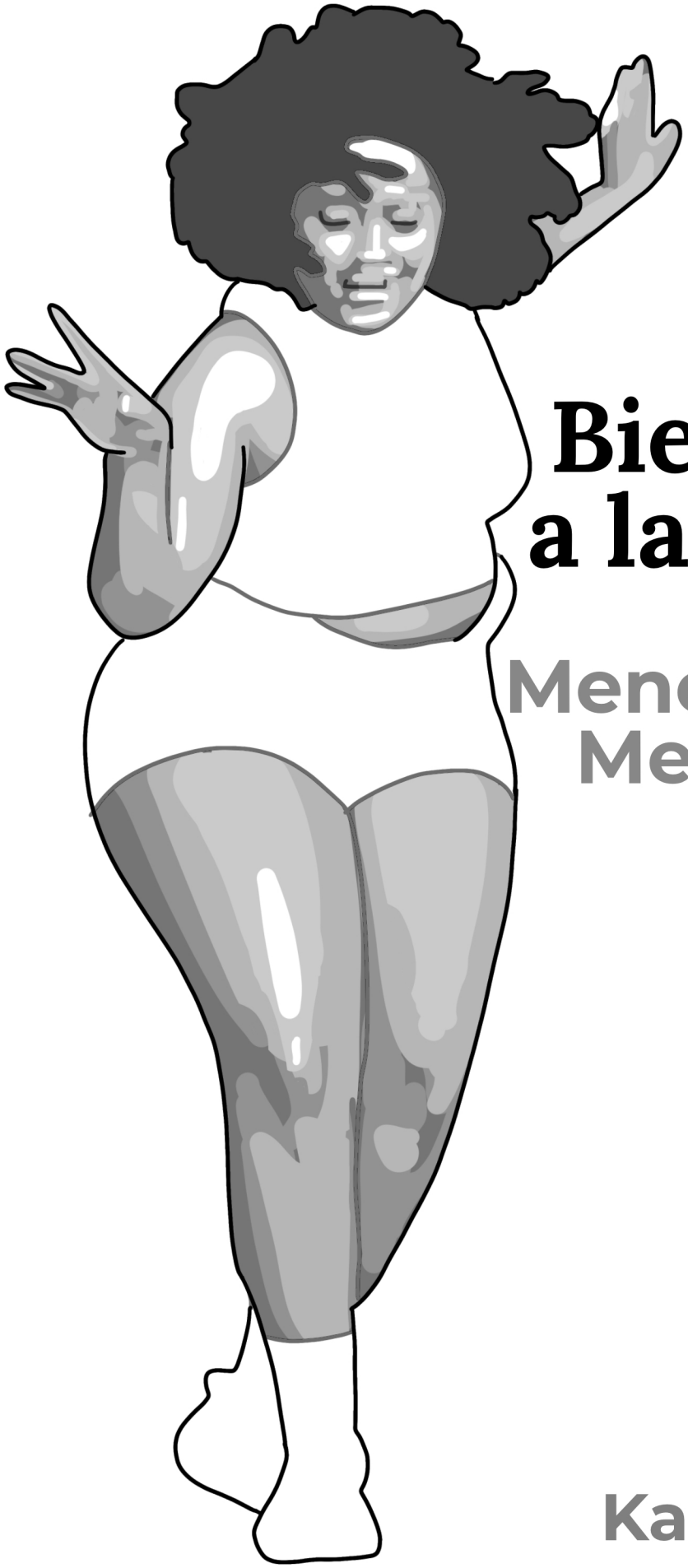


# Bienvenidos a la Fuckerie

## Menopause and Mental Health

Karen Goldsum

Worldwide, one in eight people are currently experiencing perimenopause or post-menopause. From here on out, each year 25 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. Most people are at least passingly familiar with the physical hallmarks of menopause—night sweats, hot flashes, and sleeplessness. But very few people 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 some of 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.

