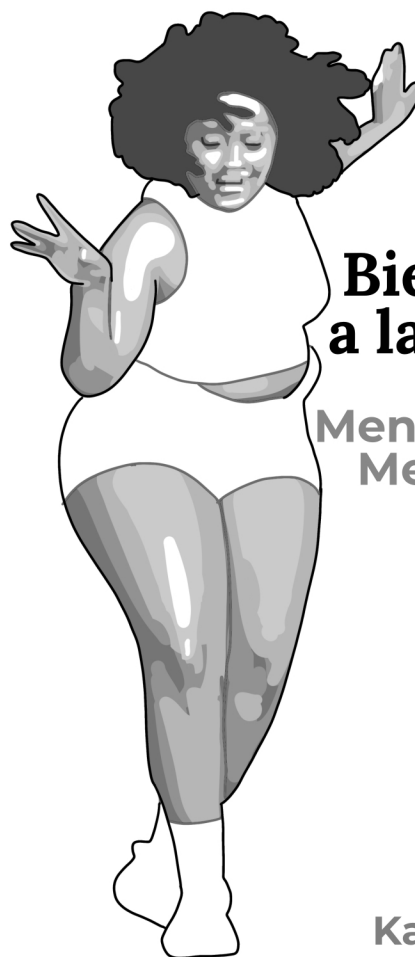


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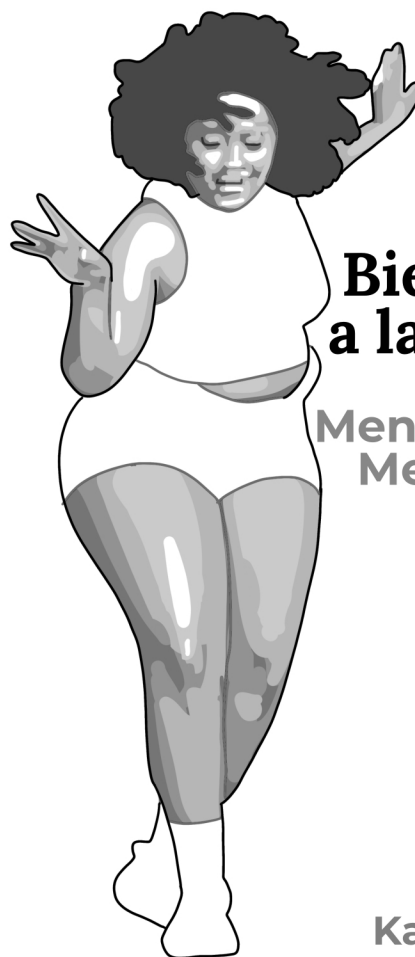
Bienvenidos a la Fuckerie

Menopause and Mental Health

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Menopause and Mental Health

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Ovarian Retirement

Worldwide, one in eight people are currently experiencing perimenopause or postmenopause. Currently, more than one billion women worldwide are experiencing perimenopause, menopause, or postmenopause. From here on out, each year 25-55 million more people with uteruses will join these ranks. Since life expectancies have risen so much globally, many women will spend up to a third of their lives postmenopausal. So, it's kind of a big deal.

Much of the current discourse around menopause reduces it to merely a biological process. People are at least passingly familiar with the physical hallmarks of menopause (night sweats, hot flashes, and sleeplessness), but few are aware of the mental health effects of menopause. This zine focuses on the mental health complications of perimenopause and how to manage common symptoms. I wrote this zine for two reasons—because my clients are going through this transition and I want to be informed in order to better assist them AND because I too will be going through this change one day and I would like to be prepared.

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wealthy counterparts. They experience far more severe menopause symptoms. Women in prison, especially older women, tend to receive less support during this transition. We should move to provide dignity and adequate care to incarcerated individuals going through this change.

Writing this zine has caused me to reflect on the large scale inequalities of those with uteruses. Menopause should no longer be considered merely a medical condition. In our youth obsessed culture it's time to turn our focus towards advocating for women throughout their lived experience, including in the workplace. While we outwardly pride ourselves for having less discrimination nowadays, taking a look at the data and you will find we still have a long way to go. Do better, medical professionals.

The bad news is that most people in perimenopause experience brain fog, mood swings, and memory gaps. The good news is that these changes don't last forever. Most of this stabilizes once you reach menopause. What you are going through is normal. You don't need to fix yourself or become a better version of



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What is Menopause?

