



Menopause and Midlife Aging in Cross-Cultural Perspective: Findings from Ethnographic Research in China

Jeanne L. Shea¹ 

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Abstract

Based on longitudinal mixed methods ethnographic research conducted in China from the mid-1990s to 2018, this article argues that Chinese lay language use divides what Americans and Canadians refer to as “menopause” into two distinct though overlapping concepts of the narrow *juejing* or end of menstruation and the broader non-gender-specific *gengnianqi* or “transition between middle and old age.” While comparison with research done by Lock in Japan shows that Japanese language uses a similar set of two overlapping yet distinct terms called *heikei* and *könenki*, there are important differences between Chinese and Japanese views and experiences of female midlife amidst the similarities. While views and experiences of *juejing* in China are very similar to notions of *heikei* in Japan, *gengnianqi* is quite different from *könenki*. Like in Japan, the end of menstruation tends to be welcomed by women in China. Also like in Japan, midlife women in China had a lower prevalence of hot flashes than that found in the US and Canada. Also similar to Japan, Chinese women rarely associate hot flashes with embarrassment. However, unlike in the Japanese sample, the Chinese women reported a higher rate of irritability than even the American and Canadian samples. Contrasting with *könenki*, which is primarily associated with bodily aches and self-restraint in Japan, *gengnianqi* is commonly viewed as a time of vulnerability to irritable outbursts which must be allowed, though managed carefully. Overall, I show how menopause and midlife aging as concepts and as lived experiences are subject to variation related to differences in language, cultural ideas and practices, local biologies, and culturally-mediated generational experiences of historical change.

Keywords China · Chinese · Menopause · Middle age · Midlife

✉ Jeanne L. Shea
Jeanne.Shea@uvm.edu

¹ Anthropology Department, University of Vermont, 509 Williams Hall, 72 University Place, Burlington, VT 05405, USA

Opening Vignette

It was summer 2017, and I was sitting in restaurant booth in Shanghai with two Chinese colleagues. Let's call them Zhang Weidong and Ding Rui (pseudonyms, surname listed first here, following the Chinese style). It was not yet 5:00 pm, and we were having an early bird dinner together while we talked about community-based supports for aging in place. Suddenly at one point, a middle-aged woman, who had come into the restaurant not long before with what appeared to be her husband, stood up from her seat in the booth and began yelling in an angry voice at the young wait staff. "How dare you treat me like that? You have left me here waiting. I have been waiting for a long time! You have not yet brought me anything to drink! You have not asked for my order! How do you think you can do that to me?"

The shouting was entirely out of place in this quiet space with few people where the wait time was actually quite short, and the couple had not been there more than a few minutes. A young waiter in his twenties stood by the woman's table listening patiently to her complaints, while making small slow downward hand motions at waist level, encouraging quiet and calm. Using a placating tone and a greeting that combined respectful family-like caring with a compliment about her relative youth, the waiter said, "Big Sister, I am sorry. We should do better to serve you. Don't you think it would be a good idea to sit down? Let me get you something to drink. What would you like?" With quiet encouragement from her embarrassed-looking husband, eventually the woman agreed to sit down and order something. The waiter discreetly nodded with a slight shrug to the few other patrons looking on from their seats as he walked back to the kitchen to fetch a beverage for the woman.

My colleagues and I were several tables away, and soon we started gossiping quietly about what had just occurred. "She's *gengnianqi* is she not?" we asked each other rhetorically, with a quiet chuckle to dissipate the embarrassing social situation. "Isn't she *gengnianqi*? Yes, she must be *gengnianqi*!" we affirmed. Of my two colleagues, the one who I had known less well took it upon himself to apologize to me for the ruckus caused by one of his country people. He whispered, "This doesn't happen very often, but sometimes people in the transition from middle to old age feel put out. They don't feel properly appreciated at home or at work or out in society. They feel ignored and disrespected. So they get irritated and can't control themselves. In *gengnianqi*, people can be more prone to losing their temper. You should control yourself, but some people can't control themselves." On the way out of the restaurant, wanting to reassure the waiter, I whispered to him, "You handled that situation very well." He said, "It's nothing. I just thought, she could my own mother or aunty. She is just in *gengnianqi*, that's all. She is irritable. She can't control herself. We need to be tolerant. One should be patient."

Introduction

As a long-time student of Chinese culture and now a professor of Anthropology specializing in Chinese culture, I had heard this way of talking about *gengnianqi* (更年期, pronounced gung-knee-n-chee) in China long before the 2017 incident described above. I had often heard it used this way in lay conversations during my earlier fieldwork on menopause and female midlife in Beijing, and I heard it again during more recent trips to explore eldercare and aging in place in Shanghai. While often translated into English as "menopause" – for example, try copying and pasting the characters above into Google Translate – when used conversationally in China,

gengnianqi is most often understood as a reason some people are prone to losing their tempers during midlife. While *gengnianqi* may include the end of menstruation, neither the end of menstruation nor being female are necessary parts of its meaning. Had a middle-aged man had a similar inexplicable irritable outburst in a restaurant in China, he too may have been deemed *gengnianqi*. The one constant in the meaning of *gengnianqi* is that it involves something in the transition between middle and old age.

Writing about “menopause” in China can be tricky if one wants to translate faithfully across cultures. Although this article involves an anthropological analysis of menopause and midlife in China in cross-cultural context, in actuality there is no direct Chinese equivalent for the contemporary English word “menopause” (Shea 1998). There is a Chinese word for the permanent cessation of menstrual periods, *juejing* (绝经, pronounced *jew-way-jing*), often translated as menopause (again plug it into Google Translate), but *juejing* has a much narrower meaning. Such attention to language is important because it opens a window into another cultural world and a different way of slicing and dicing reality that affects the ways in which people think and talk about and experience and interact with the complex realities of midlife bodies in cultural context. As a result when comparing across cultures, it is important to avoid what Kleinman (1987) has called a “category fallacy” or the false assumption of universal applicability of a diagnostic category “developed for [and by] a particular cultural group” and applying it “to members of another culture for whom it lacks coherence and its validity has not been established” (452).

In this article, I examine my more than two decades of ethnographic findings on Chinese views and experiences of “menopause” and midlife aging in reform-era China, focusing on a comparison with landmark cross-cultural research in Japan, Canada, and the US conducted by Lock, Kaufert and McKinlay. In the analysis of my data, I address the following research questions: What terms and concepts surround menopause and female midlife in contemporary China? How has menopause and female midlife been viewed, experienced, and responded to by ordinary Chinese laypersons there? What does my Chinese survey and interview data reveal about midlife Chinese women’s experiences of hot flashes, a focus of cross-cultural menopause comparisons, and irritability, a preoccupation of my Chinese informants? How do the China findings fit in cross-culturally in comparison with related research on America, Canada, and Japan? What kind of explanations can account for the observed patterns of cross-cultural variation? In responding to these questions, I argue that Chinese lay language use divides what Americans and Canadians refer to as “menopause” into two distinct though overlapping concepts of the narrow *juejing* or end of menstruation and the broader *gengnianqi* or “transition between middle and old age,” the latter of which may be applied to women or men. While Japanese language uses a similar set of two overlapping yet distinct terms called *heikei* and *könenki*, and *juejing* is very similar to *heikei*, *gengnianqi* is quite different from *könenki*. Like in Japan, the end of menstruation tends to be welcomed by women in China. Also like in Japan, midlife women in China had a lower prevalence of hot flashes than that found in the US and Canada. Also similar to Japan, Chinese women rarely associate hot flashes with embarrassment. However, unlike in the Japanese sample, the Chinese women reported a higher rate of irritability than even the American and Canadian samples. Contrasting with *könenki*, which is primarily associated with bodily aches and self-restraint in Japan, *gengnianqi* is commonly viewed as a time of vulnerability to irritable outbursts which must be allowed, though managed carefully. Overall, I show how menopause and midlife aging as concepts and as lived experiences are subject to variation related to differences in language, cultural ideas and practices, local biologies, and culturally-mediated generational experiences of historical change.

