

The Misdiagnosis & Mistreatment of Women 19th Century - Today

If you're reading this there's a good chance that you're a peri menopausal woman OR you're interested in the ongoing plight of peri menopausal women OR you know a peri menopausal woman.

A few years ago I posted about the numerous reasons given for locking up women in a mental asylum from 1864-1869

The following is an outline of my own interest in this time in history, as it connects well with how my clients and menopause community feel today.

Do bear in mind that even today, there are plenty of very questionable diagnoses from female clinicians as well as male and some fabulous male clinicians who help women every day.

Some of the tales my clients relay to me would make your hormones weep!





The following is a small glimpse into the history of how women's health has been perceived up to today, in the hope that we may gain an insight into why, in 2023, so many women are still being treated as basket cases to be easily dismissed and side-lined; rather than listened to and cared for.

I'm specifically referring to my own professional experiences as an international HRT educator & Women's Health Practitioner, as well as my personal experiences of being a menopausal woman.

This seems like a good point in proceedings to detail examples of clients who have been to their doctors in desperate need of help, guidance and maybe even (shock!), a little understanding and empathy.

“My female doctor has told me she doesn't know what I'm moaning about, and I should just get on with it!”

“My doctor told me he knows very little about menopause or women's health concerns so he can't do much for me”

“I have to call my doctor back to tell her exactly why I deserve to be prescribed HRT and what my issues are with my current situation (this from a lady with suicidal thoughts)”

Now that really is madness, right?! (I'm referring to the advice rather than the women concerned)

Most, if not all of the reasons for locking up a woman, as given in the aforementioned article are both laughable and horrific at the same time; ranging from having been ‘kicked in the head by a horse’ through to ‘gatherings in the head (apparently this is an accumulation of pus!... Ewww!)

As someone who speaks to women every day; who’ve felt they were going mad and who’ve often been told by professionals that they’re imagining their symptoms or need to deal with them, the aforementioned article really piqued my interest and hurt my heart!



Until the 19th Century, mental health patients were considered to be either criminals or idiots (or both) but 19th Century reform brought with it, some acceptance that people with mental health issues needed care not punishment!...However; the focus then moved from the public thinking that all asylum patients were ‘beastly’ men, to considering them to be ‘crazy’ women.

Some examples of the ailments ‘diagnosed’ in women included fatigue, headaches and irritability (if you’re peri menopausal, that sounds worryingly familiar doesn’t it?!)

Women also had to contend with other such unhelpful diagnoses such as:

Hysteria: Thought to be a selfish and destructive affliction which was highly disapproved of by doctors.

Neurasthenia: (“what the heck is that?” I hear you cry!) Well... this had previously been thought to be a male problem caused by the pressures of society but developed into a perception that it only afflicted women and was entirely their own fault. This is now known to be very much like the more well-known condition M.E



At that time, the woman's position was more about control and punishment and until 1847, there were no female doctors at all, but then, hooray!, Elizabeth Blackwell became the first woman to graduate from medical school (go Elizabeth..whoop whoop!); and in 1894, women were also allowed to join the profession of Psychiatry.



At that time, female patients were expected to make an effort to look good for fear of appearing to be more deranged than they already were.. but not too good of course! as this would make them seem vain; which was another mental affliction for which to be punished.

"Madness" in women has often been romanticised.

Ophelia in Shakespeare's Hamlet was portrayed as "compliant and docile" with a "romantic carefree demeanour"

The reality of how such women felt was a much darker and more painfully sad tale I'm afraid

By the mid 19th Century, there were more women than men in the mental asylums and it was no coincidence that women were now considered more vulnerable and prone to ‘diseases of the mind’ than men.

Dr Silas Weir Mitchell (1829-1914) who was known as the father of American Neurology (I have a lot to say about him but that’s not for now!), stated “the man who doesn’t know a sick woman, does not know women”

I think you can make up your own mind about his take on women’s health and abilities and unfortunately, he was very influential in his time.

What was life like for women back then?

A woman had a very specific role in the world. She was expected to be dutiful, compliant (no arguing with her husband) and equal rights were definitely off the table!



As you would expect, some women pushed those boundaries.

There is evidence from 1860 of Elizabeth Parsons Ware Packard, (a teacher and mother of six), who was married to Reverend Theophilus Packard; questioning his extremist approach to his role.

He had her admitted to a state hospital for 'stepping outside the boundaries of her role as a wife'.