Growing up, we learn all about puberty and the birds and the bees, yet women hear almost nothing about menopause until they are knees deep in it. The following is a general overview of what we should have learned in health class and from our parents.

Pre-menopause

Your childbearing years start after your first period and end at menopause. During this time, most people with uteruses are on a twenty eight day cycle, give or take a day or two. Our hormones rise and fall predictably, getting our bodies ready in case of pregnancy. When a baby fails to be conceived, the body evacuates the lining of the uterus, like a mercenary would vent a pesky interloper from a space station.

Perimenopause

Usually starting in the forties or early fifties and lasting until menopause, perimenopause is marked by the changing ratio of estrogen to progesterone in your body. Perimenopause is a poorly defined term; there seems to be no consensus on what exactly it means. The word

that is culturally competent. On average, Black and Hispanic women reach menopause around age 49, which is two years earlier than their white peers, and then experience it longer (up to two to four years longer). As discussed earlier, entering menopause early prolongs a woman's exposure to low estrogen levels, which significantly raises her long-term risk for conditions like osteoporosis, cardiovascular disease, and depression. Additionally, Black, Latina, and Indigenous women report more severe hot flashes and night sweats compared to white women. And, of course, due to healthcare disparities and racism, people of color have less access to effective treatments like MHT. The infamous SWAN study was the first large study to identify these differences. It especially highlighted that Black women encountered more episodes of depression and interrupted sleep. If that wasn't bad enough, the history of gynecology is littered with atrocities on women of color. In the 1840s, Dr. J. Marion Sims—hailed as the "father of modern gynecology"—conducted repeated, unanesthetized experimental surgeries on enslaved women without their consent.

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Mighty Meno-Morphin Power Rangers

Mainstream menopause narratives often default to the experiences of white, wealthy, able-bodied, cisgender, and heterosexual women. This leaves out a lot of people—including queer folx, people of color, and poor women.

Like puberty, menopause can be highly gendering. The vast array of menopausal experiences, especially for queer, trans, gender-nonconforming, and nonbinary people, are excluded from accepted discourse. I acknowledge that while writing this publication I relied on the description “women” as a shortcut for “person with a uterus.” According to a 2024 journal article by Sue Westwood, there is a dearth of research on the queer experience of menopause. Further research should be intersectional, differentiate between LGBTQ sub-groups, and examine how menopause intersects with diverse sexual and gender identities. This approach will lead to creating healthcare and workplaces that are inclusive.

Discrepancies in treatment and systematic bias stack against women of color. Many physicians lack specialized training in perimenopause and menopause at all, much less receiving education

perimenopause itself means “around menopause.” Essentially, your walnut sized ovaries start to run out of healthy egg cells and shut down for business. At this time, your internal clocks can be thrown off and there are big disruptions in the timing of menstrual cycles. Sleep can also be erratic, which in turn may cause brain fog. Driven by dramatic fluctuations in estrogen and progesterone, as one creeps closer and closer to menopause, there is often a dramatic uptick in bleeding. So, fun times all around. Perimenopause usually only lasts two to seven years, but can stretch out to fourteen years.

Early Perimenopause

The average age of menopause is fifty one, but can begin as early as thirty five. It should be noted that women who go through “the change” earlier tend to have more complications. Early menopause can be brought on either naturally or surgically. Due to having lower levels of estrogen over a longer stretch, going into menopause early can increase many diseases including—osteoporosis and cardiovascular disease. Symptoms therefore tend to come on suddenly and be more drastic for people in early perimenopause. While there are blood tests that

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Research shows that MHT is particularly beneficial and safe for younger women. MHT is now considered safe, highly effective, and even protective against bone loss and heart disease. This result comes from a massive study presented to The Menopause Society which tracked over 120 million patients. Another nationwide cohort study published in The British Medical Journal demonstrated that menopausal hormone therapy is not associated with increased mortality and, for specific groups (such as women who had ovaries removed prematurely), correlates with a 27% to 34% decrease in mortality. MHT helps improve not just the usual perimenopause symptoms, but also lowers the risk of osteoporosis and type 2 diabetes. While not right for everyone, hormone therapy is no longer the threat it was previously feared to be. Leading medical experts agree that for most healthy women near the start of menopause, the benefits of menopausal hormone therapy far outweigh the risks. Please talk to your GP to find out if MHT is right for you.