Review of Key Scholarly Literature

For decades, western biomedicine has approached menopause as a cross-culturally unified, and primarily negative, experience based on a universal biology of female aging involving hormonal decline resulting from depletion of ovarian oocytes resulting in negative “vasomotor” symptoms of hot flashes and night sweats, feelings of depression and anxiety, and other symptoms (Lock and Kaufert 2001). Beyond hormones, many such sources have tied the depression and anxiety to mourning of loss of youth, sexual attractiveness, fertility, and maternal role. Biomedical sources have given high estimates for the proportion of women negatively affected by such symptoms; for example, stating that 75–85% of women have hot flashes (Sexton 2003:834) and that depression and anxiety are “common complaints” at menopause (Cabot 1995:9). Preoccupation with such symptoms as highly prevalent and troublesome coincided with the emergence of hormone replacement therapy and its marketing to menopausal women. Many clinicians have held that a wide array menopausal symptoms were best treated with hormone replacement therapy (HRT), either estrogen and progesterone combined or estrogen alone for hysterectomized women. By the 1980s and 1990s, many also thought that HRT could prevent age-related chronic diseases. With the 2001 release of the Women’s Health Initiative study results, however, it became apparent that combined HRT increased risk of breast cancer and heart attack and that estrogen alone increased stroke risk (WHI 2002; 2004), leading to more conservative use. As evidence of lower symptom rates in non-clinical and cross-cultural samples became more available (see below), by the late 2000s some biomedical sources began to reduce their estimates of the prevalence and severity of hot flashes and emotional symptoms associated with menopause. However, one can still find recent clinical sources stating that “an estimated 75 percent of women experience vasomotor symptoms” (Healthline 2018) or “as many as 50% of women ... experience mood symptoms” such as depression or anxiety in menopause (Yasgur 2016). While other alternatives like diet and lifestyle changes and counseling are recommended, forms of HRT are still put forward as an important option for short-term symptom relief.

In contrast to the universalistic approach of biomedicine, anthropological research has shown that the western notion of menopause itself emerged and developed in the biopolitical context of western medicine seeking to establish a foothold in treating midlife women. Coined by a French physician in 1821, the new term “ménopause” was useful for distinguishing the end of menstruation from midlife aging in general at a time when obstetrics and gynecology were being “consolidated” as medical professions in Europe (Lock and Kaufert 2001: 495). The new term was used in contrast to the broader pre-existing notion of the “climacteric” which, originating with the Greek klimaktērikos, had carried forward from educated circles in medieval times and referred to a general time of midlife transition equally applicable to both men and women (495).

Anthropological research on menopause and female midlife has focused on non-clinical samples and cross-cultural variation. Research by authors such as Flint (1974), Beyene (1989), Lock (1993), Melby et al. (2005), Sievert (2006), and others has shown how experiences of menopause and female midlife are not just a matter of internal biological changes unfolding in a universal aging female body and are not necessarily negative. Instead, they are influenced by a range of exogenous factors that shift over space and time, and their meanings vary widely and are often positive. Many such studies have pointed out that hot flashes at menopause vary in prevalence across ethnic and cultural groups and that rates of feeling depressed or anxious at menopause or midlife are not necessarily any higher than at other life stage and may be lower

at midlife in some groups. While such research has included attention to symptoms in conversation with biomedical preoccupations, it also places women's midlife into broader biocultural and sociocultural context.

Marcha Flint was one of the first anthropologists to research menopause in cross-cultural perspective, and she found changes in social roles to be influential in shaping women's experience of menopause. In her pioneering research in northern India in the early 1970s, Flint (1974) found that Rajput women reported few symptoms and no hot flashes and no depression around the end of menstruation. Instead they looked forward to this life transition. She argued that this was linked with positive views of menopause and related salutary changes in women's social roles. Since there were menstrual taboos and *purdah* cloistering for women of reproductive age, when Rajput women ceased to menstruate, they experienced it as a liberation from social constraints both inside and outside the home. On this basis, Flint (1975) posited that "much of what we call 'menopausal symptomology' may well be culturally defined" (163).

After Flint, other anthropological research followed, with Yewoubdar Beyene (1989) conducting important ethnographic research in Mexico in the 1980s. Like Flint, Beyene (2009) found no midlife symptoms among Mayan women in Mexico, in contrast to the women she studied in Greece. Unlike Flint, however, Beyene did not find any change in social status, positive or otherwise, for the Mayan women at midlife. For the lack of hot flashes among the Mayans, she instead gave a biocultural explanation, positing bio-behavioral variation that would lead to a different hormonal profile. The Mayan women had amenorrhea most of their adult lives as they married early and became pregnant every other year, with universal breastfeeding for a year to two years. In addition, the Mayan women ate a diet with "very little animal protein and no milk products" with a "high incidence of vitamin deficiency and anemia." (98).

Later in the 1980s, data collection for an important three-way cross-cultural comparison was completed by anthropologist Margaret Lock (1993) who designed a mixed methods research study on menopause in Japan to be comparable with population-based surveys conducted by epidemiologist Sonia McKinlay in the US and sociologist Patricia Kaufert in Canada. With respect to their study, Lock and Kaufert (2001) wrote that in order to understand cross-cultural variation in menopause, it is important to think in terms of "local biologies." According to Lock and Kaufert (2001), local biologies "reflect the very different social and physical conditions of women's lives from one society to another" (494). They argued both that different cultures have different ways of conceptualizing the "biology" of minds and bodies in female midlife and that different cultural milieus lead to differing life practices and divergent social and material conditions that can affect how menopause is experienced. Lock and Kaufert found that Japanese women ages 45–55 had a very low rate of reporting hot flashes (only 12.3%) or negative emotional symptoms such as feeling depressed (only 10.3%) for the past two weeks, compared with same-age Canadian and American women, who also had a lower rate of such complaints (less than 36%) than depicted in biomedical sources. To explain the Japanese departure from North American patterns, Lock and Kaufert put forward a biocultural explanation. They suggested for Japanese women a combination of less negative views of aging stemming from Confucian influences, more positive views of the end of menstruation (*heikei*), less attention to hormones, a lower baseline level of circulating estrogen, and higher lifelong soy-based phytoestrogen consumption, making for less precipitous hormonal decline. In addition, for hot flashes, they noted a possible role for language as no one single unambiguous word for hot flashes existed in Japanese; rather, several different words could refer to hot flashes or other heat-related sensations (Lock 1993:32). Lock

also described how the symptom that Japanese women were most likely to report at midlife was stiff shoulders and that this together with aching body and headaches (232) were paramount in their notion of *kōnenki*, the transition from middle to old age. Like Beyene, Lock described differences in life history experiences in the two locales. Growing up in the Great Depression and World War II (78), the Japanese women Lock studied experienced more pressure to attend to family and society before themselves and to wear themselves out physically serving others (229–32), and were more culturally encouraged to be concerned about “an aching body, shoulder stiffness, headaches, and backaches” (37) than their Canadian and American counterparts.

