

Doctor's Orders: Menopause, Weight Change, and Feminism

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Not everyone shares this sentiment, I realize, but, for me, menopause was great news. My menstruation was as rough at forty-four as it was at thirteen. For thirty-two years, I spent a day of every month in pain or on painkillers. At a younger age than I had expected, I suddenly enjoyed a year in which I had no excruciating cramps, no backache that felt like it was splitting me in two, no radiating pain down my thighs. It was fantastic. Some late night hot flashes and a little weight gain were a light price to pay for freedom from monthly debilitation. For long stretches, I forgot that periods even existed. I used to wonder what it would be like to be a man and not have periods. Now I think I know the answer, at least for some men: you forget that anyone experiences this! It's like it never happens. It's amazing how much you don't think about it.

When I was most of the way through my menstruation free year, I met with my doctor to confirm that it was, in fact, menopause I was experiencing and not something more mysterious. When my mother was my age, she developed large, benign, fibroid tumors in her uterus, and I wanted official word that the same was not happening to me. The doctor agreed that an ultrasound could be performed but assured me that the sorts of tumors my mother had were usually accompanied by more bleeding, not less. Instead, he said, it was a greater concern that I was a bit young for menopause, and at higher risk for osteoporosis.

“Okay,” I said cheerfully, “tell me something I can do to prevent osteo.”

“Exercise,” he responded promptly.

Pause. “Tell me something else I can do.”

The thing is, I had been lucky in the body lottery. I’m taller than average and seemingly slender, getting by on regular walking, appropriate food choices, and not much more. Exercise has always seemed optional to me. I know I lack “fitness,” but, until now, fitness had seemed like an improvement on my current privileged situation, and not like it was required.

The doctor’s visit was taking all the joy out of menopause.

He sent me to another room for blood work, where I had time to stare at the long list of tests the lab was to conduct. My options seemed to be dwindling. I knew that the future should not be presumed to resemble the past. None of ours should. But it wasn’t just that my body was changing. It was that my concept of fitness was changing. Was fitness an optional state of well-being, or had I always been wrong about what was up to me? Had it always been required from above, an edict that I’d ignored? If I didn’t have the higher risk of osteoporosis, would I reconceive fitness, do what I’m told, obey?

I do not like being told what to do. I’ve spent most of my adulthood working as an instructor in philosophy and women’s studies because I like to question authority, reason out why orders are what they are, whose interests they are meant to serve, when or whether obedience is warranted. And the endless social messages that a woman’s body is never good enough get my sharpest criticism; when I’m told that “strong is the new skinny,” I just add it to the list of suspects. I’ll be damned if I’m going to just substitute strong for skinny and acquiesce to a framework predicated on how one ought to look to (for) others.

On the other hand, the menopause experience came with the unexpected shock of my clothes suddenly not fitting. I was genuinely puzzled when, in the space of a few months following that doctor's visit, it seemed to be the case that none of my jeans or pants fastened. Did I accidentally shrink all my clothing? Had my washing machine malfunctioned? Why would nothing zip?

Enter the *menopot*, a term I wish I'd never learned (Everyday Health 2011).¹ According to the Mayo Clinic (Mayo Clinic Staff 2013a), a “decreasing level of estrogen” due to menopause “appears to influence where fat is distributed in the body,” notably a “tendency to gain or carry weight around the waist—have an ‘apple’ rather than a ‘pear’ shape.”

This was jarring. Deploring exercise (even as I exercised) was my comic bit, my way of asserting what I like and don't like. It was a form of self-declaration; I didn't pretend to an enjoyment of running or do yoga or laugh while eating salad. I'm not some feminine model winning at a body competition. I'm me, including my appetites and desires! But the new body didn't feel like me. It was unfamiliar. My elbow kept bumping an unexpected obstacle when I sat in the driver's seat of my car, and it took me a while to realize it was belly fat emerging from my waistband. My arches were falling. I dug out the few clothes that fit and didn't recognize myself in photos. Reluctant to tell anyone either that I suddenly seemed to have a dramatic weight change or that it bothered me, I silently took to the web instead, feeling foolish as I typed “menopause weight gain.” It was a relief to see the phrase autocomplete. I wasn't the first to look for company.

The aptly named blog *Cranky Fitness* (2011), in a post called “Menopause and Weight Gain,” asks, “So Does Menopause Itself Cause Weight Gain?” The blogger, the very well-named Crabby McSlacker, echoed my vexation and suggested that we “see what the experts say”:

The Mayo Clinic—normally a respectable, sensible source of health information—says this about weight gain during menopause: “Hormonal changes alone don’t necessarily trigger weight gain after menopause.” Instead, they say, “weight gain is usually related to a variety of lifestyle and genetic factors.” They insist menopausal women tend to exercise less, and “sometimes, factors such as children leaving—or returning—home, divorce, the death of a spouse or other life changes may contribute to weight gain after menopause. For others, a sense of contentment or simply letting go leads to weight gain.”