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The Truth about Hormone Therapy

If a sudden drop in estrogen causes symptoms like hot flashes, insomnia, and mood swings, restoring a small amount of estrogen should address that deficiency. This is the logic behind Menopausal Hormone Therapy (MHT). For years, MHT was maligned owing to bad research. However, large-scale contemporary studies continue to shape what we know about menopause. Recent breakthroughs (2025-26) disrupt these ill-formed assessments. The timing of menopausal hormone therapy matters a lot. The 2002 WHI study was abruptly stopped because the women in the study were developing breast cancer, stroke, and blood clots. The study's misleading findings on hormone therapy generated a massive wave of unwarranted panic regarding estrogen and breast cancer risk. All of the women who participated in this study were over 63 years old. Subsequent research shows no meaningful link between using MHT and these conditions. In fact, after reexamining the original data, the numbers show that women who used estrogen by itself actually had a lower risk of developing breast cancer than those who didn't take it at all.

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A Chemical Romance: Hormones

The brain talks to the body in two ways—through the endocrine system and via the nervous system. This publication focuses on the endocrine system, because it is the one most affected by menopause. Hormones are chemical messengers. They are produced in the glands and travel through the bloodstream to specific tissues and organs, instructing them on what to do and when. Hormones regulate essential functions like metabolism, growth, mood, and reproduction. The chemical messengers primarily responsible for menopause are estrogen, progesterone, and testosterone.

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During menopause ovaries dramatically decrease their production of estrogen, a highly influential hormone that affects the production of neurotransmitters like serotonin, dopamine, and acetylcholine. During perimenopause estrogen doesn't just simply slow down, it swings about, making loopdeeloops and wrecking havoc on our mood. These wild oscillation can cause emotional and cognitive instability, making us feel shaky and unsure of ourselves. As estrogen levels swing back and forth, the brain lacks the steady support of

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Progesterone

Progesterone is a magical sex steroid that exerts control over the brain's calming system. Before perimenopause, progesterone shows up halfway through our monthly cycle and prepares the lining of the uterus for a fertilized egg. When your progesterone levels are balanced, you're more likely to feel calm and steady, even during challenging times. As we stop ovulating, progesterone is the first hormone to decline. Subsequently, we start feeling more overwhelmed, on edge, and irritable. We are less able to access our peaceful selves. This leaves the brain in a state of high alert, which disrupts focus and promotes anxiety.



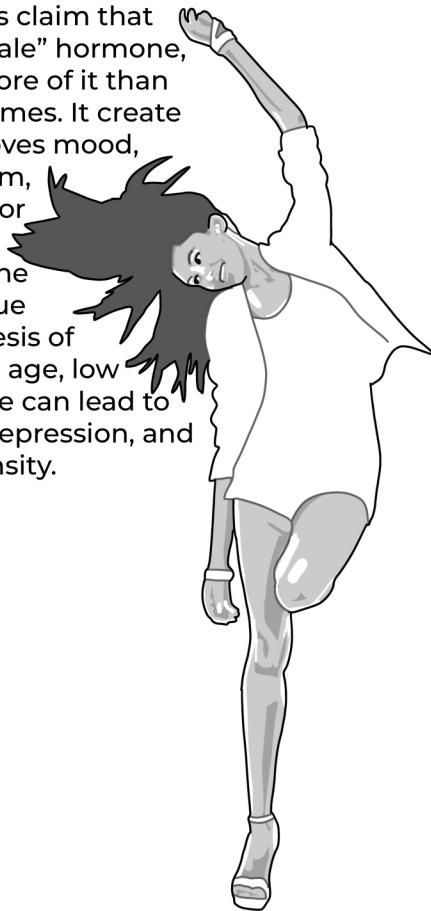
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Despite our culture's claim that testosterone is a "male" hormone, women can have more of it than guys do at various times. It create strong bones, improves mood, increases metabolism, and affects libido. For people with uterus, testosterone may encourage tissue elasticity and synthesis of collagen. As women age, low levels of testosterone can lead to fatigue, irritability, depression, and decreased bone density.