# What is Menopause?

Most of us were taught about puberty, strawberry week, and the bird and the bees, but most women never learn about menopause until they are knees deep in the stuff. The following is a general overview of what we should have learned in health class and from our parents.

**Pre-menopause**

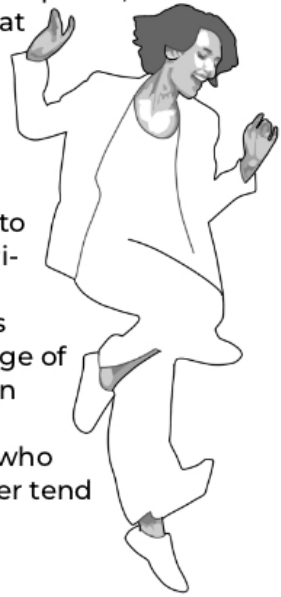
Your "childbearing years" start after your first period and ends at menopause. During this period, most people with uteruses are on a twenty eight day cycle, give or take a day or two. Our hormones rise and fall predictably in order to get our bodies ready in case of pregnancy. When a baby fails to be 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 and lasting until menopause, perimenopause is marked by the changing ratio of estrogen to progesterone in your body as compared to during your “childbearing” years. Perimenopause is a poorly defined term; there seems to be no consensus on what exactly it means. The word perimenopause itself means “around menopause.” It's a phase in which the reproductive system is starting to close up shop. Overall, though, 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. Perimenopause usually only lasts two to seven years, but can be stretched out to fourteen years.

**Early Perimenopause**

Due to having lower levels of estrogen over a long period, going into menopause early can increase many diseases including osteoporosis and cardiovascular disease. Early menopause can be brought on either naturally or surgically. Symptoms therefore can be drastic and come on suddenly. There are blood tests that measure the levels of FSH (follicle-stimulating hormone) that can help in diagnosing perimenopause, but there are mediating factors that make these tests less reliable.



**Menopause**

After you've gone a full year without a period, you are said to have reached menopause; peri-menopause is over. Cue the singing angels. The cafeteria is officially closed. 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.

# A Chemical Romance: Hormones

The brain talks to the body in two main 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. In short, 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. They regulate essential functions like metabolism, growth, mood, and reproduction. The chemical messengers primarily responsible for menopause are estrogen, progesterone, and testosterone.

**Estrogen**

During menopause, the ovaries dramatically decrease their production of estrogen, a highly influential hormone that affects the production of important neurotransmitters like serotonin, dopamine, and acetylcholine. During perimenopause estrogen doesn't just simply slow down, it swings about making loopaloops and wrecking havoc on our mood. This wild oscillation can cause emotional and cognitive instability, making us feel shaky. When estrogen

levels swing or decline, the brain lacks the steady support of serotonin and dopamine, that are in charge of emotion regulation. When estrogen levels plummet, the neural circuits responsible for memory and focus can experience glitches. Furthermore, estrogen pushes brain cells to burn glucose (their primary fuel). Without it, there is an overall reduction of energy in the brain, leading to slowed cognitive processing.

**Progesterone**

Progesterone is a magical sex steroid that exerts control over the brain's calming system During our premenopausal state, progesterone shows up halfway through out monthly cycle and prepares the lining of your uterus for a fertilized egg to implant and grow. 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 may promote anxiety

**Testosterone**

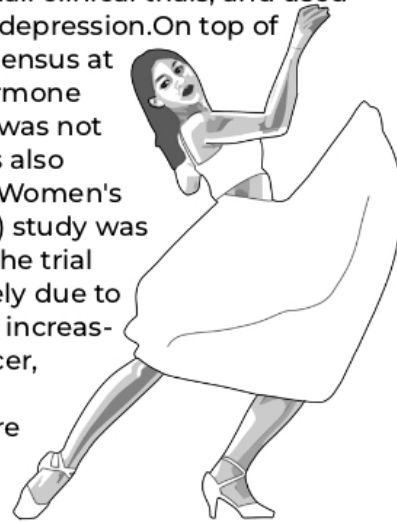
Despite our culture's claim that testosterone is a "male" hormone at various times women have more of it than guys do. It helps us create strong bones, improves mood, increases metabolism, and in some cases affects libido. For people with uteruses, testosterone may promote tissue elasticity, collagen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