Over the years, these kinds of anthropological findings have been mistranslated in some popular western media sources into oversimplified romanticized headlines stating that menopause and midlife were entirely positive, symptom-free stages of life in non-western or Asian cultures. Examples include headlines like: “Why Middle Age Japanese Women Don’t Have Menopausal Hot Flashes” (Organic Consumers 2006) and news story lines like: “Why do Asian and Mayan women experience no hot flashes? ... Much like the Japanese, there was no Mayan word for “hot flash” (Lakanto 2017). I have also seen other sources extolling that Asian women in general have no symptoms whatsoever at menopause – “the symptom-free Asian woman in midlife” (Astbury-Ward 2009), a claim that is not backed up by the evidence but which can be tantalizing to western women reaching for, or to western salespeople marketing, a “natural,” “oriental” solution to their problems. As we learned above, it is not that there is “no Japanese word” for hot flashes or that no Japanese women have hot flashes or any negative emotional symptoms at midlife. It is just that in the 1980s many Japanese women were not familiar with hot flash vocabulary and a comparatively small proportion of Japanese, as well as some other Asian, women experienced hot flashes or reported negative emotional symptoms.

Recently, evidence has arisen indicating that there has been change over time in Japanese communities with regard to women’s midlife symptom reporting. In carrying forward the cross-cultural comparative research begun by Lock, Melissa Melby (Melby et al. 2005, Melby 2005, Melby and Lampl 2011) found a rise in the rate of hot flash reporting there. While still well below the rate found in the US and Canada, in the 2000s Melby et al. (2005, Melby 2005) found that the prevalence of hot flashes in a non-clinical peri-menopausal population in Japan was 24.1% (506), double the rate Lock had found in the 1980s. The authors, who also included Lock and Kaufert, posited that this may be due to westernization of Japanese diet and activity levels and to the bio-medicalization of menopause in Japan (Melby et al. 2005: 506–07). Inspired by Zeserson’s (2001A) research, which emphasized onomatopoeic expressions for hot flash in Japanese, the authors also considered the role of language usage in the surveys, including how Melby used five different words that mapped onto hot flash in her Japan survey, while Lock used only three.

Research Methods

I have been conducting ethnographic research on menopause and female midlife in China off and on since 1992. A Chinese language and literature major in college, I am fluent in Chinese. My initial research on menopause and female midlife was conducted in Beijing between 1992 and 2008. Later I moved my research site to Shanghai and my focus to home-based eldercare, but I continued related conversations during my fieldwork in Shanghai from 2012 to 2018. I have called this work the China Study of Midlife Women (CSMW).

My early research was mixed methods research focused on menopause and female midlife in Beijing conducted over more than 20 months of fieldwork there between 1992 and 2008. This work involved a community-based survey of a random sample of 399 women between the ages of 40 and 65 in an urban neighborhood and a rural village in the municipality of Beijing in 1994. Sandwiched around that survey were more than forty qualitative interviews with a variety of midlife Beijing women both in the mid-1990s and the mid-2000s. The survey was designed to be compared with data from the set of parallel studies conducted by McKinlay, Kaufert, and Lock in the US, Canada and Japan, respectively (Lock 1993). The 45–55 year old portion of my China sample ($n = 156$) matches the age range of those other studies. Unlike the other surveys, the China one was conducted face to face to compensate for low literacy levels. Like in the Japan study, open-ended interviews were conducted both before and after the Chinese survey both to inform the survey design and to go beyond what could be gleaned from a questionnaire approach. The main follow-up interviews in Beijing were conducted in 1994, 1996, and 2007. Qualitative interviews were usually one-on-one, but sometimes included two or more women who were friends. The Beijing interviews were all conducted in Mandarin Chinese.

My later research has been qualitative research focused on spousal eldercare and community-based supports for aging in place in Shanghai, undertaken over the course of 13 months from 2012 to 2018. During this research, the topic of menopause or midlife has come up from time to time, as many of the caregivers and neighborhood volunteers have been at or near those stages of life. Some of that data was collected in participant observation scenarios like the one at the opening of this article, and other related data was collected during formal interviews, of which I conducted twelve.¹ These interviews were usually one-on-one, but sometimes they included a senior neighborhood volunteer, who helped with translation into Mandarin if extensive Shanghai dialect came into play.

Chinese Views of *Juejing*, the End of Menstruation

Whereas the term “menopause” in contemporary American and Canadian society combines the end of menstruation and overall female midlife aging, in contemporary Chinese discourse female midlife is divided into two distinct though overlapping concepts, one of which is *juejing*. Using the same characters as the *kanji* for the Japanese *heikei* (pronounced heh-kay), *juejing* refers to the permanent cessation of menstrual periods, with *jue* meaning “to end” and *jing* meaning “menstrual period.” With a much narrower meaning than “menopause,” both *heikei* and *juejing* lack menopause’s strong symbolic association with negative non-menstrual symptoms like hot flashes, night sweats, vaginal dryness, trouble sleeping, tiredness, feeling depressed, or anxiety.

Like for *heikei* in Japan, for *juejing* the symbolic focus in China tends to be on being freed from the physical inconvenience of menstrual periods, and the end of menstruation is overwhelmingly welcomed. When I asked midlife Beijing women in my survey ($N = 399$) how they felt about the end of their menstrual periods, 60% said that they were or would be relieved, and only 5% said that they would regret it. The remainder had either no particular feelings about it or mixed feelings. Interviews and conversations in Beijing and Shanghai have

¹ All research was conducted in accordance with the AAA Code of Ethics, and all names used in this article are pseudonyms.

also showed that most women see the end of menstruation to be a welcome end of a monthly nuisance (Shea 2006B). For example, in 1994 a midlife Beijing woman, Lin Xiuli, said of it, “when my periods stopped, I felt that I was neat and clean. I didn’t need to bother with that any more.” Similarly, in 2007 a Beijing woman in her sixties, Hu Anjin, said “When I had no more periods, it was really convenient. Less nuisance.” Likewise, in 2017, 64-year-old Shanghai resident Pei Xinhua said, “When it was gone I was pleased. It was great to be so clean!” Also in 2017 a Shanghai woman in her mid-fifties, Zhang Silian, said, “When I was younger, my periods were really heavy. When I stopped menstruating, and month after month went by with no periods any more, I felt like I was liberated.”

Unlike in Flint’s Rajput study, the liberation was not from ritual menstrual taboos, which my Chinese informants said were absent in their generations of modern women liberated from pre-revolutionary “feudal superstition.” Rather, for them, they said that it was a release from needing to deal with leaking blood, bloody garments, and sanitary supplies. For some women interviewed in the 1990s, they mentioned freedom from washing the menstrual cloth they reused instead of buying disposable supplies. For those purchasing disposables, they commented favorably on not having to spend money on them anymore. In addition, Chinese women tended to associate menstruating with physical vulnerability and needing to avoid eating cold foods, which might they thought might congeal blood leading to cramping. In addition, the Chinese women I interviewed were relieved not to have to worry about birth control any more, especially since women’s menstrual periods and birth control measures had been monitored by the local community government’s resident’s committee from the inception of the Single Child Family Policy in 1978. Although loosened to a nationwide two-child policy in 2015, childbearing after forty is a rare oddity. This also meant that the idea of mourning loss of fertility after the age of forty has been met with laughter.

Chinese Views of *Gengnianqi*, the Late Midlife Transition

Although often translated as “menopause,” the Chinese term *gengnianqi* has a much broader meaning than either “menopause” or *juejing*. Incorporating the characters for “increase or change,” “years,” and “period of time,” it refers to things related to “the transition from middle to old age.” While “menopause” has a necessary connection to the bodily process of winding down and ceasing menstruation, together with notions of hormonal flux and decline, *gengnianqi* does not necessarily carry those connotations. In the opening vignette, for example, menstrual status was not salient, while midlife aging was as the woman looked like she was in her late fifties and nearing sixty, the traditional threshold into old age. In terms of gender, whereas *juejing* only refers to females and “menopause” usually refers to women, *gengnianqi* can apply to both women and men, although it is more commonly applied to women. From the time I began studying this in the 1990s, many people in China have told me, “Men also have *gengnianqi*,” a statement that one can also find in public health education materials there.

