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Gender Gap in "Health" in Middle Age:
From Discourses on "Male Climacteric" in Early Twentieth-Century Germany

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Abstract

Gender gap in health is currently attracting considerable attention. One of the factors of the inequality in health or health consciousness between genders could be social norms, which construct and define "health." In this paper, medical discourses on "male climacteric" in early twentieth century Germany have been analyzed, and how the health constructs of middle-aged men were built especially in the relation with "masculinities" has been examined. Because the climacteric had been medicalized as women's issues, the topic of "male climacteric" brought gender politics to the forefront of discussion. Discourses can be divided into two types—discourses about traditional masculinity and about sexual dysfunctions which was regarded as a central problem among middle-aged men. The former differentiated the degrees of men's symptoms or constitution from that of women's and concluded that men had no "climacteric." It had disclosed that the concept that men had healthier bodies was constructed by gender norms. On the other hand, the focus on the sexual functions was a remarkable characteristic of "male climacteric" in comparison with the discourse on females. As a result of the focus on sexuality, the other symptoms became relatively unimportant. At the same time, the young and sexual functioning body had a hegemony over other types of masculinity.

Key words: climacteric, masculinity, middle age, medicalization, Germany

1. Introduction

Gender gap in health is currently attracting considerable attention, especially in view of the fact that medical accounts and the social sciences have neglected men's health since a long time (Weigl 2007). The concept of "gender gap" describes the comparison between health deficiencies in men and women in several different respects along with their health consciousness. Men utilize medical supplies less frequently than women (Dinges 2007), and the male life expectancy is lower in almost all industrialized societies. Contrary to usual gender discourse, in the health sphere, men are regarded as being disadvantaged (Meuser 2007). Several factors of gender differences in health are mentioned. The low motivation to take care of their own health or to seek professional help is regarded as a result of the traditional male gender role and male identity (Faltermaier 2007: 285). On the other hand, diagnoses reflect what doctors expect from both genders (Dinges 2007: 299). Moreover, the constructs of a healthy condition are also socially dictated; not only patients but also doctors internalize social norms, and individual choices could be driven by social circumstances. From this viewpoint, the difference in the level and context of the medicalization of both genders could also be relevant.

From the historical perspective, as feminist scholars and medical sociologists have discussed, the woman's body in western society had been pathologized since the eighteenth-century. In the dichotomous thinking pertaining to gender, the main function of women was procreation. However, a series of cycles in the female physiology, like menstruation, pregnancy, birth, or breast-feeding was viewed as deviant from normal human physiology and more or less pathologized or medicalized. In comparison with women, men's health issues have been more or less unnoticed; men have been regarded as the physically as well as psychologically stronger gender in modern society.

The male form, which has been regarded as equivalent to the standards of the human form, is now recognized as gender specific. While medicalization of the female body has been reported, and in most cases criticized since the 1980s, the medicalization of the male body has also been highlighted in the last decade. According to German sociologist Michael Meuser, increased attention toward men's health is coincidental with the transformation of the gender order; the dominance of men in society is on its way out (Meuser 2007:73).

The life and bodies of aging men are increasingly coming under medical jurisdiction (Conrad 2007). The

concept of "male climacteric" was intensively discussed in the 1990s, although the definition and symptoms of this phenomenon are debatable. The "male climacteric" is a concept reflecting social beliefs about the aging process of men.

One of the noticeable characteristics of the medicalization of the aging male is a focus on sexuality. The decline in premodern thinking has come down to middle age—the stage in which one must be sexually potent (Marshall/Katz 2002). In particular, any dysfunction in the sexual organs of aging men is regarded as a disease that requires medical treatment.

The role of masculinity is one of the points discussed on male climacteric. It must be considered, however, that the gender differences could not be overvalued. As R. W. Connel discussed, the politics within masculinity should be recognized (Connel 2005:37). They should be considered with reference to other variables such as occupation, class, or age (Dinges 2007: 302).

