

Jancee Dunn Hot and Bothered

Jancee Dunn: so perimenopause can be on average four to eight years, and that's the years leading up to it. And that's when your period can go absolutely haywire. You never leave Menopause. You go into it and you stay there. But the average age is 51 and it's 12 months from your last period. And so if you get your period again, at month 10, you have to start again from the beginning and count 12 months again.

Jill Stoddard: That was Jancee Dunn on psychologist off the clock.

Yael Schonbrun: We are three clinical psychologists here to bring you cutting edge and science-based ideas from psychology to help you flourish in your relationships, work and health.

Debbie Sorensen: I'm Dr. Debbie Sorensen, practicing in Mile high Denver, Colorado, author of ACT Daily Journal, the Act Daily Card Deck, and the upcoming book ACT for Burnout.

Yael Schonbrun: I'm Dr. Yael Schonbrun, a Boston-based clinical psychologist, assistant professor at Brown University, and author of the book Work Parent Thrive.

Jill Stoddard: And from Coastal New England. I'm Dr. Jill Stoddard, author of Be Mighty, The Big Book of ACT Metaphors and the upcoming Imposter No More.

Debbie Sorensen: We hope you take what you learn here to build a rich and meaningful life.

Jill Stoddard: Thank you for listening to Psychologists Off the Clock.

I'm here with Debbie to introduce today's episode, which is an interview with Jancee Dunn, who wrote a book called Hot and Bothered that is all about menopause. First of all, I love that title and I hope that no matter what your gender identity is, that you will consider listening to this episode because menopause affects half the population and our experience with it is going to have an impact on all of those who are around us. And this interview is, Fun.

Jancee's book is tremendous. I cannot recommend it highly enough. I was literally crying, laughing as I was reading it.

It's so funny. She is a delight. And Debbie, I think you had told me you had a similar reaction when you heard this interview.

Debbie Sorensen: It's so good. She's so funny. She talks about things that you would not think are funny and that's why I agree with Jill. Listen to it even if you think you don't care about menopause or it's gonna be the most boring topic on earth, I assure you, you will still like it. I was laughing as I listened, and this is one of those books that I immediately ordered

as soon as I finished listening to this episode, we have to be a little choosy cuz we cover so many books on the podcast and my house is filled with them and I have more books than time, but I was like, I need this book in my life.

Jill Stoddard: Oh, and I actually emailed Jancee to be like, can I order a bulk order of your books signed by you? And she was willing to do it, but it would've taken a lot of, anyway. I said, you know what? I'm gonna save you the trouble. And I am gonna order these in bulk and spoiler alert, like basically all of my friends are getting them as gifts for their 50th birthday because it is just the best. And of course you can see the reason that I wanted to do this interview is because I turned 50 this year and have been experiencing a lot of the symptoms and the different things that she and I

talk about, and I just found it so incredibly useful and most of all, I was just so happy to be talking about it because that's one of the biggest issues is that it is like this, this dirty little secret that nobody ever talks about, which is just crazy.

Debbie Sorensen: I'm really glad you did. I myself have 50 on the horizon, and so I think this is important for me to be aware of on a personal level as well, but I also have a professional reason why I was really excited about this interview and this book, which is that

I work a lot with clients in the midlife developmental period. You know, people from maybe say their late thirties into their, their fifties, and I love working with clients at this age group. I think that there's a lot of really interesting psychological things happening in this middle part of adulthood. And I might just go on a slight digression to talk about that for a second, because I think that this phase of life, there tends to be a lot of responsibility, right?

So often, not always, but often people will have a lot of adult responsibilities with their careers, which are often at sort of a pinnacle in terms of being mid to late career, there's often this sense of kids are either being raised or kind of in that, getting into that young adulthood phase. If people have kids.

Often people will have parents who are aging and for many people there's a certain amount of wisdom that I find really enriching to work with as a clinician, I think people are often about existential things about their life like. Wow. Am I happy? You know, what do I want for the second half of my life or sort of this chapter as I move toward age?

