:** [support@fertilitynz.org.nz](mailto:support@fertilitynz.org.nz)

#### **Hawke's Bay** [support@fertilitynz.org.nz](mailto:support@fertilitynz.org.nz)

#### **Palm. North** [support@fertilitynz.org.nz](mailto:support@fertilitynz.org.nz)

#### **Nelson** [lyndajessentye@clear.net.nz](mailto:lyndajessentye@clear.net.nz)

First Wednesday of the month. Hour-long meetings followed by supper.  
Women only.

#### **Wellington** [wellingtonfnz@gmail.com](mailto:wellingtonfnz@gmail.com)

#### **Christchurch** [support@fertilitynz.org.nz](mailto:support@fertilitynz.org.nz)

#### **Dunedin** [support@fertilitynz.org.nz](mailto:support@fertilitynz.org.nz)

#### **International Events**

#### **Daisy Network Annual Open Day**

June 18, 2011  
London

[www.daisynetwork.org.uk](http://www.daisynetwork.org.uk)

#### **Australasian Menopause Society 15<sup>th</sup> Annual Congress**

September 9-11, 2011  
Brisbane, Australia

[www.menopause.org.au](http://www.menopause.org.au)

#### **North American Menopause Society 22<sup>nd</sup> Annual Meeting**

September 21-24, 2011  
Washington D.C.

[www.menopause.org](http://www.menopause.org)

If you no longer wish to be on the NZEM mailing list, please let us know by emailing [nzem.info@nzord.org.nz](mailto:nzem.info@nzord.org.nz)

#### **Working back to womanhood cont.**

*helped me become at peace with it... I'm not meant to be a mother in this life... I'm here to do other things".*

By understanding their experience as part of a life journey, a solid and unswerving explanation of their menopause state is provided. While they alone cannot make sense of the apparent futility of a premature entry into menopause, spiritual guidance creates space for revisioning an alternative life story<sup>2</sup>.

Menopause is a natural event in most women's lives. Occurring early, it is not always experienced as natural however. For the women in this study, the early onset of menopause disrupted who they thought they were as women and disrupted their imagined futures.

That said, engaging in various forms of 'biographical work' allowed these women to either reclaim their understanding of themselves as women prior to diagnosis, or create a new storyline for their life journey. While the ways women sought to do this were many and varied, they each provided a way for women to reconcile their menopause experience within themselves and allowed these women to rebuild meaning from that experience.

While there were many shared experiences among the women who took part in this research, there were also many differences. A larger research project would be able to examine these further. In general however, it seemed

that the experience of premature menopause was mediated by whether each woman had already had a child at the time of diagnosis. For those women who had completed their family when diagnosed, the negative stereotypes of the menopausal women and the potential stigma associated with them were often the prevailing concern. For those without children at the time of diagnosis, the loss of fertility was understandably the most prevalent.

A final note. I am truly indebted to all of you who gifted your stories to this project. Not only do I appreciate your honesty and willingness to share such personal information, I feel truly privileged to have been able to meet with you all.

<sup>2</sup> I do not mean to show any disrespect to either of these women by reducing their faith to a simple 'coping mechanism'. I merely wish to highlight the capacity of faith in something greater than the self, to assist in making sense of experience and creating possibility for the future.