My survey and interview data from China both show that in local lay perceptions *gengnianqi* is not merely a synonym for “menopause,” despite some overlap. Whereas all of the 399 midlife Beijing women participating in my face-to-face survey knew about the end of menstruation, 8% hadn’t heard of *gengnianqi*. Out of the 366 women familiar with the term, while two-thirds felt that it could be related to the end of menstruation, a majority gave non-sex-specific definitions. 80% said that it was “the transitional phase between middle and old age,” two-thirds said that men also have *gengnianqi*. There was a very strong non-sex-specific association with irritability, with

75% saying that *gengnianqi* is “a reason why middle-aged and old people lose their tempers.” In considering whether the term applied to they themselves, there was a good deal of divergence between how an epidemiologist would define menopause and how many women were weighing the applicability of *gengnianqi*. When asked whether they themselves were in *gengnianqi*, a full 20% of the women who would be epidemiologically defined as peri- or post- menopausal based on their menstrual history said that they weren’t sure if they were in or had ever had *gengnianqi*. Likewise, almost a quarter of the full sample said that they were unsure whether or not they were in, or would ever be in, *gengnianqi*, and 5 % said for certain that they would never have *gengnianqi*. For those peri- and post-menopausal who felt that they hadn’t had *gengnianqi* and those women who said that they would never have *gengnianqi*, they tended to be focusing on the irritable outburst part of the definition. They said that they hadn’t had that, or that they wouldn’t have that, or that the whole idea was a social stereotype.

Gengnianqi is similar to *kōnenki* in some ways and different from it in others. The word *gengnianqi* uses the same Chinese characters as the *kanji* for *kōnenki* (pronounced cone-nang-key) in Japan (Lock 1993). The two terms overlap in terms of both referring to the transition between middle and old age and to midlife aging and both being applicable to women and men. Both are also viewed as a time of potential risk to mental, physical, and social health and as a time of life that needs to be carefully managed in order to avoid or mitigate those risks, in contrast to the welcomed end of menstruation. However, the Chinese meaning of *gengnianqi* also diverges from *kōnenki* in important ways. While Lock found that Japanese women primarily associate *kōnenki* with stiff shoulders and an aching body and the virtue of quietly bearing their burdens in midlife, my research shows that Chinese laypersons strongly link *gengnianqi* with irritability and the necessity of carefully venting built-up anger (Shea 2013). Interview evidence going beyond the opening vignette will be presented in the upcoming section on emotional symptoms.

Hot Flashes and Female Midlife in China

From at least the time I began my research in China in the 1990s, laypeople there have had a variety of ways to refer to hot flashes and hot flushes. Reading professional medical sources shows that since at least the 1980s, Chinese clinicians used the terms *chaore* and *chaohong* meaning “a wave of heat” and “a wave of redness,” respectively. When I began my field research in Beijing, I found that some ordinary women were familiar with those terms, while others were not. However, unfamiliarity with those specialized terms did not mean that Chinese laypersons had no language with which to describe hot flashes. My qualitative research in Beijing and Shanghai from the 1990s to the present has shown that women who are not familiar with those medical terms, or simply don’t feel comfortable using them, have other ways to express such experiences. Often they simply use words like getting hot, prone to overheating, feeling feverish, getting red, face getting red, sweating, sweating a lot, sweating frequently, or prone to sweating. While none of these alternative phrases are unique to menopause, in conversation, women would make clear when they were relating them to midlife in some way, and they would add qualifiers like “suddenly” or “off and on.” In using these words, some women also added the onomatopoeic modifier *hua* meaning “a sudden rush” to whatever words they used, together with an upward motion of the hands near whatever part of their upper body was involved. While the specific sounds used are different, this general observation about the use of onomatopoeic words mirrors the findings of Zeserson (2001A) in Japan.

In my Beijing survey, I found that neither were hot flashes entirely absent from the Chinese population nor were they reported by the majority of midlife women there. To raise translation fidelity, along with the medical terms *chaore* and *chaohong*, I had also used combinations of the aforementioned lay phrases for getting hot, getting red, and/or starting to sweat, together with qualifiers for “suddenly,” “temporarily” and/or the *hua* modifier. Like in Japan, my survey showed that midlife women in China had a lower prevalence of hot flashes than that found in the US and Canada. More specifically, in examining the portion of my Beijing survey data in the matching 45–55 age range ($N=156$), I found that only 13.5% of the Chinese women reported having had hot flashes in the past two weeks. This was similar to Lock’s finding of 12.3% for Japanese women and substantially lower than the hot flash rates in the US and Canada samples which were 34.8% and 31%, respectively. Regression analysis showed that the hot flash reports in the China sample were weakly but significantly related to menopausal status, further increasing confidence that it was hot flashes that had been measured. Broadening out to the full Chinese sample, ages 40–65 ($N=399$), I also asked using those same terms whether they had ever in past experienced a hot flash. The rate of responding affirmatively to that question was higher at 40%, but this was still less than half of the Chinese sample and lower than the Canadian sample for which 65% reported having ever had a hot flash in their lives (Lock 1994:311).²

Whereas hot flashes and related hormonal change have been a focal point of Western biomedical and mass media representations of female midlife and women’s conversations about menopause, they are often not a focus for Chinese women, even those who had passed that stage. From the full age 40–65 Chinese sample ($N=399$), I asked all those who had not had a period in the last 12 months ($n=186$) an open-ended question about what if any symptoms they had experienced in the years around the end of menstruation. From this, an every lower percentage reported anything resembling hot flashes. Three-quarters said that they recalled no physical or emotional changes at that time, beyond stopping menses. Only 8% recalled hot-flash-like symptoms for that time. While this may well include false negatives due to recall issues, it does mean that many post-menopausal Chinese women either didn’t notice or didn’t remember. Even when talking about hot flashes, I have found that many Chinese women do not bring up hormonal change even to this day. While reference to hormones has increased over time, more common are references to bodily imbalance recalling Chinese medicine notions of the body. Oftentimes these relate to ideas of excess *Heat* built up inside. Also, some Chinese women in the 1990s wondered if hot flashes were due to the rotting of stale blood trapped in their womb, a notion also noted by Lock (1993) and Zeserson (2001B) for Japan.³

Hot flashes in China do not carry the kind of embarrassment that they sometime garner in some western contexts (Martin 1997, 2001). Like in Japan, when the Chinese women I studied reported hot flashes, they typically did not associate them with embarrassment. When the 63 Chinese women aged 45–55 years in my study who reported ever having had a hot flash were asked how they felt when they did, only 8 said they felt embarrassed. Similarly, in the

² The US survey, which came first, did not pose that question.

³ This notion of stale blood mirrors what Lock (1993: 17–19) and Zeserson (2001B) found on *chi no michi* (“path of blood”) symptoms in Japan in the 1980s and 1990s. Zeserson has noted how *chi no michi* symptoms in menopause were often attributed to poor care during childbirth, especially in situations with poor mother-in-law/daughter-in-law relationships. In 1990s China, I also found that some women attributed *gengnianqi* symptoms to having been prevented from engaging in proper postpartum recuperation, usually due to an “evil” mother-in-law. Postpartum neglect and mother-in-law problems were, however, less often linked by Chinese women to hot flashes from stale blood than they were to aching back and joints from insufficient tonic foods, inadequate rest, and exposure to cold things following childbirth.

interviews that I conducted with Chinese women in Beijing and Shanghai, those who had had hot flashes did not describe embarrassment. For example, Gao Hongxia, a 74-year-old woman who I interviewed in Shanghai in 2017 described having hot flashes day and night for several years with so much sweat flowing down from her head that it seemed like she had been rained upon. “My *gengnianqi* was frequent sweating. My sweat flowed like the tide was coming in or like it was raining. I didn’t see any doctor about it. At that time, I hadn’t gotten to age sixty yet. I was working at the neighborhood committee. I was covered with sweat. Later it was one time every four hours, then twice a day, and then once a day.” She said that she had a lot of sweating both in the day and at night even in the winter. When asked, she said that she did not feel any embarrassment about her hot flashes even though they happened every day at home and at her mixed-gender open-plan office at work. “I didn’t feel at all embarrassed,” she said. “Everyone knew it was just *gengnianqi*. If it [the sweat] wanted to flow, I just let it flow.”