At that time the law allowed this, with no requirement for evidence of actual mental illness, and poor Elizabeth was locked away with violent and sometimes hopeless patients. She remained there for three years before she was able to prove her sanity after which time, she became a women's rights activist.

Elizabeth wrote a lot whilst she was in the asylum (Her writings were often confiscated by doctors).

She wrote:

"Many female asylum suicides due to constant harassment, loneliness and despair"

I want to add in an example from the 1970s here as this is sadly still relevant in our more recent times. It underpins a feeling of despair at not feeling heard or taken seriously and loneliness inside a body that feels alien.

One of my personal connections told me this heart-breaking story in 2020, and with her permission I share this short excerpt from the full version.

“My mum suffered with depression in the late 1970s. Mental illness was taboo back then. She was admitted to a mental hospital where she was given ECT treatment plus various medications, but a different doctor to her usual one, gave her other drugs which led to her taking her life”

Based on the relevant ages in this story, I would be happy to stick my neck out to say that this poor woman was very likely peri menopausal but even if this wasn't the case, I don't need to tell you how tragic this was and still is.

Even more tragic is that similar stories are being told in 2023. (One of my, quite obviously peri menopausal clients has been told that her dark thoughts are 'just stress related' and she needs to 'find a way to relax'!)



Back to the 19th Century, and one lady wrote of her distress at the unwelcome attention she was receiving from her brother.

This was her doctor's reported comment:

"Your delusion is total and all the more dangerous and incurable in that you speak just like a person who is fully in possession of her reason"

So, she was considered to be delusion and reasonable at the same time. No evidence or facts were going to change this viewpoint I feel.

She was later admitted to an asylum against her will in 1895 for refusing to marry.

She was diagnosed as insane for "over-education"

This wasn't unusual at the time as it was a popular belief that women were "not built to take in much knowledge"

Peri menopause does feel as if it's temporarily robbing you of the ability to take in any knowledge (urghh!). but here's a thing..... We can do something about that these days and none of the options include ignoring the symptoms, prescribing antidepressants or making a woman feel as if she's crazy!

Fast forward to 2008 and I can tell you of a woman who was told by a doctor:

"Peri menopausal symptoms? Whatever that means my dear"

That woman was me.



Menopause!

During the 19th Century, peri and post-menopausal women were seen as an easy target for ridicule and any suggestion of a sex drive was considered "ludicrous or tragic'.

Now here's an interesting bit of insight; Whilst during the 19th Century women were often forced to undergo treatments which would deter them from showing emotions and basically keep them quiet; when we look at the common thread within the majority of my clients' own stories in the present day, we see that so many women today are being told..."take these antidepressants if you're feeling low or anxious" (translate this to: "Go away! Stay quiet! I have no idea what to do with you")

Note:

Antidepressants are helpful for some women but they are not the remedy for peri menopausal symptoms and the associated distress that can come along with them!



Examples of treatments forced upon women in the 19th Century included:

Injecting iced water into a patient's orifices

Using leeches on a patient's labia and clitoris

Removing the clitoris altogether! (a practice invented by an English doctor called Isaac Baker Brown and as you may know, this practice is still carried out, for cultural reasons, in many areas today. (Known as Female Genital Mutilation or FGM).

It is however, noteworthy that Brown was expelled from the Obstetrical Society of London on the grounds that he tricked some of his patients into undergoing his surgeries, so there is a more positive end to that story.

Quote taken from a consultation with a client:

“My doctor has told me that she copes perfectly well with her symptoms so why can't I?”

My blood is boiling even as I type those words! No.. really.. it is!

Being a doctor is not about a clinician's opinion of a treatment but about choosing the most effective treatment for that patient – regardless of opinion.

Yes experience of treatments is useful but evidence based action is what we look for in our doctors. (oh.. and some TLC)

When we look at the Dracula stories (random), there's a female character who becomes very ill with depression, tearfulness and an inability to sleep (You know where I'm going with this don't you?).

She is tired and weak with no zest for life at all.

Stoker, who wrote the book, clearly refers to the possibility of a mental illness but not specifically to her symptoms being peri menopausal.

This may have been a mixture of depression and hormones.



Later in the century, female authors were more accepted, so some were able to detail how they felt in writing. These women included Elizabeth Packard as referred to above.

Anyhoo.. enough of the history lesson. I think you've got the idea of where I'm coming from so, back to dealing with perimenopausal symptoms and taking control of our future selves.

We now know that in the 1800s women complaining of depression, hot flushes and irregular periods, were diagnosed with hysteria.

