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"The pictures of depression" Alternative methods in treatment of menopause

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Abstract.

In the psycho-therapeutic work we often meet with female patients at the age of menopause who request professional support. The numbers of them increases since women nowadays live about the one third of their life after climax. The paper emphasizes the psychological aspects of the climax and shows three types of the patients asking for psycho-therapeutic aid. By the case of a patient - coping with change of her role as a woman - a psycho-therapeutic technique is demonstrated, which can provide an effective support in this crisis. The specific combination of the autogenic training and supportive cognitive psychotherapy can facilitate the reshaping of cognitive patterns and coping strategies of the patient.

Keywords: : menopause, autogenic training, crisis intervention, cognitive psychotherapy

According to anthropological research women easily handle the closing of their gender role in nature based societies because their social status is determined by their mother role. In the modern youth and beauty centered society, woman's social status declines during aging. 50% of women suffer from some psychiatric disease

during the change of their gender role. We have to say that the complicated climax is mostly a social product. There are lots of psycho-social factors, in its background. During these transition years women are threatened by varied psychological crisis (1):

1. In this period their children move from home. That's why we can speak about this problem as "empty nest syndrome"
2. During these years parents pass away or women are supposed to look after their old, ill parents.
3. The husband's retirement, illness or death is likely to occur.
4. Due to their own retirement women lose important relationships of co-workers.
5. Thinking about the end of one's own life is getting more and more frequent and serious during this time, causes intensive anxiety.

We have to regard these special neurotic problems of climax as a typical panic reaction for the signs of passing. Generally those women who need psychological support in climax are categorized into the following three groups:

1. Climax is difficult for those who live alone, without children. At 40-50-year-old, they have only one important task: looking after their older parents. When the parents pass away they lose not only their parents but their goals and aims.
2. In this group women would like to delay closing of her gender role. Most of them live in infertile marriage. Up to the end of their reproductive period they have hope of a successful pregnancy. They are denied this wish by climax.
3. These women suffer from very frequent and serious menstrual bleeding. They would like to accelerate closing of their gender role, asking hysterectomy.

Treatment of menopausal women would be the most effective if we can treat not only the organic but the psychological reasons, too (2). When we take no notice of possible psychological reasons, the determining psychological problems remain and may cause the other symptoms, in the other organ.

Our patient, we can call Eve, was sent to the psychological consultation by a gynecologist who treated her with the typical symptoms of menopause. She is a 55-year-old, blonde-hair, crummy lady, recently retired. With her traditional hair and old-fashioned suit she looks older than her real age. She is a typical disciplined woman, who rigorously observes the societal rules. Her mannerisms suggest a very high level of anxiety. She hardly speaks, her sentences are short: *"Nowadays I'm*

very depressed, anxious and apathetic. I have extreme fear of death, from cancer, from heart attack and from old-age. I can't sleep; I suffer from high blood pressure and quick pulse." We verify serious depression episode by BDI.

Eve's parents and grandparents were shot down by a Russian, drunk soldier on the street in the 2nd World War. *"From that time the fear and the lack of love marks my life. In my dreams the street fight goes on day by day. As good as I fear from everything since I was born: from my step mom, later from my husband, from the illnesses, since my divorce from loneliness, from old-age."* She always wanted to be a lovely person. In that difficult period of her retirement she permanently suffered from the loneliness and reclusive life because she lost her fellow-workers. In this social isolation her previous chronic and long-lasting anxiety was increased and Eve could not cope with it in effective way.

According to her own evaluation the happiest periods of her life were births of her two sons. *"In my life they are the most important. I always tried to replace the love that they couldn't get from their grandmother. Up to this day I can't get used to the fact that they are married and don't live at home."* But exactly in the retirement's period her sons had moved to the other city. *"Now I would like to be a self-sufficient person, who can live without her children and find the new goals in her life."*

At the end of our first meeting I asked her what changes she would like to realize. She answered at once: *"At first I would like to be a free from depression and anxiety. I would like to be my own master, not an object the others play with. I would like to be an even tempered woman who can handle the things of life. I don't want to feel defenseless. I would like to feel in control."* We were able to make a common decision connected with the bottom line of our therapeutic task which met her subjective needs and the professional requirements, too. According to this our therapeutic aims were the following:

1. the decreasing her depression and anxiety was the most important task,
2. the second aim was the enhancing her self-confident and her consciousness,
3. and final we would like to find new aims in her absolutely new life-period.

In the first therapeutic task we followed the well-known cognitive-behavior method against the serious depression. Since she wanted to reach emotional and mood control, later we chose the special verbalizing therapeutic method of feelings and inner experiences combined with an autogenic training (AT) course. It made me easier the tracking Eve's typical expressions I was able to emphasize her verbalization (3). I aimed to give her the safety that she can't find inside her personality. In a life-period-crisis lonely patients do best with support. Professional members do not want to diminish her psychological problems but we have to improve her emotional and conscious control in a critical situation. Eve lost her poise of mind, spirit; she couldn't mobilize her coping strategies, hence I chose the special method of crisis intervention. At the beginning the supportive goals and verbal ventilation

were in the center of our work. Later modifying her ineffective coping strategies and typical negative cognitive skills also happened. In this way we were able to carry out the intervention in a wider sense.

