EDITORIAL.

THE MENOPAUSE AND MENTAL DISORDER.

In the classification of a passing psychiatry epochal forms of insanity were always described, and even now there is a greater belief in some of them than is scientifically warranted. That old age, with its degenerative organic changes, may be specially liable to be accompanied by psychotic symptoms is, of course, undisputed. That adolescence is a dangerous period from both a psychological and physiological point of view will also be universally agreed, though that dementia praecox may appear at a much later age is now fully recognised. The grouping of psychoses intimately in relation to pregnancy, lactation, or the puerperium has now been discarded with some reluctance, but the conception that the menopause has a distinct pathogenic influence is widely held not only by the laity but also by the medical profession itself. The 'change of life' is presumed to explain any nervous or mental abnormality, be it trivial or severe, that may happen to evince itself at or about this period. A comparatively modern text-book dealing with mental disease tells us that the suspension of the functions of the ovaries at the time of the climacteric, which occurs gradually between the ages of forty-five and fifty, produces various nervous symptoms in every woman and has peculiar mental concomitants. The writer further states that the sufferer is aware of an insidious change in her nature, has depression of spirits, occasionally weeps, and often becomes suspicious. There are other psychiatrists who speak of the three great crises of life, referring to adolescence, the climacteric, and the 'grand climacteric' or senility. The menopause undoubtedly involves endocrine and general metabolic modifications which may possibly have their psychic reverberations, yet at the same time have we any valid reasons for connecting this stage with a special tendency to mental disorder, or for speaking of
climacteric insanity? An examination of clinical facts would tend rather to answer these questions in the negative and to reveal evidence that such conceptions have arisen through lack of psychiatric discrimination and of insight into the real relationship of cause and effect.

We find that though psychiatrists differ to some extent as to what period of woman’s life is associated with the greatest proneness to mental disturbance, careful statistics demonstrate the fact that the decade between the ages of forty and fifty shows no increased prevalence of psychosis. A reliable recent authority states that in women the highest incidence is found earlier, i.e., from twenty-five to thirty years of age. According to William White, the chart illustrating the female rate of depressive psychoses shows that after the age of forty there is a commencing steady decline in the incidence curve. No available data exist concerning psychoneurotic disorders, but it seems probable that even if it were noted that these showed some increase at this epoch, there are possible factors which would go to demonstrate that this is more apparent than real. Loose reasoning and ignorance of mental pathology have had much to do with the more or less blind acceptance of etiological relations which later knowledge has shown to be erroneous. We have only to recall how masturbation, sexual excess, syphilis, and alcohol were at one time thought to be important and all sufficiently causative of most psychotic troubles.

The climacteric factors would seem to come into a similar category. There seems no reason why natural physiological functions and change should per se be productive of morbid mental symptoms. The period of menstruation in women has been looked upon in an exaggerated way as provocative of psychic disturbance, and the same may be said of the menopause. A time-worn tradition exists that the ‘change of life’ necessarily involves an upsetting of body and mind. Not only is this fixed idea entertained by the public at large but the bulk of the medical profession are just as apt to attribute any vague deviation from health at this time to such an origin. Since the internal secretions and their functioning have become popularized, though our knowledge of their effects on the organism is in many respects problematical, it is far too readily assumed that some imbalance in this sphere is amply sufficient to account for the symptoms manifested. We agree
with Henderson and Gillespie when they remark that 'mental disease being as yet very imperfectly understood, and its causation more often than not a matter of surmise, it is not surprising that the endocrines should have become implicated as the principal malefactors. It is another example of the practice of despair in the theory of mental medicine, in which always in something other than disorders of mental function the cause of mental illness is sought.' It is certainly a fact that the great majority of women do not develop any abnormal mental reactions at the menopause. We have no scientific grounds for being in a position to correlate the biological and physiological changes that then take place with any mental phenomena that may appear. Those psychiatrists who lean towards a physicogenic point of view would doubtless connect these factors as intimately related, though any pathological theory would necessarily be vague and unsatisfactory. The analytical psychopathologist notes many psychological factors which he would regard as important exciting or contributing causes of a menopausal breakdown. At this age the emotional state of woman is liable to endogenous disturbing influences. For some time she may have been anticipating the advance of years, and all that it involves, with some trepidation and anxiety. With the cessation of menstruation she may feel that her sex life will be a closed chapter to her and that no longer can she propagate, that with the advent of grey hair and other signs of becoming elderly her attractions are on the wane. Her children have probably left the parental home, and unless she has wide external interests there will be a tendency to subjectivity and introspection. All of these factors are favourable to mental regression and may prepare a soil for some morbid superstructure. It is not surprising, therefore, that we find that the psychoses arising at the menopause are predominantly of a depressive nature. Nevertheless there are no distinctive characteristics about them to warrant our delimiting them from other depressed states which are by no means infrequent as the presenile period is approached. Such depressions may be psychoneurotic, may present the typical features of the manic-depressive, may be involutional in type, or be exaggerated emotional reactions to environmental conditions. It is possible also that their foundation may lie in premature pathological organic lesions associated with arteriosclerosis or senile changes. Infrequently other psychotic reactions such as
paranoid trends may present themselves, but nevertheless on analysis it is evident that we cannot scientifically classify any psychosis as belonging more especially to the menopause.

At this period there is likely to be a lessening of inhibitions, so that any constitutional trends, previously in abeyance, may find their way to the surface and present themselves now in a more exaggerated form. A longitudinal survey of the life-history of the individual will often reveal previous phases, and demonstrate that the age-period was only a releasing factor. It seems that we shall not be far wrong in stating that a definite psychopathic disturbance is only likely to manifest itself at the menopause when there exists a marked morbid soil, be it hereditary or acquired, which is ill-adapted to stand any strain or stress whether these take their origin in the domain of body or of mind.

A dispassionate study of this stage of life in woman in relation to mental disorder will, we think, bring us to the conclusion that it is a period in which nervous and mental equilibrium is put to the test, and whether she breaks down or not is a question of the relative values of the inherent stability of the organism and the adverse influences that beset it. That emotional instability is a common characteristic of the so-called critical age no one will gainsay, but the vast majority of the sex do not manifest any further symptoms.

It must also be noted that notwithstanding any tendency to any imbalance, mental disorder does not arise in the main from physiological causes of which we know little or nothing, but from psychological causes which as a rule are not difficult to demonstrate. It is probable, too, that, in the absence of psychic elements, organic factors intimately related to presenile changes play their part. Assuredly such a conception as 'climacteric insanity' has no scientific validity if by that term we mean to indicate a nosological entity.
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