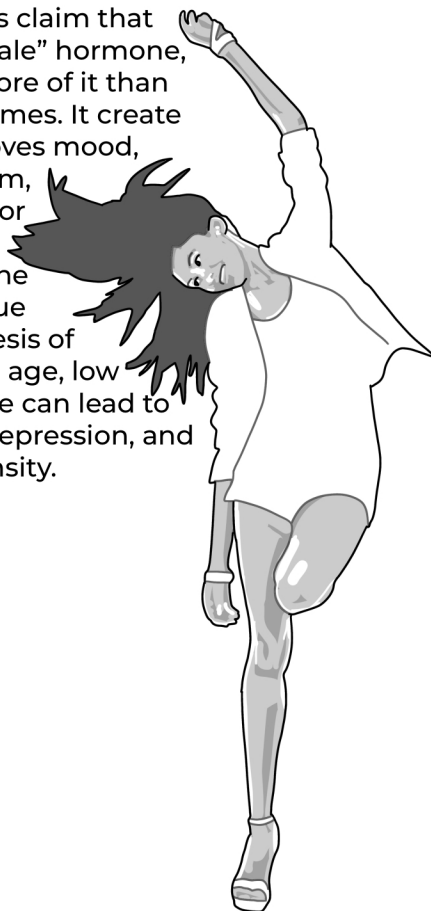
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Therapy

The rollercoaster ride of hormones during perimenopause sets off a frustrating cascade of symptoms that leaves one feeling isolated and overwhelmed. Going to therapy can help. In therapy, you learn to identify the factors that contribute to your struggles. Counseling may include encouraging clients to name what's hard instead of hiding it, learning to ask for accommodations, grieving the loss of youth, stepping into shifting roles, working with self-criticism, and rebuilding self-trust. Support often means helping one identify and reduce emotional labor, delegate responsibilities, let go of perfectionism, allow one to adopt a "good enough" stance, and give less of a fuck in general. Counseling should be a supportive partnership that respects your pace and readiness.

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Find a good pillow. Sex educator and altogether badass Heather Corinna recommends one invest in a cooling pillow. Cooling pillows come with an external gel or water layers engineered to keep you cool. They absorb and then disperse heat from your head across the pillow leaving you feeling fresh like the Prince of Bel-Air. Failing that, you also stuff your pillow full of ice packs.

Additional ideas you can include in your nightly ritual are: only using 100% cotton bedding, spraying your bed with soothing essential oils, or sleeping with a white noise machine in order to block out environmental sounds. Taking a hot shower before bed, writing in your journal, and spending time with a loved one also help. And the truth is...you may try all of these tricks and you might not get immediate results. It might take weeks or even months. OR they may not work at all. If this is you, please visit your GP.

Track Your Symptoms

According to my OBGYN, tracking your menstrual cycle and daily symptoms is the best way to navigate perimenopause. There are tests that one can take to try to determine where you are in your perimenopause journey, but for various reasons they might not be the most



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Mood Swings and Roundabouts: Mental Health during Perimenopause

It is well known that women are twice as likely to suffer from depression as men. Depressive symptoms run the gamut from feeling blue to the medically defined Major Depressive Disorder. In my practice as a mental health therapist, clients report either feeling an overwhelming heaviness or complete numbness. Media often portrays depression as laying in bed with a tissue box tucked under their arm, which is definitely more cinematic than how many people feel during depression, which is totally empty and blank.

When I was growing up, most studies of menopause found that there was no relationship between menopause and depressive symptoms. This was due to (in large part) years of subpar science. These early poorly conducted studies featured small clinical trials and used varying definitions of depression.

On top of that, the general consensus at this time was that hormone replacement therapy was not only ineffective, it was also dangerous.

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Why is sleep so hard during perimenopause? Dips in progesterone reduce the body's ability to settle down and achieve deep rest. Estrogen regulates one's temperature, mood, and sleep; when it fluctuates during perimenopause, finding sure footing can be hell. Furthermore, shifts in cortisol can increase early morning alertness. On top of all that, the cruel twins of sleep—apnea and restless legs—often show up in midlife for women. So, that's fun.

Below you can find tips that help my clients sleep better: Embrace your inner vampire. Keep your room dark and cool. Experts typically suggest a sweet spot of around 65-68°F (18-20°C). Invest in good quality black out curtains. Of course, vampires are up during the night, so maybe this is a bad metaphor...