In Germany, the "male climacteric" had already been discussed within the medical circle in the 1910s; however, interest in this phenomenon was lost by the 1930s (Hofer 2007: 130). The discussion about "male climacteric" in the early twentieth century sparks one's interest because it was the first debate about "male climacteric" in the modern sense and could be regarded as the transition period of the view of health in middle-aged men.

The author discussed in another article the relationship between discourses on male climacteric and the masculinity of the middle class (Hara 2005). In this paper, the focus is on examining how the health constructs of middle-aged men were built in early twentieth-century Germany, especially in the relationship with "masculinities." In the rest of the document, medical discourses on the "male climacteric" in early twentieth-century Germany will be analyzed and examined with regard to the kind of health constructed for middle-aged men. In conclusion, the consequences of each discourse will be discussed.

2. "Male Climacteric" Invades the Gender Border

Modern medicine has attributed different meanings to aging in both women and men. "Climacteric" ("Klimakterium" in German) is a concept that refers to the phase of menopause and menopausal disorders in women. In Germany, this modern concept was formed in the second half of the nineteenth-century, although the word itself descended from ancient Greek. It originally meant the "critical time" in life and was applied to both genders. However, the meaning of "critical time" gradually disappeared during the enlightenment period (Stolberg 2007: 109). After the conceptualization of female climacteric associated with menopause, the concept of the male climacteric was neglected.

In the second half of the nineteenth century, it was commonly accepted in the medical world that men aged later and slower than women, who became "old" with menopause. At the turn of the century, middle age in men was still described as the period of the "best condition" in contrast with women's climacteric (Eulenburg 1903: 125). In the 1910s, however, physiologists and endocrinologists tried to explain the human aging process with the model of inner secretion; the gonad was the center of interest (Hofer 2007: 128). Although the reproductive sphere had been allocated to women in the gender order of modern society, men's reproductive ability came to the fore. Besides infertility, the concepts of male hysteria or hermaphroditism were discussed, and women's movements brought men's dominance in society into question (Benninghaus 2007; Hofer 2007). Hans-Georg Hofer pointed out that at the turn of the century, a strict separation of male and female bodies was no more being maintained (Hofer 2007: 126).

The discussion on male climacteric began in 1910, when neurologist Kurt Mendel (1874–1946) published his article in a German neurological journal "Neurologisches Centralblatt," over which he presided. His own experiences in the praxis had convinced him that middle-aged men had the same psychological and neurological symptoms as did females with menopausal disorders. His middle-aged patients, in their late forties to the early fifties, complained of depressive feelings, anxiety, emotional states, or a tendency to weep. Although all the patients on an average had a strong frame, were healthy, and occupationally successful as well as optimistic, they now felt that what they were going through was feminine, that they were no longer men and had turned into women. Apart from the psychological symptoms, they also experienced physical symptoms such as headaches, dizziness, hot flushes, choking or flutterings, which were regarded as symptoms of female menopausal disorders. Mendel considered these to be the result of the degeneration or insufficiency of the endocrine gland. Further, since men's disorders were milder than women's, they had been unrecognized not only by doctors but also by the patients themselves (Mendel 1910). Mendel's patients, who had been successful in many respects, were now regarded as deviant from the norm. Their behavior was considered as inappropriate for men, because masculinity in modern society, especially of middle class, required rationality (Mosse 1996).

Sometime around the period between 1880 and 1910 "nervousness" or "neurasthenia" was regarded as a symbol of time. The modern civilization required people to maintain some kind of rationality, tempo, or other excess burdens, which were considered to cause nervous disorders. Although illnesses related to the nerves were traditionally regarded as feminine, as the denomination "hysteria" derived from uterus in Greek implied,

neurasthenia, by this time belonged to both genders (Radkau 1994). Neurasthenia included symptoms such as headache, sleeplessness, dizziness, poor digestion, heart problems, and impotence, which were similar to the symptoms of “male climacteric”. The concerns pertaining to male neurasthenia among neurologists laid the foundation for the notion of “male climacteric”.