Relaxation method's aim is to create balance by modifying muscle-tone (4). One of the most known relaxation methods, AT was developed by Schultz (5). This course consists of the following seven, consecutive steps; relaxation, heaviness, warmth, and blood flow tranquil function of the heart, lung, solar plexus and head. It is one of the more popular and effective non-medicine method in the treating of menopausal symptoms - like as hot flushes and high blood pressure. Eve's report on her first relaxation experience was very typical: *"This experience was just like in a church: safe and calm. I know that in this place I always handle my own problems; belief and trust, confidence is very good thing. As good as the old reformed sing: We trust in him, my God."*

Our practices reminded her of happy times in childhood, with her mother's old-forgotten face. *"The way that you are sitting next to me and say the relaxation sentences, it's just like when my mother told me a fairy tale, before bed."*

Her reports prove that we were able to establish trust, and a feeling of safety, without any fears, which she wanted to carry out during the rest of her life. This is the cornerstone of effective therapeutic work. Her typical negative cognitive skill's transforming to positive through this therapeutic technique (6). Due to this typical cognitive skill she has a well-known depressed triad: the world is dangerous, the future is uncertain, she is invaluable. During the AT course she could get lots of positive experience connected with her own body, inner force, feeling of control and self-confidence.

According to her negative cognitive pattern she has only negative memories, emotions connected with every step of AT. In spite of these after the practice she told about very pleasurable and positive experiences in all AT steps. I would like to illustrate the effective therapeutic work with these observations.

1. Relaxation and leisure are equal the winter night's loneliness in her mind. After practice she felt that relaxation may be very pleasurable, just like a physical relief after very intensive work-out.
2. The heaviness reminded her physical pain during illness and spiritual pain like fear. She said: *"It is the most difficult for me it is overwhelming, I'm not satisfied with my personality. Only once was I able to do this. After my hysterectomy I wanted to show everybody that I can learn to swim. I was 32-year-old. It helped me to overcome my depression. Nowadays it is hard to accept that I can't do lots of thing that I could a few years ago."* During AT practice she felt pleasure heaviness in her arms just like during relaxation on holidays. *"I felt a very special feeling just like Easter. I was full of trust, happiness and revival."*
3. Only the world of warmth caused intensive hot flashes. *"I suffer from hot flushes; I have to open all of windows because I feel I can't take a breath."* In

conceptual level the warmth is connected with love, home and safety in Eve's mind. *"I live totally alone since my two sons have moved from home at the same time. When I arrived at home I felt black, and a frightful void, an empty place. I don't know what would happen after retirement, without any human relations."* In the warmth's practice she felt pleasure from the autumn sun on her arms; it was curiously pleasing for her because her arms are stone-cold.

4. The stream of blood reminded her lots of moody things: surgeries, fear from transfusion. In spite of this, practice gave her pleasure relaxation in her hand and neck. *"During practice I imagined lying in my garden and for the first time in my life I thought the healthy stream of blood."*
5. *"Just when I heard the word 'heart', I felt nervous fear. At nights I fear from heart attack and loneliness."* It was hard to divert her from thinking of death. Eve hardly connected the heart with any pleasurable things in her life; at last she felt the smooth heartbeat's calming force - like at her sons' graduate celebration.
6. At the next step of AT Eve told me: *"I have a strong fear about lung problems because of my grandmother's eleven children seven had died of tuberculosis. I had pneumonia, too. Today it is most difficult to run because I can hardly take a breath. I have to accept that I able to do less physically than when I was younger"*. But during practice her breathing became smooth and she felt pleasurable warmth in her chest.
7. During looking for memories connected with belly in Eve's mind, of course we found only negative memories. *"My pregnancies, the hard deliveries, hysterectomy were terrible events in my life. I have been suffering from dyspepsia for 10 years."* In Eve's thinking the belly is very close connection with starvation; as a child she was always hungry after the 2nd World War. During AT she felt stream of warmth in her stomach and belly. Her sentences were very talking: *"I felt that my body is a very old, rusty organ, but it was getting better and well-functioning. It happened only slowly, with much patience - like a resurrection of old-fashioned clock."*
8. The last AT program she recalled lots of painful memories: headache, toothache and paralysis in her face. *"I have never been satisfied with my head, face and mind. I always wanted to be clever and more beautiful."* During practice she enjoyed the clear, empty head; she was able to stop her disturbing thinking.

After the AT course Eve summarized her results:

"A miracle wasn't happened but my personality was changed. AT gives me trust because nobody can take it away anymore, I can consider the things of everyday life with calmness. I'm my own master; in this room I became more self-sufficient. I can handle things and my mood. I can find my place better among people. I was

able to decrease my need for love; I was 'independent' my connection with my sons changed. I want to be the light for them not only enjoy their warmth. I found new aim, I can accept old-age, and I realized that the old-age can be a very positive time: a person doesn't see own senility see it only in the others!"

Two years after our work I chanced to meet her. Eve told me about her new plans; she felt that she was at the beginning of the new period. She has three grandchildren: "The best thing in my life is the realization that my daughters in law love my sons as much as I do. This gives me peace to know when I pass away somebody loves my sons like I do it."

I hope that more and more woman who suffers from menopause can reach positive acceptance of modified gender role. As we can through Eve's beautiful "observations".

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