Ditch the tech. Blue light from screens is high-energy light that can cause eye strain and disrupt sleep. Your bedroom should be designated for only two things: intimacy and sleep. Banish your laptop from your bed. Keep the televisions in your living room.

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However, modern medical consensus has shifted significantly since that study. Part of this shift was because of good science like the SWAN study. Starting in 1995, Study of Women's Health Across the Nation (SWAN) was the biggest and most representative study at that time. It required all participants to receive a structured psychiatric assessment, therefore making sure that they were all working from the same definition of depression. This study found that perimenopause often triggers clinical and subclinical levels of depression.

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Mix & Mingle

At the start of perimenopause, when your mood is unpredictable, it can be so easy to hide away from the world. However, we are social beings. Humans have a deep biological need to be social. Connection is not just a choice. Our brains, nervous systems, and bodies treat isolation like a physical threat and drive us to seek out groups for survival. We need other people. In fact, feeling isolated and lonely can make your menopause symptoms worse. Research from 2020 reveals that women with strong social support tend to view menopause more positively and experience lower rates of depression. Joining a support group may be helpful. However, I don't know of any in the Austin area that are dedicated to this transition. Finding an online support group may be your best bet.

To Sleep, Perchance to Dream

Hormonal fluctuations during perimenopause disrupt sleep. Even if you have never had a history of insomnia, you may experience difficulty falling or staying asleep. To make things worse, up to 80% of women experience night sweats during the menopause transition preventing the body from getting deep, restorative slumber. Lack of sleep disrupts your



Mix & Mingle

At the start of perimenopause, when your mood is unpredictable, it can be so easy to hide away from the world. However, we are social beings. Humans have a deep biological need to be social. Connection is not just a choice. Our brains, nervous systems, and bodies treat isolation like a physical threat and drive us to seek out groups for survival. We need other people. In fact, feeling isolated and lonely can make your menopause symptoms worse. Research from 2020 reveals that women with strong social support tend to view menopause more positively and experience lower rates of depression. Joining a support group may be helpful. However, I don't know of any in the Austin area that are dedicated to this transition. Finding an online support group may be your best bet.

To Sleep, Perchance to Dream

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Perimenopause serves as a vulnerable time for new or recurring anxiety and depression, the two areas most studied by researchers.

From Worry to Panic

When anxiety shows up during perimenopause, it can be baffling and scary, especially if you've never had to deal with these symptoms before. It can manifest as being on alert, a buzzing sensation throughout your body, or tightness in your chest. Clients who experience anxiety tell me that it feels like racing thoughts, constant worry, irritability, and feeling like things are spiraling out of control. Spikes of panic come out of nowhere. Their minds constantly survey their environments for what could go wrong. Occasional anxiety is normal, but when it begins to disrupt your sleep, relationships, or overall well-being, it is a sign that your nervous system is trapped in chronic fight-or-flight. You do not have to struggle alone; effective support is available.

Fancy Terrible, Terrible with Raisins on it

Our culture portrays depression as an inability to get out of bed, being unmotivated, and a pervasive sadness that hangs like a cloud over your head all day. What might surprise you is



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that melancholy can also feel like being flat, disconnected, and numb. This inner hollowness can be equally confusing and painful as its more typical expression. Depression can be especially alarming for women who value their independence and resilience. It feels like they are off kilter and not able to stand on their own two feet, which can be particularly scary in this unreliable world. But the inability to feel pleasure during perimenopause is largely chemical. It's a response to your system being under stress.

Feeling Stabby

Without warning, sudden irritability and intense anger creeps up during perimenopause. For women who rarely get angry, shame often kicks in. But the crankiness may be less about who you are as a person and more about the transition you are going through both metabolically and metaphorically. There are lots of cultural reasons that women experience shame around feeling angry. Patriarchy demands women be gentle and accommodating. When we fail to live up to this expectation we are punished and pathologized. In men, anger is viewed as a sign of strength and power, reinforcing masculinity. In women, anger is read as loss of control and personal failure rather than a response to mistreatment.