3. Sexual Dysfunction as the Central Symptom

Another important factor in the background of emerging “male climacteric” was the increasing medical concern about human sexuality. In the 1870s, the status of sexuality was enhanced in the discourse of sexologists. Sexuality was considered a natural power resource to mold the central spheres of citizen’s lives; if the power was not appropriately controlled it could work destructively (Schmersahl 1998: 64–65). Sexual perversion was therefore associated with the instability of the entire society. Neurasthenia was also associated with sexual dysfunctions or abnormalities, especially in Germany. Symptoms of “male climacteric” also corresponded with these disorders.

Uro-sexologist, Max Marcuse (1877-1963), agreed with Mendel’s hypothesis of the “male climacteric” and underlined sexual disorders more vividly. Given his specialty, all his patients complained of urinary problems. Marcuse considered, therefore, sexual dysfunction as a central symptom of “male climacteric”. A decline in sexual prowess and desire, the abnormality of the sexual tendency, and sexual functions were determined as the main characteristics of the “male climacteric” (Marcuse 1916).

The focus on the sexual functions was a remarkable characteristic of “male climacteric” in comparison with the discourse on females. In the premodern concept, male sexuality could decline with old age because the second half of their life was regarded as a phase of regression. The consideration of the decline of sexual functions in aging men as a problem was a new perspective (Marshall/Katz 2002). Sexual ability was closely linked to masculinity (cf. Hara 2005). This implied that the body with perfect sexual functions became the ideal of men of all generations, i.e., the masculinity of youth surpassed other masculinities. On the other hand, as a result of the focus on sexuality, the other symptoms became relatively unnoticed.

In addition, in the forgoing discussions it should be noticed that the “male climacteric” has been stigmatized through the expression of “effeminated”, which may be regarded as deviant. Although the disputants presented a new perspective, they reproduced, at the same time, “normal” masculinity.

4. Deconstructing Masculinity

The opinion of Mathias Vaerting was relatively peculiar in comparison with the forgoing discussion. He agreed with the existence of “male climacteric” by referring to the mortality rate statistics. According to Vaerting, men between forty and sixty years are confronted with not only the regression of sexual functions but also the increased risk of death than compared to women in the same generation. “male climacteric” should therefore be considered more dangerous than female menopause. The continual production of sperms exhausts men, and they age faster than ever considered. Further, the quality of the fetus deteriorates with the increasing age of men, unlike in women. The process of regression of sexual functions in men should be more profound and exert a greater influence on men’s organisms, while women were already accustomed to physical changes due to their reproductive cycle. Moreover, the loss of sexual functions damaged men, and not women, psychologically (Vaerting 1918).

In Vaerting’s discourse, factors pertaining to traditional masculinity were questioned. Adult men were regarded as healthier than women who were in an unstable physical condition and suffered from physical disorders caused by woman-specific symptoms such as menstruation, pregnancy, or menopause. While women’s reproductive activities ceased in their forties, men’s fertility was considered to continue lifelong; namely, men could stay virile for a longer time. Vaerting deconstructed these traditional beliefs of masculinity.

Mathias Vaerting was supposedly a fictional person, created by sociologist Mathilde Vaerting (1884–1977) (Plate, 1930). She became one of the first female university professors in Germany in the 1920s and was regarded as a feminist through her writings. Since 1913, she taught arithmetic, mathematics, and natural sciences at a Lyceum (girls’ high school) in Berlin, after gaining a doctorate degree. We suppose that it was at this point when she wrote the article on “male climacteric”. The peak of her career saw her as a professor of education at University Jena, without the qualifications of a university lecturer, which she had to leave after Hitler came into power in 1933 (Wobbe 1992).

Vaerting’s discussion seemed to focus on leveling out the differences in social norms between aging men and women. Although her argument was cited in spite of some rashness as the evidence for the “male climacteric”, especially by Marcuse (Marcuse 1923), the opposition denied this. Her attempt to deconstruct masculinity was overcome by a discourse on traditional masculinity, as we will see next. Vaerting’s discussion implied however, that one of the issues of the discussion about the “male climacteric” was gender order in early twentieth-century Germany, the period of the big wave of women’s

movements.