Similarly, 57-year-old Zhang Silian, a 57-year-old Shanghai woman who I interviewed also in 2017 had had hot flashes for seven years with no embarrassment. In 2017 I had just started interviewing Zhang, a recently retired local neighborhood cadre, when her forehead beaded up in drops of sweat. It was a hot summer day in Shanghai, she had walked there to meet me, and we were sitting in a small room with only a fan and no air conditioner. “Would you like to drink some water?” I asked. “No,” she said, “I feel very hot, but this is just symptoms of *gengnianqi*. It comes and goes, a moment here and a moment there. Just before this, I was sitting here, and I wasn’t hot and felt just fine.” I ask for more details. “When did it start?” I asked. “When I was fifty years old,” she replied, “just after I had no more periods. It’s a lot better now than it was at the beginning. In the beginning, I couldn’t sleep. I’d keep waking up from being hot over and over again, and my clothes were all wet. I had no choice but to go see a Chinese medicine doctor.” “Were you ever embarrassed about the hot flashes,” I asked. “No, it’s nothing. Before I retired, we all talked about it at work. Everybody knows about *gengnianqi*.”

The explanation for the comparatively low rate of hot flashes in the Chinese sample in comparison with the American and Canadian ones mirrors that often offered for Japanese women. It is a biocultural explanation involving population differences in bodies and dietary habits, as well as cultural viewpoints. In terms of bodily and dietary variation, studies have suggested that lower circulating baseline estradiol and more sustained consumption of phytoestrogens such as soy may play a role, and both of these have been found for samples of Chinese women (Randolph et al. 2003:1516–19, Lasley et al. 2002:3762, Key et al. 1990). Although systematic reviews and meta-analyses have not shown conclusive evidence,⁴ many analysts see promise in such explanations. Varying cultural viewpoints are another important

⁴ Early on, Lock (1993) noted that research on circulating hormones and hot flashes had resulted in inconclusive and often contradictory evidence (38). Likewise, Beyene (1989) found Mayan and North American women similar in their hormonal characteristics, but North American women much more likely to report hot flashes. In reviewing clinical trials on phytoestrogen consumption and hot flash rates, Shea (2006A) found mixed results, with half of high-quality trials showing no relationship therein (342–44). Melby et al. (2005) has also noted mixed results and problems with studies with small sample sizes and short-term duration (502) and how ingestion of isoflavones does not guarantee their biochemical conversion in the body into bioactive estrogenic compounds like equol (502–03). More recently, a Cochrane Review by Lethaby et al. (2013) found that “No conclusive evidence shows that phytoestrogen supplements effectively reduce the frequency or severity of hot flushes and night sweats in perimenopausal or postmenopausal women, although benefits derived from concentrates of genistein should be further investigated” (4). Another recent systematic review of 62 randomized clinical trials by Franco et al. (2016) found that although use of phytoestrogens such as “dietary and supplemental soy” was linked with reduction in the frequency of hot flashes, three quarters of those RCTs “demonstrated a high risk of bias,” so “further rigorous studies are needed” (2554).

dimension to the biocultural explanation. In that vein, overwhelmingly positive views of the end of menstruation and less public attention to hormones appear to be important factors. Less familiarity with specialized medical terms for hot flashes and low subscription to biomedical models of menopause may also play a role.

Like Melby found in Japan, however, it appears that the rate of hot flashes in China may be rising over time, although still lower than in most western samples. In my interviews and conversations with Chinese women in Beijing and Shanghai in the 2000s and 2010s, more women have brought them up than in the 1990s. For Japan, Melby et al. (2005) posited that westernization of diets, lifestyles, more exposure to biomedical models of menopause, and more familiarity with terms for and notions of hot flashes may be partially responsible for this rise over time, and the same can be said for China. Diet in Beijing and Shanghai has become much richer with a higher consumption of meat, dairy, and fat than in earlier decades, BMI has risen, and lifestyles have become more sedentary. By the 2000s, I also no longer came across women who did not understand the meaning of the terms *chaore* or *chaohong* in Beijing and Shanghai. In addition, global marketing of hormone replacement therapy may play a role. While such marketing was already starting in the mid-1990s in China, it has increased over the years with more women aware of the option of HRT in the 2000s and 2010s, although most were wary of it, fearing cancer, getting fat, or harming the liver, with the latter being a Chinese medicine notion of the liver. By the 2000s some had also heard that the 2001 Women's Health Initiative had found HRT linked with higher rates of heart disease and stroke. As Lock and Melby found in Japan, most Chinese women continue to deemphasize hormones and to feel that regulating their bodies with herbal medicine, diet, exercise, or meditation is the safer way to manage hot flashes.

Emotional Symptoms and Female Midlife in China

In my research in China, emotional symptoms at female midlife were not found in the majority of women, but neither were they absent. At the same time, the China results for feeling depressed or irritable showed clear differences from Lock's findings in Japan. In contrast to what Beyene found for Mayan women and what Lock found for most Japanese women, certain negative emotional symptoms were an important component of the transition from middle to old age in reform-era China. As shown in the opening vignette, irritability and being prone to lose one's temper in midlife are integral to contemporary Chinese lay understandings of *gengnianqi*. Male or female, a person in late middle age displaying irritable behavior out of proportion to the immediate situation at hand is often perceived as *gengnianqi*. It is not that all midlife men and women will feel irritable or have angry outbursts, but they are considered to be more vulnerable. The explanation for this cross-cultural difference between the Chinese and Japanese samples is one that relates to differences in culturally-mediated views and experiences of the lifecourse in the context of a particular trajectory of historical change.

The survey results from Lock, Kaufert and McKinlay's studies found that only a minority of women in any of the samples reported negative emotional symptoms and that the Japanese women had a significantly lower rate of reporting such symptoms than the Canadian and American women did. They provided comparative data on feeling depressed and irritability over the previous two weeks. Only 10.3% of the Japanese women reported feeling depressed, compared with 23.4% of the Canadian and 35.9% of the American women. The same was the case for irritability, again with the Japanese women showing a very low rate (11.5%), followed

by the Canadian (17.1%) and the American (29.9%) sample. This was explained by reference to more positive views of the end of menstruation and aging in Japan, as well as socialized restraint in terms of allowing and expressing negative emotions.

In contrast, my Chinese sample showed a substantially higher rate of both feelings of depression and irritability than Lock's Japanese one, although still not a majority, with methods of careful translation indicating a real difference. In designing my survey, I was mindful how difficult emotional symptoms were to translate as Kleinman (1987) had shown the challenge involved and how the psychiatric illness category of depression had been slow to take root in China. In qualitative field research prior to my survey, I found that it was possible to converse with Chinese women about symptoms akin to feeling depressed. While not all women understood the medical term for feeling depressed, conversations with Beijing women showed that one could convey a similar meaning through phrases like feeling gloomy, crying easily, or feeling like life has no meaning. The Chinese rate for feeling depressed was thus formed through a composite of all of these. At 35.9%, the resulting rate of feeling depressed in the age 45–55 portion of the Chinese sample was much higher than the Japanese rate and on par with the American results. For irritability, I had already heard a lot about midlife temper in Beijing conversations prior to my survey, so it was easy to come upon an apt translation. I drew upon commonly used words and phrases including feeling irritable and prone to losing one's temper. Again, the China survey results differed markedly from the Japan ones. At 47.4%, the rate of irritability among the Chinese women in the age 45–55 survey age range was in this case much higher than even the two North American samples. In the full sample of 399 Chinese women aged 40–65 as well, a similar percentage (46.1%) reported irritability in the past two weeks. This rate of irritability was substantially higher than their reporting of depressed feelings.