## Mood Swings and Roundabouts: Mental Health during Perimenopause

Women are twice as likely to suffer from depression as men. Depressive symptoms run the gambit from feeling sad or "blue" to the medically defined Major Depressive Disorder. In order to be diagnosed with MDD, a person must

experience at least 5 of 9 specific symptoms (depressed mood, loss of interest, sleep disturbance, fatigue, feeling worthless, impaired concentration, and suicidal ideation) daily for a minimum of two weeks, causing significant impairment in daily life.

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. This research was predominantly cross sectional, 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. The 2002 Women's Health Initiative (WHI) study was particularly virulent. The trial was halted prematurely due to early data suggesting increased risks of breast cancer, stroke, and blood clots. Later, when more scientists later looked into this study, it



wasn't that the actual data or procedures were wrong, it turns out there were some fundamental problems with how it was interpreted.

However, modern medical consensus has shifted significantly since that study. Part of this shift was because of good epidemiological 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 participants to receive a structured psychiatric assessment. This study found that perimenopause often triggers clinical and subclinical depression.

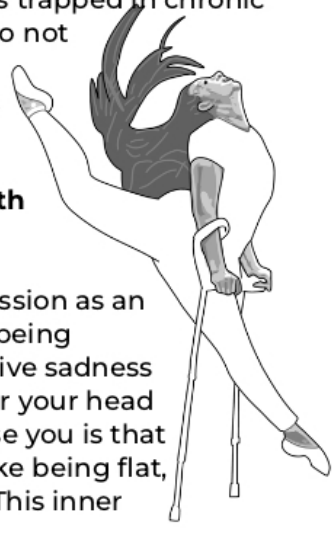
Mental health concerns in perimenopause include anxiety, depression, irritability, brain fog, and low self esteem. Menopause can be a window for both new or recurrent bouts of depression and anxiety. Most of the research has focused on these two arenas.

**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 having tightness in your chest. Clients who experience anxiety tell me that it feels like racing thoughts, constant worry, irritability, or a feeling that things are spiraling out of control. Spikes of panic come out of nowhere. Their minds can't stop skimming their environments for what could go wrong.

Occasional anxiety is a normal human response, 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 mode. You do not have to struggle alone; effective, localized support is readily 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 that melancholy can also feel like being flat, disconnected, and numb. This inner

hollowness can be equally discombobulating and painful as its more typical expression.

Depression can be especially alarming for women who prize their independence and resilience. But the anhedonia in perimenopause is largely chemical. It's a response to your system being under stress.

**Feeling Stabby**

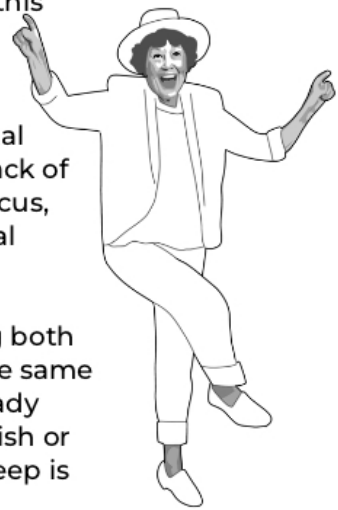
Seemingly out of the blue, sudden irritability and intense anger can creep up during perimenopause. Shame kicks in for many women for whom anger is historically rare. But the crankiness may be less about who you are as a person and more about the transition you are going through both physically and metaphorically.