To which Crabby McSlacker says, “Screw you, Mayo Clinic!”²

Much of the blog post and the women’s comments that followed were dedicated to agreeing that their lifestyles had not changed. Those who exercised had continued to exercise, and those who ate thoughtfully continued to eat thoughtfully, but all assembled had experienced remarkably similar weight changes. As the blog author said, for her it may have only been a five pound gain, but it was “a scarily *fast* 5 lb gain,” and in new places. I read the comments avidly, happy for company. One of the last I read (posted on August 22, 2015, at 6:02 a.m. by Anonymous) gave me pause. It started out so wisely that I was nodding my head in eager agreement, but then ended on a somber note:

The articles say to quit drinking soda (I don’t drink it anyway) exercise (yadda yadda) and the weight will come off. Bull. I am at the point of not normal

life: I can't eat the cake at weddings and birthdays—what message am I sending my child?

I am beginning to think 2 things: If I spend all my life managing my weight, THAT's my life's accomplishment, because I won't have time to do anything else. AND: If my body wants to weigh 20 pounds more than my college weight that much, maybe THAT is what is healthy for my body.

We will see. I am still in despair over losing my identity.

The juxtaposition of Anonymous's sensible adjustments to what a good life might entail with despair at her identity loss was simultaneously sad and clarifying. The loss of this part of one's identity, even though it is only one of the many fragments of our identities, can be hard, and that loss is compounded by the frustration of reading clinical messages that suggest we women must be erring in our newly lazy lifestyle changes. "Consider eating fish," the Mayo Clinic site suggests; I have eaten fish several times a week for years. "Try walking daily," the Mayo Clinic staff (2013a) advises, and my eyes go to my muddy shoes in the hallway, right where I left them after today's daily walk. The advice to cut down on daily sodas is likewise prone to be misdirected at forty-something and fifty-something women. While we're despairing over losing our identities, we're reading that perhaps we haven't thought about our food and drink choices, or maybe we've been slacking off in our "lifestyles." I wondered who they thought was reading a website on menopausal weight gain. Most of their likely readers have been absorbing media and messages about our appearance and our eating habits for decades. Try fewer desserts, indeed!

But the sad note at the end of the insightful comment redirected my attention back to Anonymous. I reread her comment about her college weight, and noticed how often other commenters mention regaining their old identities or recapturing what they had lost. In my own writing and research, I've tried to keep in the foreground the fact that identities are fragmentary and unstable things. They are not unified, and they are not lodged in a time and space to which we can easily return. So, instead of recovering an identity, it seems clear to me that as women age, for some of us, our attitudes toward fitness may require forging new identities. To exercise, I'm going to have to be someone a bit different, some new version of myself that I do not yet know and may not even currently like. Perhaps I'll hold forth on a new fitness pursuit to an extent that friends and family find wearisome. I wonder if I'll bore them. I wonder who I'll become. I can at least state that there's one identity I do not want, the one a nurse suggested: being the youngest patient in town with osteoporosis.

Since the ethics of developing a new and better identity are well-traveled ground in philosophy, I don't have to reinvent the wheel. I've got help ready to hand in authors I think of as allies in the struggle to understand how to be, if not a better person, at least a different person. But the challenge in coming to desire fitness, postmenopause, is a project of actually changing my desires, wanting to do something I currently do not want to do. I know splendid people who like salads and who enthuse about jogging and CrossFit (whatever that is). I'm not one of them—or not yet. Is it possible to change my desires? Knowing how to do this might generate more useful recommendations for women despairing at the loss of their identities than do recommendations to avoid lots of soda pop. We can instead turn to the task of cultivating the persons we're going to be, rather than losing the identities we had. What sorts of postmenopausal

identities are available depends on how we cultivate new habits, new associations with one's own desires.

I toyed with some inward rebuke, telling myself I ought to exercise whether I want to or not. However, I also teach Aristotle's virtue ethics every year, and I am well aware of his insights that those habituated to virtue actually take pleasure in good activities. Those of us with the desire to do something else, but who manage to go against our inclinations, may look dutiful, but Aristotle seems to suggest that we are not on the path to cultivating habits that will be self-sustaining. Groaning "I should do this" turns out to be a recipe for not doing it long. So desiring the right activities should accompany doing the right activities. "Find what you like," commenters on a fitness blog urge me. "Pick something you enjoy" (Norlock 2015). Me? What I currently enjoy is pie. I'm working on the transformation of desires here. And like other avoidant people, I've got a healthy fear of failure.