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Become a Plant Owner

Owning and tending to plants provides measurable mental health benefits, including reduced stress and anxiety. Routine plant care encourages mindfulness and an increased sense of purpose, which can combat depression and improve overall mood. Additionally, soil contains the bacterium *Mycobacterium vaccae*, which has been found to activate serotonin pathways in the brain—the same mechanism targeted by many antidepressants. When I first heard of this, I thought this was weird hippie propaganda B.S., but the science actually checks out. Not enough for you? Research also shows that caring for plants calms your autonomic nervous system and lowers blood pressure. Wanna know more? Check out my other zine called [Spider Plants are Assholes](#).

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Hydrate or Diedrate

Seventy three percent of our bodies are water. Up to ninety percent of us don't drink adequate amounts of plain water. Hydrating can help reduce headaches, fatigue, and cognitive impairment. Drinking plenty of water lowers your risk of having mood disorders. Adults who drink five or more glasses of plain jane tap water a day have WAY lower rates of depression and anxiety. Drink water, damnit. We live in Texas. You know how important hydration is.

Schedule Me Time

"Me time" isn't a luxury; it's a necessity. Women in particular are prone to putting their own needs on the back burner. Taking a moment to enjoy your coffee and breathe deeply works wonders. One study found that taking even 10-20 minutes a day to unplug and do what you enjoy lowers stress, prevents burnout, and helps reset your brain. Treat this time as a non-negotiable daily appointment.

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Additionally, in our society, women carry huge amounts of unacknowledged emotional labor (if not the majority of it). During midlife, women reexamine what they have tolerated up to this point and start figuring out what they no longer want to carry. As burnout looms, the impetus to stay pleasant starts to wear thin and we are no longer willing to silence ourselves. Purely from a psychological standpoint, anger is an activating emotion. It signals when a boundary has been transgressed. I encourage my clients to notice when anger crops up and advocate for themselves.

Loading... Loading... Still loading...

Waking up at 2:00 AM, tossing and turning, and being unable to fall back asleep are common during perimenopause. Add to this fun melange waking up drenched in sweat and you get a very weary person. Because of sleeplessness, exhaustion and brain fog are hallmarks of this transition. Brain fog is a term used to describe a collection of cognitive symptoms including mental fatigue, confusion, and a lack of mental clarity. Impaired focus, memory issues, and mental slowness are common. Many clients report feeling both wired and exhausted at the same time, starting the day already depleted,

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alarm system. You've heard of Almond Joy, right? The amygdala is your Almond of Fear. It hijacks your prefrontal cortex so you can't think correctly. When you breathe slowly, particularly with longer exhalations, it stimulates the vagus nerve. This helps your brain figure out that you are safe, allowing you to calm down, reduce anxiety, and focus better.

Close the Stress Cycle

Closing the stress cycle means letting your body release stress after a threat has passed. Our primitive brains aren't designed for the busy, fast paced, modern hellscape in which we find ourselves. Too much pressure is placed upon us. Our feeble brains aren't designed to deal with complex tasks like taxes and dealing with bureaucracies. We were designed to lean and loaf next to blades of grass. We need to signal to our bodies that we are safe through deliberate actions. Methods that are particularly helpful are physical activity, deep breathing, laughter, crying (go ahead and let yourself cry), creative expression, and full body hugs. Need more information? Drs Emily and Amelia Nagoski talk about this concept in their book Burnout.



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Staring into the Void

What is happening to me? Who am I now? What am I becoming? Obsessing over these big ticket questions and feeling untethered can be part of a woman's midlife journey. Worrying about death, aging, or the finite nature of time can also crop up. Perimenopause is not just a physical transition; it is a profound existential milestone. Finding yourself on the other side of traditional caregiving and changing professional roles can trigger feelings of loss. This can be disorienting, especially for those of us who have fooled ourselves into thinking we have control of our lives. Upon the slippery ground of perimenopause, we can start to question what feels possible and what is aligned with our values.

Grief can be our overwhelming response to profound life transition. Grappling with our loss of fertility, shifting identities, and aging can be hard important work during this period. People with the utero-ovarian system can grieve both



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reduction, and emotional resilience. Fun activities that may help you relax are coloring, taking a shower, masturbating, having sex with your partner, making art, and listening to music. In order to foster this much needed down time, my clients also buy craft projects from the discount bins at Michaels for just such an opportunity. These small mindless crafts help them to unwind and down-regulate.

Further along in this zine, there is a whole section on why sleep is critically important and tips for getting a better night's sleep.