In my qualitative interviews and participant observation in China, I found that irritability at midlife was culturally elaborated very strongly, whereas feelings of depression were not. In contrast to the focus on bodily aches, quietly bearing one's burdens in the body, and avoiding complaining that Lock found common in Japan, Chinese lay perceptions of *gengnianqi* centered on vulnerability to irritability and fits of temper, which must not be stifled, but carefully managed (Shea 2013). While Chinese women in the generations I studied also felt social pressure to serve others as Lock found in her study, it was accompanied in China by social tolerance for a fairly liberal degree of expressing dissatisfaction with past and present treatment by others within the context of health, the family, and one's generational lot in life.

My interviews and participant observation with midlife laypersons in Beijing and Shanghai from the 1990s to the present revealed that Chinese women used a variety of different words to refer to irritability at *gengnianqi*. These included various ways of saying irritability, getting angry, getting a bigger temper than before, and prone to losing one's temper. These forms of expression remained relatively constant over the years of my research. Also consistent over that time period was the greater commonality for folks to have heard of irritability in others at *gengnianqi* than to recall themselves being irascible during that time, although some did admit to that in themselves. Zhang Silian, a 57-year-old Shanghai woman who I interviewed in 2017, is an example of a midlife woman who said that she herself hadn't had midlife irritability, but that she had heard of others who had and she had witnessed her own husband have such difficulties. "I have heard a lot of people like neighbors and coworkers say that they had problems with their temper, arguing with people, and/or arguing with their husband. I haven't though. They say they have lost their temper over really trivial little things. They'll just lose their temper over nothing. Men can also get *gengnianqi*. When my husband got to age sixty, he started to have it. He changed so that he was always talking. He'll talk about something that he is bothered about, and

then he'll talk with you about it again and again, repeating himself. Sometimes he'll lose his temper and yell. Sometimes I tell him that I think he's in *gengnianqi*, but he himself doesn't think he is." Women who did experience midlife irritability themselves often described the feeling as: "Everything rubs you the wrong way," "you can't stand the sight of things," "you feel like throwing things," "you yell at your husband or children," or "you feel easily wronged."

When I first began conducting ethnographic research on female midlife in China in the 1990s, educated women in Beijing pointed to the early reform era (1978 on) as the first time they remembered hearing the word *gengnianqi* used in public discourse. Those women recalled that in the late 1970s or early 1980s they read a newspaper article by Deng Yingchao (surname given first in the Chinese style), leader of the government Women's Federation and widow of the beloved late Premier Zhou Enlai, recounting her difficult experience with *gengnianqi*. In that article, she related how her physical and emotional health became temporarily unstable at *gengnianqi*, requiring hospitalization, and calling for increased attention to this "fifth stage in a woman's life" and compassion for the hardships they had absorbed over time (Deng 1984). It was to this popular debut that many of my respondents in the 1990s traced the association of *gengnianqi* to irritable mood and erratic behavior in midlife. This message from Deng was received within the historical context of the beginning of the market reform era, which had begun to allow for more attention to individual wellbeing and not just service to society and the Communist Party. The announcement came on the heels of the Cultural Revolution (1966–76) during which time political study sessions had taken precedence over pragmatic work, the Party had come before self or family, many people were politically persecuted (including Deng and her husband), and regular education was halted as students were sent down to labor in the countryside. The Cultural Revolution had, in turn, come after many decades of hardship during the Japanese occupation (1931–1945), the civil war between the Communists and the Nationalists (1945–49), and strict food rationing during the early Communist years (1949–1976) including an outright famine several of those years (1958–61). This was combined with a long history of valuing boys over girls and men over women, which the Communists had tried to alleviate, but which still persisted in women's double burden at home and work.

Not long after Deng's message, Chinese fiction writer Shen Rong (Shen 1987) wrote a short story entitled "At Middle Age," which was then made into a popular movie by the same title, both of which resonated strongly with folks in their middle and later years in China. In that film, the middle-aged husband and wife are pictured as under tremendous pressure with large burdens of responsibility at home and at work. Both of them have severely neglected their own health and adequate rest in order to serve others, particularly outside the family. The woman is under particularly strong pressure to perform at work to prove her mettle and her dedication to society, and finds herself torn between her duties as a mother at home and a doctor at work. Since in Maoist China, service to society and the Communist work unit was prioritized over service to one's one family, at one point she decides to visit a recovering patient after hours instead of getting home to check on her child after school. She is pained to find that her daughter had been seriously hurt while she stayed late at work. The film thus questions the Maoist-era neglect of self and family and supports that idea that middle-aged people, especially women, need to take stock at midlife, face squarely the injustices of the past and present, speak about them in an idiom of health, and take better care of their own health, as well as their family, moving forward.

The midlife Chinese women with whom I have talked about menopause and *gengnianqi* in China over the decades of reform-era China from the 1990s to 2018 have ranged in age from

40 years of age to their mid-70s at time of interview. These women were born between 1929 and 1966, spanning four socially-recognized generational cohorts, including the Civil War generation (born 1920s to mid-1930s), the National Building generation (born 1935–1944), the Cultural Revolution generation (born 1945–1959), and the After 1960 generation (born 1960–1969). The first three of these generations are named after the formative historical events of their members' youth. After that, Chinese generations began to be named by the decade of their birth as in After 1960 for those born in the 1960s. For the After 1960 generation, the formative event of their youth was the market reforms and opening up of China which commenced in 1978. Although not everyone who I have talked with in China knows about Deng Yingchao's article or Shen Rong's story, everyone had heard of irritability and *gengnianqi* since so many subsequent newspaper and magazine articles, radio programs, informational television programs, TV dramas and comedies, and more recently, web pages, blog posts, and WeChat posts have carried forward this connection. As a result of this, whereas in 1994 some of the Beijing women I surveyed had never heard of *gengnianqi* – in particular those with little to no formal education – in my qualitative research from 2000 on, I no longer encountered Chinese women who were not familiar with the term.

While it is hard to generalize about such a wide swathe of generations, all four of these generations spent many years of their earlier lives during Maoist times and their later years during the reform era. Each cohort carries a sense that although it is great to enjoy the increased prosperity and openness that have accompanied the reform era, they were born too early to take full advantage of the reform era themselves compared with younger generations as key years of their physical development, self-care, education, career-building, and/or potential money-making came before the reforms. They have all also been socialized in pre-reform era Communist rituals of complaining about how past material hardships before the Revolution or traditional "feudal" oppression by family or society have harmed their health in order to "craft individual suffering into something publically useful" (Schwartz 1996:123) and envision a better present or future under the new regime. During the market reform era, complaining about ill effects of the Maoist era on one's mental and physical health soon became okay in order to bolster the change to a market economy and openness to the outside world. From the 1980s onward, it became acceptable to complain about the ill effects on one's health and life chances inflicted by past shortcomings or excesses the Maoist period, such as continuing gender inequality, stunted economic development under the "iron rice bowl," persecution during the Cultural Revolution, the limits of past educational offerings, and so on. Such complaints have been tolerated in public and private conversations, as well as in the media and the "literature of the wounded," of which Shen Rong's novella is a part.