In our society, women carry huge amounts of unacknowledged emotional labor (if not the majority of it). During midlife, women are starting to reexamine what they have tolerated up to this point and 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 this, 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, and being sluggish or cloudy overall. Because sleep is

foundational for emotion regulation the effects of poor sleep can ripple into every crevice of the person's day.

**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 a bit untethered can be part of the rite of passage for a woman during midlife. 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 our loss of fertility, shifting identities, and aging can be especially hard, but important work during this

period. People with the utero-ovarian system can grieve both ambiguous loss (like losing your youthful identity and fertility) and mourning their unlived potential. Midlife can be a wonderful invitation to confront what you value and compare it to how you live.

## 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 continue 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's a shift in how you experience the world. As such, give yourself some grace. Women stress themselves out (at all points in their lives) by comparing themselves to some imagined ideal. 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. First, lower your expectations of yourself, rather than stressing yourself out.

**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. Physical activity releases endorphins and endocannabinoids, which naturally raises your mood. Exercise lowers stress hormones (like cortisol), shrinks muscle tension, improves self-esteem, and easily 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 provides us with a platform to discover more social connection.

**The Rest is History**

Rest is vital for mental health because it allows your brain to process emotions, repair neural pathways, and regulate mood-boosting chemicals. Without adequate rest, you are at higher risk for burnout, anxiety, and severe irritability. Prioritizing rest—a quiet mental break during the day—provides these benefits: mood regulation, cognitive repair, stress reduction, and emotional resilience. Some of the 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, some of my clients buy craft projects

from the discount bins at Michaels for just such an opportunity. It helps them to down-regulate and allow themselves to relax.

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

**Breath of Fresh Air**

The correlation between a shortness of breath and depression has been known for a long time. Because of this, some clinicians focus on coaching their clients on how to breathe deeply. Focusing on your breath anchors you to the present and giving you control for 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.

Deep breathing directly affects your brain, especially the amygdala—the brain's emotional 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/discharge stress after a threat has passed. Our primitive brains aren't designed for our modern hellscape. 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. Some 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.

**Hydrate or Diedrate**

Our bodies are water. 73% of our bodies are water. Most of us (up to 90% of participants in one study) don't drink adequate amounts of plain water. Drinking enough water can help reduce headaches, fatigue, and physical and cognitive impairment. Drinking plenty of water lowers your risk of having mood disorders. Adults who drink five or more glasses of water a day have WAY lower rates of depression and anxiety.

Drink water, damnit. We live in Texas. I shouldn't have to convince you to hydrate...

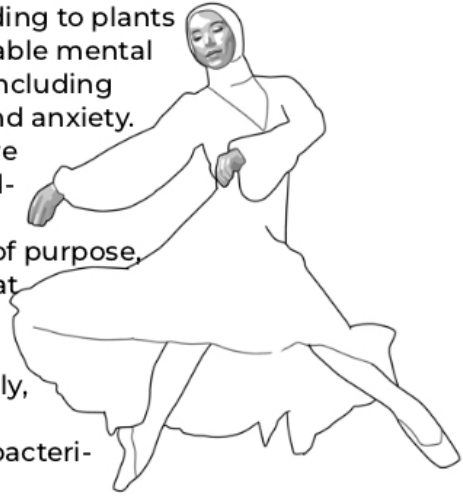
**Schedule Me Time**

"Me time" isn't a luxury; it's a mental health necessity. Women are prone to putting their own needs on the back burner. Taking a moment to enjoy your coffee and breathe deeply works wonders for relaxing. 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

**Donate Your Time**

Giving back has been shown to boost happiness, reduce stress, enhance self-esteem and strengthen social connections. Research on folks with social anxiety shows that those who lent a helping hand felt less anxious about future social situations. Actually, the research on volunteering is huge. Some of my favorite places to volunteer are Austin Wildlife Rescue, local pride festivals, and Caritas of Austin.

**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 Mycobacteri-

um 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.