5. Protecting Masculinity

The opposition to "male climacteric" focused on differences in the causes or the degree of disorders in men and women. A disputant F. K. Wenckebach (1864-1940), who recognized that men at fifty were in full power and in the prime of their life, attributed men's physical and psychological disorders to the dysfunction of the diaphragm (Wenckebach 1915). Oswald Schwarz asserted that men had no correspondent phase like the ovarian involution of women. Individuals who suffered from symptoms such as female climacteric disorders may have existed but must have been feminine or "intersexually" constituted persons and a mere exception. (In the same manner, women with masculine elements would be spared from climacteric disorders.) (Schwarz 1929)

A psychiatry professor in Freiburg, Alfred Hoche (1865–1943), who later became famous for his book, which was used to justify the extermination of Jews in Nazi Germany, also contradicted the idea of the "male climacteric". In order to illustrate the differences between men and women, he compared both sexes; climacteric disorders were frequent among women but rare in men; the climacteric changes occurred in stages in women but was more linear in men; women in this phase display masculine tendencies, while men do not become feminine; and so on. He asserted that a woman's femininity is greatly dependent on the gonads and its hormonal effects, while men are less influenced by them. According to him, women's lives were only dedicated to reproductive services during their fertile phase making it relatively monotonous, and they could only begin with their own lives after achieving menopause. On the contrary, men would have developed their personality in numerous directions because of their life tasks from a young age, and as a result, the sexual sphere was a lesser influence. Even if some men suffered from symptoms similar to menopausal disorders, they were an absolute minority and deviants from men's normal physiological processes (Hoche 1935 [1928]).

In Hoche's discourse, the social norms of gender were of uppermost importance. He could not negate completely, however, that men at the time of "climacteric" would have some physical, psychological, or sexual problems similar to those of women; he differentiated between the degrees of men's symptoms or constitution from that of women's and concluded that men had no "climacteric." He substituted the physical symptoms with the problem of mentality and stigmatized individuals who suffered from the mentioned symptoms as deviants. Only in comparison with women could men's bodies be constructed as healthier. These contributed to the image-building of middle-aged men who had relatively fewer physical, psychological, as well as sexual problems, than women.

After the publication of Hoche's book, Marcuse (Marcuse 1928) criticized the fact that Hoche had denied the existence of the "male climacteric" on the grounds that men's physical changes in middle age was not completely identical to that of women's. Marcuse mentioned that men's climacteric should not be completely identified with that of women, but it was merely an analogy; otherwise, the concept of puberty could not be applicable to both sexes because of the differences in their characteristics. Moreover, differences in the main symptoms of the male and female climacteric as defined by Hoche could not be proven.

Hoche made a gradual difference to an essential. Hoche's discourse showed his efforts in differentiating between the bodies of men and women; he protected the traditional stronghold of masculinity. Hoche's logic was supported by the society, however, and the fourth edition of his booklet was published in 1936 (Hofer 2007: 130).

6. Conclusion

The concept of the traditional gender order began to deteriorate at the turn of the century. The "male climacteric" was a concept that had blurred the gender border. Discourses on "male climacteric" were therefore the place for gender politics. These could be divided into two types—discourses on traditional masculinity and discourses on sexual dysfunctions as the central problem of middle-aged men.

The former considered the differences between men and women as essential and denied the existence of "male climacteric." The disputants constructed the physical and psychological stronghold of middle-aged men. Individuals who suffered from symptoms like that of menopausal disorders were regarded as deviant. This logic helped protect the normative masculinity but sacrificed the recognition of the vulnerability of middle-aged men.

The latter considered the decline in sexual functions as a problem, which had earlier been accepted as normal for aging men in the premodern age. It showed that the definition of "health" itself could be constructed and changed according to time and place. Further, with regard to the relationship between the types of masculinities, the young and sexual functioning body had a hegemony over other types of masculinity. On the contrary, the aging body was marginalized and discourses were disconnected from the emergence of the new aging masculinity. At the same time, the emphasis on sexual functions should relatively weaken the notion of other symptoms. This indifference toward non-sexual matters could also constitute men's health.

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