This valorization of complaint in the idiom of health in contemporary China has been highlighted for those who are in middle age, because they typically have had harder lives in the past than younger generations and because they usually are under a great deal of pressure at work and at home in the present. While individual cases vary, the social image of a midlife person in reform era China is one of being squeezed on many sides. Before retiring, midlife women and men in contemporary China are usually juggling heavy responsibilities both at work and at home. Even if children are grown, parents are expected to help with financing their wedding and post-marital housing, with high pressure to keep up with others in one's social class. Given that and life earnings and job benefits struggling to keep up with inflation, there are serious worries about having enough money leftover for a comfortable retirement as it is no longer a given that children will care or care well for their parents in later life (Zhang 2009). When grandchildren are born, even if grandparents are still working and especially if

they are not, they are often expected to help their adult children with childcare and household chores while adult children work long hours at their more lucrative jobs (Zhang 2020). Many midlife men and women in China also have elderly parents who need financial and/or instrumental assistance and/or daily eldercare. For example, in 2018 Liang Yongchun, a 51-year-old Shanghai woman, described it like this: “The problem is that when people get to this age, their life burden is quite large. You have your aging parents and your children, and work is really busy. It’s a time when everything is happening all at once.” She herself had chosen not to marry or have children, to which she credited her not having had irritability at midlife.

Given the expectation for those in *gengnianqi* to be more likely than others to feel irritable and to voice their displeasure at feeling wronged, they are given a relatively wide berth to complain about past wrongs and present excesses inflicted on them by society and family. They are also permitted to use those complaints to moderate the demands put upon them, and to increase the deference paid to them, by family members, work units, and community. As long as the complaints are safely ensconced in the idiom of health-related distress, it is okay to take stock at midlife, assess the damage, become irritated, and to vent one’s anger. People fear that to stifle one’s irritation and to neglect to vent one’s anger suitably at *gengnianqi* carries the risk of harming one’s health permanently by keeping the built-up pressure and poison trapped inside. Many women said that it was related to a buildup of hot *Qi* (life essence or vital energy) in the stomach, spleen, liver, chest, or heart, like steam in a pressure cooker, which needed controlled release to prevent an inadvertent and disastrous explosion. At the same time, it was important to vent in moderation, not losing one’s temper so frequently and so long as to harm one’s family harmony, overtax one’s neighbor’s patience, or hurt one’s own mental and/or physical health long term. Also, venting was best done at home with one’s spouse or children where one would be more likely met with understanding, rather than in public. Although it was the case that there were stories of midlife folks losing it at work or in the neighborhood, such as at the restaurant in the opening vignette or in the wet market where bargaining and worries about being shortchanged were common. For strangers who encounter these issues, the answer was identifying the issue and then avoiding the person or deescalating. Liang Yongchun, a 51-year-old Shanghai woman who didn’t experience midlife irritability herself said: “Most people think that middle-aged women are pretty irritable and that it is best not to have many dealings with this kind of person, or at least that you shouldn’t argue with this kind of person.” She said that this was also the case with societal views of midlife men: “For men, we sometimes also say, his temper has changed for the worse – is it *gengnianqi*?” In both cases, giving a wide berth was the best strategy.

The need to engage in moderate venting combined with self-regulation and tolerance on the part of others was a common theme among those who associated *gengnianqi* with irritability, whether in women or men. Some felt that *gengnianqi* was not linked in any way to the end of menstruation, and others saw some link, although not a necessary one. Below are some cases that demonstrate the kinds of social logic behind the need for careful venting and social tolerance.

When asked about *gengnianqi* in 2017, Wang Manxin, a Shanghai male interviewee in his early seventies summed up the sentiments of many men and women who I had talked with over the years. He had been the manager of a state-run factory before retiring at the age of sixty. He felt that *gengnianqi* was a problem with irritability that some men and women got during midlife. “Some people say that during the transition from middle to old age, sometimes you can have *gengnianqi*. They say that at that time, one can be easily prone to losing one’s temper and yelling angrily. Well, according to my memory, I didn’t have that sickness. I didn’t

feel anything. Some people do, a few people do, men less than women, but I didn't have it. You know what the key is? It is an issue of your attitude/emotional outlook. It all depends on how you regulate your emotional outlook. It depends on how you regulate yourself. If you have an issue, then you need to vent." Wang continued that it's good for spouses and/or family members to argue a bit in order to let off steam and not keep things bottled up inside, as the latter can lead to sickness. "It is good to argue a bit more, so as to vent yourself. It is like expelling poison. Make the poison come out. Because if you don't let it come out, who knows what could happen? Because if your stomach holds anger, if it builds up and you don't let it out, then that is a problem. You'll get sick!" Here, Wang is referring to a notion of the stomach from Chinese medicine where it is seen as one area of the body in which anger can build up.

Qin Yuehui, a 68-year-old Beijing women I interviewed in 2007, said that both she and her husband had trouble with irritability at *gengnianqi*. She felt that *gengnianqi* had nothing to do with the end of menstruation. She had worked in the Beijing Department Store until she was in her early forties at which time she stopped working to take care of her grandchildren. She told me about how *gengnianqi* happened to both her and her husband when they got to late middle age. It happened when she was in her early fifties and her grandchildren were in their pre-teen years. She was so busy that she couldn't get everything she needed to done with managing the household and taking care of the grandkids, making her feel extremely irritated, at which point she would yell at and argue with her husband. "Back then we two were always arguing. We were arguing all the time. Back then I by myself, I just couldn't get it all done, and I couldn't take care of myself, and so I was annoyed. So I would yell and yell at him, and he wouldn't like to hear it." Then it happened to her husband too after he retired from his job. "He got *gengnianqi*" and became prone to losing his temper. She explained that he had gotten used to going to work and then being retired at home, he felt cooped up and agitated. Irritability and yelling at each other was their only symptom of *gengnianqi*. Qin said that things improved a lot after several things happened. Her grandchildren got into their mid-teens and could do more for themselves. A while into retirement, her husband started to help out more around the house, such as with grocery shopping and cooking, rather than waiting for her to do everything. Finally, as she started to have more free time, she started reading Buddhist books and learning Buddhist meditation, which she said was extremely helpful in teaching her how to let things go so that anger didn't build up. After that, she said that their *gengnianqi* disappeared, and arguments became much less frequent.

A 64-year-old Shanghai resident Pei Xinhua who I interviewed in 2017 said that she developed irritability at *gengnianqi* in her fifties. She had stopped menstruating when she was 52 at which time she said she had a little trouble with feeling hot, sweating, and irritability, but only later did it get bad when her life circumstances shifted. When she was 54, she had to have her uterus and both her ovaries removed due to endometrial cancer, which forced her retirement. After a four-month recovery, she had to begin to take care of her elderly mother who had recently been paralyzed by a stroke and needed 24/7 care. She felt that being in the life stage of *gengnianqi* at the same time as taking on the new caregiving burden prevented her from adequate self-care and that the two together had led to considerable irritability. "In addition to *gengnianqi*, I also had to take care of my mother, so of course I had a bit of an angry temper. I was in a bad mood, with irritability and a big temper. The doctor said it was *gengnianqi*" and prescribed some Chinese herbal medicine containing angelica and salvia. Pei said that she was fortunate that her husband did not have *gengnianqi* irritability, so he was able to be very helpful by not arguing with her when she was letting off steam. Around that time, Pei said, "When I lost my temper, he was very tolerant and instead of yelling back, he was very

nice to me, which helped my emotional state to improve.” She said that all of her sisters had had hot flashes and irritability but that hers were worse because had the primary burden of caring for their mother since she was the oldest and had retired the earliest.