**Mix & Mingle**

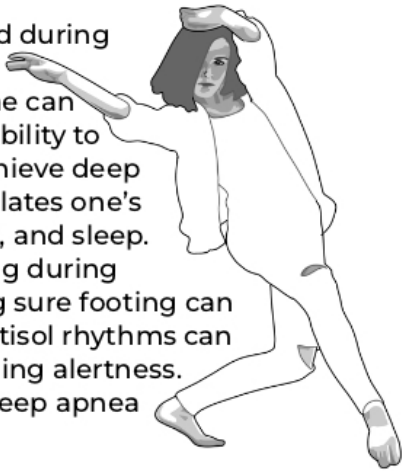
At the start of perimenopause, when your moods are up and down and your body is changing, it can be so easy to hide away from the world. We are social beings. We need other people. Having people around can make a big difference. In fact, feeling isolated and lonely can make your menopause symptoms worse. 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 is dedicated to this transition. Finding a online support group may be your best bet.

**To Sleep, Perchance to Dream**

Hormonal fluctuations during perimenopause and menopause can suddenly disrupt your sleep. You may experience difficulty falling or staying asleep, even if you have never had a history of insomnia. Up to 80% of women experience night sweats during the menopause transition. Lack of sleep disrupts your daily life, causing fatigue, heightened anxiety, irritability, brain fog, and grumpiness.



Why is sleep so hard during perimenopause? Dips in progesterone can reduce the body's ability to settle down and achieve deep rest. Estrogen regulates one's temperature, mood, and sleep. When it's fluctuating during menopause, finding sure footing can be hell. Shifts in cortisol rhythms can increase early morning alertness. On top of all that, sleep apnea

and restless legs often show up in midlife for women. So that's fun.

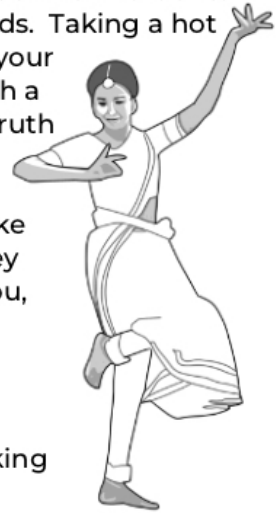
Here are some of the evidence-based strategies my clients find most effective in crafting a good night's sleep: Embrace your inner vampire. Of course, vampires are up during the night, so maybe this is a bad metaphor... Keep your room dark and cool. Experts typically suggest a sweet spot of around 65-68°F (18-20°C). Invest in some good quality black out curtains. Nowadays memory foam is popular, but they can create extremely hot sleeping conditions. Do with this what you will.

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.

Find a good pillow. To maintain proper spinal alignment while you sleep, your head, neck, and spine should form a straight line. Because the distance between your body and the mattress varies depending on how you lie, you should choose a pillow thickness that specifically

accommodates your sleep. Sex educator and altogether badass Heather Corinna recommends one invest in a cooling pillow or putting ice packs inside your 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

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 pinpoint where you are in your perimenopause journey. 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 reliable options. Most physicians diagnose not on blood tests, but on symptoms. You can find worksheets for this online, but most of my clients make their own unofficial trackers either in a journal or on their phone's notes apps.

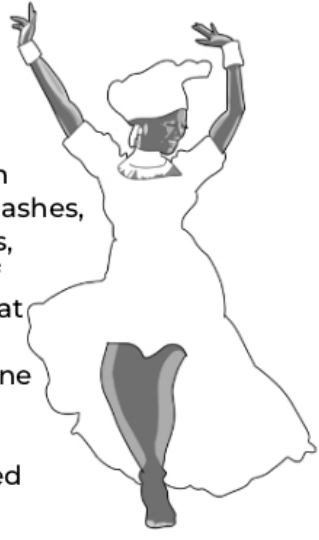
**Therapy**

The erratic, rollercoaster drops in estrogen and progesterone during perimenopause cause a frustrating cascade of symptoms—like brain fog, sleep disruption, and sudden mood shifts—that can feel incredibly isolating and overwhelming. Going to counseling can help.

