

# Update

## *The second midlife crisis - male and female menopause*

'Who and how will I be when I have lost my sex hormones?' is a question all women and most men are forced to ask themselves with the dawn of menopause or andropause in their 50s.

Research studies have been made on women in menopause for decades. The most notable changes are the very different ways the current generation is handling menopause, and I will mention some of these later. With greater psychological savvy and an emphasis on self-actualisation, women of today often see this time as a challenging stage to be conquered, rather than what their mothers felt was the loss of their womanhood.

Even though the first studies on andropause were reported in medical literature in the 1940s, it has been only recently that tests were developed to measure bioavailable testosterone. Substantial research has only lately been focused on the normal and gradual testosterone loss in men. It is now known that free testosterone levels decline at a rate of approximately 100 ng/dl per decade. A recent World Health Organization (WHO) report stated that 'male androgens progressively decline with age'. The study tested androgen levels starting at age 25 and found that by age 70 they were only 10% of what they had been during youth. While significant hormone loss has occurred by 40, by 55 most men will have lost enough to begin showing the signs we have until now simply associated with ageing. While all men experience this hormonal shift differently, 50% of them will experience a pattern of associated symptoms that we might more accurately label as andropause.

As neuroscientist Candace Pert, author of *Molecules of Emotion: Why You Feel the Way You Feel*, would attest, our genes, brain chemistry and hormones all interrelate to contribute to our emotional life experience. Hormonal decline will significantly affect the entire body/mind, and andropause gives rise to substantial and inevitable changes in the psyche.

Liberating andropause from the simplistic diagnosis of hypogonadism, we observe common symptoms of the pattern called andropause. While they may vary from man to man, the common ones are lowering of libido and possible erectile

dysfunction, general tiredness, decreased muscle mass and loss of strength, mood changes—irritability, nervousness, even depression—an increase in cardiovascular risk factors, sometimes night sweats, memory loss, and palpitations. The long-term effects of andropause are similar to those of menopause: there may be loss of bone mass leading to osteoporosis, hair loss in the areas of genitalia and armpits, and even dementia.

Because the hormonal decline is so gradual, men often adapt well to the physiology and psychology, and the entire pattern can be missed until substantial symptoms are experienced. And men can be so sensitive about their sexual performance that they may deny symptoms associated with their sexuality. Medical practitioners are apt to treat the individual symptoms rather than see them as part of an overall pattern related to underlying hormonal changes. In addition, some of the symptoms overlap with conditions including clinical depression, hypothyroidism, diabetes, fibromyalgia, etc. A common example of the problem of treating the symptoms separately is that the antidepressants prescribed to handle mood changes can exacerbate the loss of libido.

During this time, the natural balance of free testosterone to oestradiol in a man will be affected, giving rise to relative increases in oestradiol. Another complicating issue during andropause is that with the free ranging availability of oestrogen in our food source, and with a tendency to intra-abdominal fat associated with ageing, additional amounts of a man's testosterone can be converted into oestradiol. This increase may contribute to impotency, diabetes, heart disease and strokes. In addition, these changes may cause a man to become irritable, impatient, restless, hypersensitive and moody. The biggest problem with these is that men tend to blame others around them for their feelings and either isolate from them or act out toward them, and/or they self-medicate in self-destructive ways. As I mentioned in the article on midlife crisis, addictions, violence and suicide are at their peak in men in midlife.

When a man successfully navigates his 50s he is likely to put more emphasis on his inner being, on the depth of his relationships, and on mentoring those younger in his work world. If he has survived the impulsivity and restlessness of his midlife crisis in his 40s, he is now in a position to face himself

honestly and live mindfully. His years of experience give rise to working better, not harder. He may feel he wants to get out of the rat race where his destiny has been dependent on others. He may well begin to work for himself, either starting his own business or working as a consultant. He may prefer to spend time with his old friends in regular games of golf or tennis, rather than going out to meet new people. He is either in a position to take his long-term relationship or marriage to a deeper more mature stage, or will find the woman with whom he wishes to spend the rest of his life.

Although the average age for the start of menopause is 51.3 years, no woman experiences this stage in exactly the same way. Some women sail through the physical effects and emotional swings of menopause, but still struggle with the issues that follow in their 50s. Moodiness, frustration and irritability can be caused by additional issues faced at this stage of life. For instance, caring for unwell or elderly parents, problems with teenage children or the empty nest, relationship issues or dealing with their husband's midlife or andropausal crises, handling the pressures of filling management roles in what is still in South Africa a man's work world, and often struggling to cope with an altered self-image that comes with ageing. The changes women go through during menopause can leave them feeling more vulnerable to stress, insomnia and anxiety, and perhaps with poor memory and concentration. They may have lower sex drive or suffer from vaginal dryness and painful sex, urinary incontinence, or a lack of confidence in their desirability. The slower resting metabolic rate means they may battle to keep their weight down.

On the other hand, this generation of women are more apt to find their 50s a time of increased wisdom, power and knowledge. Researchers have found that the most profound difference in attitude between men and women in middle age is that women are twice as likely to be hopeful about the future. They don't want to have any regrets about how they have lived their lives and so embrace the changes in their 50s as a new stage of personal development. Since they are twice as likely as men to be living alone in the next 10 or 20 years, they realistically look at their finances and where they want to be in their future. They re-invent themselves, choosing new career



directions, or beginning to stay at home for the first time in years. They choose to reclaim some of those things they gave up to be mothers and adults, and are apt to come to the place in their lives when they say 'it's my turn'. Yet after doing something for themselves, they are apt to respond to a powerful urge to help others. Sometimes a woman will be lucky enough to experience what some call 'the Oprah effect', helping others to grow while helping themselves.

So how do men and women relate to each other in their 50s? With normal declines in testosterone, men experience an unmasking of the effects of their feminine hormones. They often report feeling more home oriented, more interested in family relationships, more emotionally and spiritually sensitive. Conversely, women's androgen levels are relatively higher than their oestrogen levels and they become more forthright, assertive and focused outside the home. David Gutmann, professor of psychiatry at the University of Chicago, says in his book *Reclaimed Powers: Toward a New Psychology of Men and Women in Later Life* that a significant sex-role turnover

takes place as men begin to own as a part of themselves the qualities of 'sensuality, affiliation, and maternal tendencies' - in effect, the "femininity" that was previously repressed in the service of productivity and lived out vicariously through the wife. By the same token, across societies, we see the opposite effect in women.... They generally become more domineering, independent, unsentimental, and self-centred. A general lack of understanding of this time of life leads to hurt and frustration between partners and often results in marriage stagnation or breakdown. I find in working with couples in midlife, creating an understanding of what is happening to each at this time of life and helping them to communicate their genuine feelings and form realistic expectations of each other can transform relationships into deeper more fulfilling partnerships at midlife, with the spiritual and emotional dimensions lacking in youth.

In my counselling practice I have often guided an andropausal man to admit to his wife that he sometimes rejects her sexual solicitations, not because of her fear that she

is fat and unattractive to him, but because he needs to initiate sex at times when he knows he can perform. I have heard women complain of feeling frustrated that now that the kids are older and they have the money to travel, her husband would rather play golf or sit at home and watch TV. Or even worse, after all the personal sacrifices she's made through the years raising the kids and holding down a job, he's leaving her now for his younger personal assistant. Or men complain that their wives push them to do something new or neglect them while starting their own new projects or businesses. All of these problems could be avoided or dealt with differently through better education about midlife.

In my last article in this series I will discuss more about treating men and women in midlife and in counselling midlife relationships.

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