When I interviewed 74-year-old Gao Hongxia in Shanghai in 2017, she recalled no midlife irritability in herself, but she had heard about others becoming irritable at *gengnianqi* and had much to say about it. She espoused proper venting and avoiding uncontrolled rages to prevent serious long-term health consequences. As we heard above, her *gengnianqi* involved extreme sweating, which didn’t bother her. She attributed her lack of midlife irritability to her personality and ability to regulate herself despite stressful circumstances. Gao retired in 1994 from her job as a work-unit Communist party secretary and then worked at the neighborhood committee for a decade plus, with both jobs involving a high level of responsibility. She was married with one son who was “the opposite of filial” due to a chronic gambling problem. Her husband recently had a stroke, so she had stopped her neighborhood volunteering to take care of him. She said that *gengnianqi* usually lasts about two or three years, with women between age 48–58 and men age 55–65. She said that she hadn’t had irritability at *gengnianqi*, because her personality was “very optimistic and generous” and she “liked to treat people well” and didn’t “suffer feelings of jealousy or overthink things.” She said that while she had the sweating kind of *gengnianqi*, most people have the kind where they “get irritable,” “have a bad temper,” “frequently lose their temper,” “become quarrelsome,” and “like to curse at people.” She said that “if a wife or a husband get quarrelsome at *gengnianqi*, their spouse should ignore their outbursts, yield to their wishes, and make allowances for them.” She said that if you asked someone with that kind of *gengnianqi* “not to quarrel, they wouldn’t listen,” and “if you talked too much,” trying to reason with them, “they would think that you were annoying and yell more,” causing a vicious cycle “with no end to the yelling until the family was in ruins.” She said that people with irritable *gengnianqi* would argue with their spouse, their children, their mother-in-law, or other family members and sometimes with the salespeople when they went to buy groceries. “They are unable to stand feeling at all short-changed by anyone” or to “hear any criticism.” She warned of both out-of-control rages and repression: “Some people don’t vent properly,” or “they have wild uncontrolled tantrums” or “lose their tempers too frequently” or “over too long a period of time.” Those people, she said, are “at risk of getting sick. Some have a stroke and their brain gets ruined” and some get “dementia” or serious long-term “mental illness.” But if they can control themselves and vent properly, then their temper will get back to normal after *gengnianqi*.” She said that most people don’t need to take medicine or see a doctor, but those who” have it bad and could not control it themselves” needed to get treatment with Chinese medicine so that it wouldn’t cause serious long-term illness.

Whereas as stated earlier, Lock did find that a very small proportion of Japanese women did report irritability for the past two weeks, and whereas she did find that some women linked *kōnenki* to some degree with irritability, unlike stiff shoulders and aching head and body, irritability was not an emphasis for women in the Japan study. As Lock (1993) has shown, cultural and governmental sources in Japan have discouraged older women in the generations she studied from attending to and giving voice to negative emotional symptoms due to an association with weak-willed self-indulgence (Lock 1993:135–70, 204, 209, 213–15, 219, 232, 235, 238–9). Lock (1993) also found in Japan that “people do not believe that swallowing one’s anger or keeping it ‘in’ is unhealthy – on the contrary, such behavior preserves both social peace and individual health” (Lock 1993:219).

In contrast, China’s recent history has solidified valorization of complaint and allowed midlife women and men to attend to and express irritability and anger about their lot within the

context of health. Oftentimes family members use jokes about *gengnianqi* in their older female and male members in order to smooth ruffled feathers and diffuse conflicts in the household. Since *gengnianqi* is seen as a temporary health condition if managed properly, angry midlife complaints about the unfairness of everyday life and of one's generational lot in life are not seen as a serious threat to family harmony or social stability in China. As long as people vent their anger but exercise some control over their venting, keeping it within domestic or informal neighborhood contexts, limiting its severity and duration, unlike in Japan, they are not seen as weak-willed or self-indulgent. In the Chinese generations I have studied, by comparison, a certain amount of venting at midlife is seen as healthy and as a form of moderation and self-control needed to avoid a catastrophic explosion of anger and/or long-term health problems from a buildup of repressed anger.

Discussion and Conclusion

Lock and Kaufert's notion of "local biologies" is helpful in explaining the observed cross-cultural variation in experiences of menopause and why neither universalizing pathological biomedical models nor romantic popular notions of symptom-free midlife Asian women are a good fit. Both Chinese and Japanese women tend to welcome the end of menstruation and to have a lower level of hot flashes than American and Canadian women do, and not to link hot flashes with embarrassment. This low level of hot flashes in Chinese and Japanese women has been explained by reference to lower circulating baseline estradiol, more sustained consumption of phytoestrogens, overwhelmingly positive views of the end of menstruation, less attention to hormones, and low subscription to biomedical models of menopause and biomedical terms for hot flashes. The recent increase in hot flashes found in both Japan and China is consonant with a biocultural explanation involving the dynamics of social change in these societies, including westernization of diets and lifestyles, more exposure to biomedical models of menopause, and more familiarity with terms for and notions of hot flashes. Yet it appears that hot flashes and hormones have not entirely overtaken the discourse or experience of the midlife transition in either place.

Unlike the Japanese case, the Chinese women surveyed reported a higher rate of irritability than even the American and Canadian samples. While the western popular media often lump China and Japan into the same Orientalist pot, their cultures and histories differ in ways that influence dominant visions and experiences of midlife. Contrasting with *kōnenki*'s primary association with stiff shoulders and bodily aches and emotional self-restraint in Japan, the *gengnianqi* midlife transition in China is usually viewed as a time of vulnerability to irritable outbursts, which must be tolerated, though managed carefully through self-regulation, social tolerance especially in the family, and when needed, herbal medicine. The much higher level of irritability reported by Chinese women can be explicated through differences in symbolic meanings of the midlife transition in the market reform era, more positive cultural sentiments surrounding the release of anger, and differing generational experiences of historical change.

In China in the 1990s, women told me that prior to the reform era, they did not recall having heard people talk about *gengnianqi*. It was a Communist Party Women's Federation leader who raised the notion of *gengnianqi* to public consciousness as China was coming out of the Cultural Revolution. Emerging at the time of the "literature of the wounded," *gengnianqi* was framed as a midlife transition that required appropriate levels of taking stock and venting about the unfairness of one's lot in life, having been born too early to take full advantage of the

unfolding reforms. This culture of complaint about the past has fit with the government's narrative about continual progress under the Chinese Communist Party. As the life chances of one generation after another has improved from the late 1970s to 2018, this view of a sour-grapes experience of midlife, followed by a later-life return to equilibrium, has made sense to succeeding cohorts occupying the middle years in reform-era China. If, however, China's fortunes cease their upward trajectory such that at some point younger generations become less fortunate than preceding ones, this framing of midlife could well change. While Japan has also experienced economic development over these decades, it has not been as sudden or as steep, and it appears that the middle-age population there has been urged to bear their burdens more stoically.

An important implication of this research is that analysts need to be extremely cautious about generalizations about differences in views and experiences of menopause and midlife aging in eastern versus western cultures. An East/West divide is not a nuanced enough way to analyze these things, and over just the course of a decade experiences of the body at menopause and midlife can change in the same culture. In addition, it is also possible given Martin's (1997, 2001) suggestive Baltimore research on menopausal rage as distinct from depression or anxiety that perhaps meanings of midlife irritability in North America should be reexamined (see Born et al. 2008). Future research should employ mixed methods with a parallel survey and interview design and careful translation of relevant terms from each culture being compared to examine emerging views and experiences of menopause and midlife in China, Japan, the US, and Canada, following the guidelines set out in the STROMA recommendations (Melby et al. 2011A, 2011B). Such research will be expensive and complex, but well worth the effort to forge a more nuanced comparison and to trace change over time at each site.

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Compliance with Ethical Standards

Conflict of Interest The author declares that she has no conflict of interest.

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