It's at times like these that I find philosopher Blaise Pascal (1995) oddly reassuring. Belief will come, he promises, if you "act as if": if you make something a ritual practice, do it every day. Go to masses, he says, stand, sit, kneel, go through the motions, and spirituality will follow. "Belief will come and stupefy your scruples," he avers, which my students often loathe, complaining that he's endorsing unquestioning belief in Christianity, or obedience without heart (James [1897] 1956, 6).³ I don't think they're entirely right. I think Pascal sounds a lot like contemporary theorists who offer empirical support for the effectiveness of as-if acting. Robert Boice (1990) recommends writing every day because inspiration demonstrably tends to follow habituated practice.⁴ Cordelia Fine (2010) argues that efforts toward changes in one's self-concept related to gender roles, including imagining oneself otherwise, can have effects for

behavior, adding, “the maxim ‘fake it till you make it’ gains empirical support” (12). Even pushing one’s face muscles into a smile can reduce stress, making one feel happier. This puts Aristotle’s virtue nearer my grasp. It’s not just that fit people enjoy fitness (although they often do). It’s that if you do what’s good for you, desiring it will eventually come to be part of you. Habituating a good practice can lead to a change in our appetites so that, instead of losing our identities, we may become the characters that we set goals to be. Instead of losing the autonomy I delight in exerting when I question social pressures and my doctor’s orders, I could develop a differently autonomous identity.

I often teach my students about autonomy. I tell them that autonomy is complex, that it isn’t just equivalent to getting to do whatever you want to do. I emphasize that freedom of choice requires preconditions, and that autonomy also refers to the conditions that make choosing possible. When we refer to children developing autonomy, we’re not referring to the numbers of new choices they can imagine, but to the physical, mental, and moral powers they are gaining, the capacities to choose. I know I could see fitness as a capacity, a source of further choices. If I come to want it, if I choose fitness, maybe exercise won’t seem like a punishment, as if I’m being told what to do. If I start pursuing it, a desire to keep doing it could follow, and the happy implications of as-if acting having results include the suggestion that feeling like a reluctant imposter at first is actually part of succeeding, part of the process. Not yet feeling it is compatible with eventually liking it. The lack of desire doesn’t guarantee failure.

The bigger problem is the fear of failure, and the avoidance that comes with it. In the studies of daily writing, gender stereotype breaking, and smiling mentioned above, study subjects may not have been feeling it yet, but they did all read about the thing they weren’t

digging, or practice it, or imagine it. Lack of enjoyment at first didn't hold them back as long as they were willing to try, facing the not yet desired activity instead of avoiding it. So I've come to think that neither suggestions to do what I'm already doing (walking, drinking less pop) nor recommendations to do what I enjoy are fruitful. Those who were brought around to feeling good about what they were doing turned toward imagination, new practices, and social supports, including reading about the activities of others.

I was drawn to feminism because it spoke to my desire for autonomy. Most of the authors in this special issue of *IJFAB* see fitness the same way. Only recently did I realize that I don't—at least not yet. To start an exercise regimen, I'm going to need a little more of a mental workout. Receptivity and imagination turn out to be part of that workout. Reading about the exercises of others, trying new things, and giving unusual choices a few chances whether or not I like them yet are all habits of disposition, not just habits of the movements of arms or legs. And it is good news that not enjoying it at first isn't evidence of impending failure. Philosophy and psychology helped me to figure this out, and I wish I could share it with Anonymous despairing at the loss of her identity.

For those of us searching the Internet late at night and finding other postmenopausal women searching too, perhaps clinical messages would be better if they encouraged seeing menopause as a gearshift in identity and not just in activity. Instead of telling us to do more, maybe clinicians could offer us help with cultivating new interests, leading different lives.

I am not in despair, not as badly off as Anonymous. I remain daunted at the task of cultivating desires I don't yet have, but I'm heartened by the evidence that cultivating future desires is possible.

Notes

1. Dr. Pamela Peeke credits herself with coining the term for the belly fat that women may experience after menopause. “I named the extra fat that collects around your middle the ‘menopot,’” she is quoted as saying (Everyday Health 2011).

2. I do not have access to the original, pre-2011 Mayo Clinic post discussed by Crabby McSlacker, the Cranky Fitness blogger, so I cannot verify that the Mayo Clinic staff insists that postmenopausal women tend to exercise less. The link still available in the Cranky Fitness post (originally to <http://www.mayoclinic.com/health/menopause-weight-gain/HQ01076>) now redirects to the Mayo Clinic’s (2013b) more recent post, “Menopause Weight Gain: Stop the Middle Aged Spread.” However, it is indeed the case that the advice on even the updated Mayo Clinic site suggests somewhat condescendingly that women should consider eating less and exercising more, advice not destined to be illuminating to women who receive much prompting from the world already to think about eating right and exercising appropriately.

3. I deliberately choose the translation used by William James ([1897] 1956) citing Blaise Pascal; compare Honor Levi’s 1995 introduction that mentions “the famous *cela vous abêtira*,” which he represents in the body of the translation as “according to your animal reactions” (Pascal 1995, 156). Since James’s choice is much closer to the literal meaning of *abêtira*, as far as I can discern, I prefer his version. Levi does, however, bear out my interpretation that Pascal is suggesting “a regimen” (156).

4. See especially Boice’s (1990) chapter 6, “Ensuring Regular Productivity.”

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