In therapy, you can learn to identify the things that exacerbate your struggles. Factors that may make your symptoms worse include caffeine, alcohol, sleep deprivation, screen time, a sedentary lifestyle, and irregular meal times. Supportive counseling may include encouraging clients to name what's hard instead

of hiding it, learning to ask for accommodations, grieving the loss of youth and shifting roles, working with self-criticism, rebuilding self-trust, and coordinating with a larger medical care team to support a person during this phase of their life. Overall, a counselor should support you in making these changes gently, without causing major personal upheaval. Support often means helping one identify and reduce emotional labor, delegate responsibilities, letting go of perfectionism, allowing one to adopt a "good enough" stance, and giving less of a fuck in general.

## 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.

For years, MHT was maligned

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 illformed 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.

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 comes from a massive retrospective cohort analysis presented to The Menopause Society, which tracked over 120 million patients. Another

nationwide cohort study published in The BMJ demonstrated that menopausal hormone therapy is not associated with increased mortality and, for specific groups (such as women who had ovaries removed prematurely), actually correlates with a 27% to 34% decrease in mortality. MHT has also been shown to help ameliorate 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 broad threat it was feared to be in the early 2000s. Leading medical experts agree: 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.

## Mighty Meno-Morphin Power Rangers

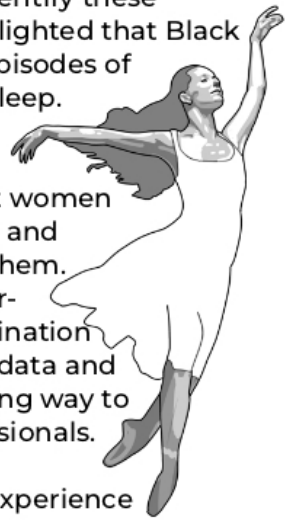
Mainstream menopause narratives often default to the experiences of white, wealthy, able-bodied, cisgender, and heterosexual women. This leaves out a lot of

people—including queer folx, people of color, and women from lower socioeconomic backgrounds.

Like puberty, menopause can be highly gendering. The vast array of menopausal experiences, especially 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.

Many physicians lack specialized training in perimenopause and menopause and women of color often face earlier symptoms and barriers to culturally competent care. Discrepancies in treatment and systematic bias stack against women of color. 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). 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, because of racism people of color are offered effective treatments like MHT less often. 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 you look into the history of gynecology, you will find that women of color were brutally abused and atrocities were visited upon them. While we outwardly pride ourselves for having less discrimination nowadays, take a look at the data and you will find we still have a long way to go. Do better, medical professionals.

Poor and homeless women experience

far more severe menopause symptoms than their wealthier counterparts. And women in prison, especially older women in particular, 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. Maybe we have arrived at a time when menopause should no longer be considered merely a medical condition. This transition can also be understood as a matter of reproductive equity and human rights. In our youth obsessed maybe it's time to turn our focus towards advocating for workplace protections for our aging population.

Perimenopause is a period of changes resulting in brain fog, mood swings, and memory gaps. The good news is that these changes stabilize again once you reach menopause. What you are going through is normal. You don't need to fix yourself or become a better version of yourself. What you need to do is be more honest about your limits and communicate them. You are

allowed to move through this phase with care and support.

I'm hot, because I have a very rare medical condition called menopause. It's only about one in one woman who experience it, so it's a little bit under the radar at the moment. Nobody really knows anything about it, because it's not something that happens to men, so there's no data or research.

English comedian
Bridget Christie

**Howdy, my name is Karen Goldsum and I am a relationship therapist. And, I love dinosaurs.**

If you would like additional support during this season of your life check out my website

**This zine covers the following:**

Basics about the menopause
How menopause affects our mental health
Somatic and therapeutic approaches to manage symptoms
Tips for better sleep
The Truth about Hormone Therapy