Breath of Fresh Air

The link between shallow breathing and depression is well known. Because of this, therapists focus on coaching their clients on how to breathe deeply. Focusing on your breath anchors you to the present, giving you control of your nervous system. By slowing down and taking deep breaths, your body quickly shifts out of fight or flight mode and triggers the parasympathetic nervous system, which lowers heart rate and stress hormones.

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I Like to Move It, Move It

Before it gets too hot, take your dog for a walk; it's good both for you and your doggo. We all know exercise is good for us physically and mentally. But in case you needed a refresher, let me lay it out for you. Physical activity releases endorphins and endocannabinoids, which naturally raises your mood. Exercise lowers stress hormones, shrinks muscle tension, improves self-esteem, and distracts ourselves from negative thoughts. It also increases neurotransmitters like serotonin and norepinephrine, which regulate mood and resilience. Through the production of Brain-Derived Neurotrophic Factor (BDNF), exercise encourages the brain to create new neural connections. Additionally, physical activity can improve sleep by regulating our circadian rhythms and providing us with a platform to discover more social connection.

The Rest is History

A quiet mental break during your day is vital for mental health. It allows your brain to process emotions, repair neural pathways, and regulate mood-boosting chemicals. Without adequate relaxation, you are at higher risk for burnout, anxiety, and irritability. Prioritizing rest provides mood regulation, cognitive repair, stress



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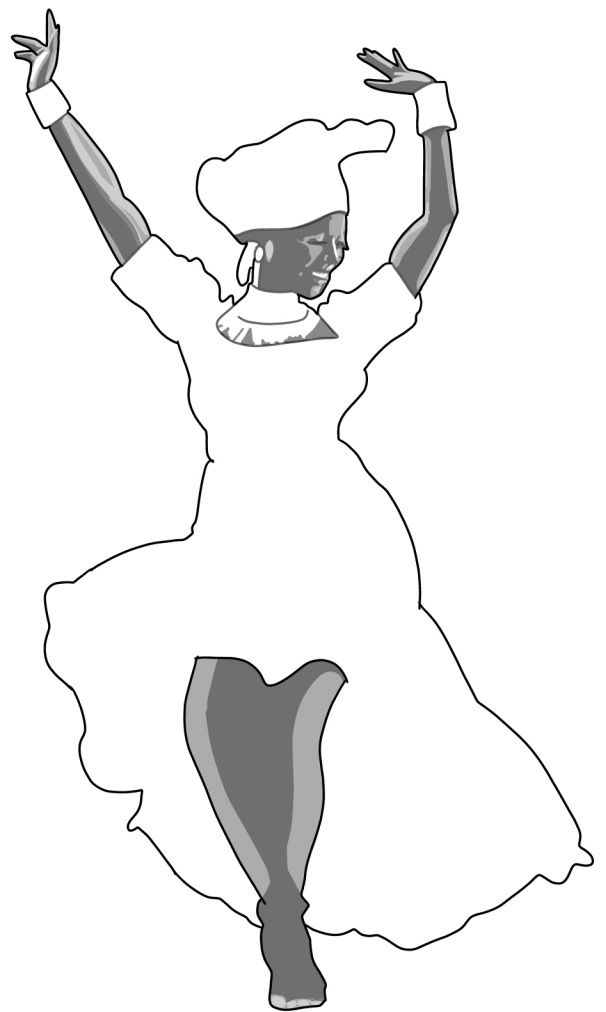


What can be done? Interventions for Perimenopause

Perimenopause is a season for support, not self-improvement. It's like going through another puberty (and the first one was so much fun). Your nervous system, body, and mind are working hard to adjust to a new normal, at the same time that your external world continues to be demanding. White knuckling your way through this is not necessary. Needing support during this transition is normal. Many of my clients have found the following approaches helpful.

Start by Letting Go of the Idea That You're Behind

Perimenopause is not a detour, it shifts how you experience the world. As such, give yourself grace. Women stress themselves out (at all points in their lives) by comparing themselves to some imaginary ideal self. They assume they are behind. Behind at work. Behind socially. Behind at home. And even, behind in the realm of self-care. I see clients keeping themselves in a constant state of activity to avoid feeling low or tired. Release yourself from this pressure. You are normal. It's going to be okay. Reassess your expectations of yourself; are they even reasonable?



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