In many ways this still happens today, but in my experience, it's hidden under a different name such as **Depressed, Anxious or Stressed**



We know that Aristotle referred to the age of menopause as being 40 years.

This is not entirely correct and is taken out of context of course, but even today we are surrounded by an overwhelming flow of misinformation and misplaced advice by medical experts, on:

What happens to our bodies during peri menopause?

When we might expect this to start?

and

How long will it last?

(up to 12 years in case you're interested)

Think you're too young?

No! you're not too young to be peri menopausal!

The age at which peri menopause begins, depends entirely on the woman's medical and genetic history and/or current health situation.

This subject has been highlighted a lot more in the media and by some amazing clinical experts but in many areas of the country and the world, this message just isn't getting through!



I was informed by a 47 year old client, who was suffering terribly with her symptoms, that her doctor had told her she couldn't possibly be peri menopausal as she was under 50.
WRONG!

Another lady shared with me that she had been told by her doctor, to "give up her career" now that she was struggling to cope with her symptoms at the age of 52 as "this is the time to slow down and accept a quieter way of life"

Good lord! Really?! I think I may have fallen back into the 19th Century!

So! What to do about those life impacting symptoms?



Far too many doctors are still under the impression that if a woman is continuing to have periods, she can't be peri menopausal or that a woman under 50 does not need to consider HRT to both relieve her symptoms and offer her the long term health benefits such as added protection from Dementia, Osteoporosis and Cardiovascular disease.

*****Any assumed breast cancer risks are very low or non existent with modern body identical HRT and are considerably higher in women who are overweight, don't exercise or who drink alcohol, so it's important that all women are given the right information to enable them to make a decision for themselves*****

Some doctors refuse to prescribe HRT based on their own misguided or outdated opinions of it which is, in my opinion, verging on abuse of power.

The mindset amongst many, is that peri menopause and menopause (the time following a woman being period free for 12 consecutive months), is a natural state and should be accepted and embraced as a natural progression.

This really grinds my gears!

It doesn't take into the account, the hugely damaging and debilitating effects of the 40+ symptoms including overwhelming fatigue, low mood, suicidal thoughts, dizziness, low or no sex drive, itchy skin, ringing in the ears and an unexpected anger ...

...to name only a few.



My ethos? ...Death is also a natural progression but I for one, am not going to be welcoming that process anytime soon; so, we all need to become better informed to ensure we enjoy the longer life we have available to us. (you'll have to prise the HRT from my dead hands!)

Here are some summary responses for you...

“You’re too young to be peri menopausal”

You’re NOT too young to be peri menopausal. Depending on your personal situation, peri menopause can occur at any age

“You should just give up work now really”

You DON’T have to give up work when you hit peri menopause. You just need to get your hormones balanced

“It’s normal to lose your sex drive. Don’t worry about it. It’s not important”

It’s common but not necessary to accept losing your sex drive during peri menopause and many relationships flounder and end purely due to the symptoms of peri menopause which can include a low sex drive.

You likely need your estrogen or your testosterone topped up (or both)

“You can’t have HRT; you’re still having periods”

You CAN start HRT whilst you’re still having periods and it offers you really good health benefits when started early. You just need to discuss dosages with your doctor.

**And my award for the most regularly used inaccurate advice:
(drum roll...)**

“You just need antidepressants if you’re feeling low!”

You DON’T need anti-depressants to remedy your peri menopausal mood issues.

Once you get a handle on your hormones it’s very likely you’ll feel better but if not then that’s the time to reassess.

In the 1930s menopause was becoming known as a ‘deficiency disease’ and by the 1970s peri menopausal symptoms were known to be due to a lowered estrogen level and Hormone Replacement Therapy (HRT), was born and considered to be the ultimate liberation of middle-aged women.

However, the real-life examples I have outlined in this article, tell a different story of the implementation of the medical knowledge and expertise we have to hand.

It does seem bizarre that we are still having to justify peri menopause in 2023.

There are some outstanding medics and therapists out there who scoop up the women who have been let down, but we now need to make sure that peri menopause is not just a media story for a short while when a celebrity raises the issue, or when there's a gap in the media schedule.

Our GPs don't need to be specialists in menopause; they just need to understand that the symptoms are varied and real so let's save time and tackle the issue(s) then we can all move on with our lives



Jane Pangbourne is the Founder of Menopausal Not Mad

Our website is: www.menopausalnotmad.co.uk

References:

www.semanticscholar.com (2013 paper)

www.snopes.com