There's a lot happening physically with aging as you'll hear about in the episode. You know, it's like we all know that we're aging intellectually, but when you start to see signs of aging within yourself, there's a little bit of sense of like, whoa, wait a minute, this is gonna happen to me.

You almost don't expect it for yourself even though you know it's gonna happen. So I find it really fascinating, um, just on that more developmental and psychological level. And I think about this old school, Psychologist Eric Erickson talked about this stage of generativity versus stagnation in middle adulthood and how our developmental task is really to, come to this point where we feel like we've had

sort of a productive life, whether that's through our work, our contribution to the world, our legacy, our kids like the relationships that we've had. And so to me it's a pretty important time of life in a lot of sort of deep philosophical way. So I absolutely love that. And I think this conversation is more about the menopause piece specifically, but that's one part of it is how your body changes and your sort of physical and emotional experience changes as you go through this transition.

Jill Stoddard: Well, and I think you're a hundred percent right that we should be talking about this as a developmental stage and. We talk ad nauseam about, you know, infancy and toddlerhood and school-aged kids and tweens and teens and puberty and you know, all of these stages that we go through. And then like, what do you hear about midlife, the midlife crisis, which by the way, I think is something that has gotten a really bad rap because it's only one tiny portion of what the midlife experience might look like.

And it's not all men dating younger women and buying sports cars, right? Like there's so much more to it than that. And yet we, sort of like crap on men around what their midlife experience is about and we just completely ignore women.

So I just love having the opportunity to have this conversation and to get this information out

Debbie Sorensen: I think that's right. There's a bit of a stereotype around midlife and around the midlife crisis, but often in my experience, as more of a wisdom type existential questioning of things like, wow, I've been in this on this path for a long time, but I'm not sure how fulfilling it is and what's missing in my life and do I wanna downshift with my career at this point?

And what's really important to me? I actually think the crisis part of it, so to speak, can be a really good thing.

I was able to use this discussion for personal benefit because I think a question I sometimes wonder, because there's so much happening at this developmental stage,

one thing I've really noticed with a lot of people, especially women, is a sleep issue, right? That even people who formerly slept pretty well, all of a sudden there's a massive sleep disruption. And because of what we were just talking about with the developmental stage of responsibility and all these things happening, I historically have assumed it was stress related, right?

There's this cortisol surge in the middle of the night that wakes you up and you can't fall back asleep. And that's how I interpreted it when it happens to me as it does more and more in my forties. , but then I started to wonder, partly from talking to you, Jill, about this is, is this a menopause thing?

Is this a perimenopause thing? And so Jill, I think you talked to Jancee about what's the difference between the two? And I thought this was super fascinating.

Jill Stoddard: I did well, she's so lovely. I emailed her after the fact because we had talked about this question and hadn't quite gotten to it in the interview. , and she was so lovely to email me back right away and said, , what she learned from researchers that she interviewed is that if your sleep is disrupted in the middle of the night, so you're falling asleep, fine, but then you're waking up a lot in the middle of the night, that is likely related to hormones and menopause because it's likely related to hot flashes and night sweats.

Even if you don't realize it. So you may have a hot flash and by the time you wake up in your conscious, you're not even feeling those symptoms anymore. But they still think that that frequent waking in the middle of the night is related

to that. If you're having trouble falling asleep , , that is probably more likely due to stress.

Debbie Sorensen: Okay. I think that's really helpful. I really do. And sometimes it's all of the above. Right. But,

Jill Stoddard: It could be. Yeah, it absolutely, it absolutely could be. And certainly that's been my experience at this stage of my life. That it is all of that middle of the night waking, many times which I have to change my pajamas cause I'm so wet and I know other other women can, can relate to that experience. It is at once, not an easy time.

And also like the most amazing time, I think for some of the reasons you said where if we're thinking about like what we really want the second half of our lives to look like and are in a more empowered place to like really have the courage to take steps in that direction. And, and I think if you listen to the end, we do talk about the positive pieces of this developmental stage in life.

Debbie Sorensen: I love that it is on that note.

Jill Stoddard: I'm happier than I've ever been. Yeah, this is like the best stage I feel like I've ever had, though I could do without the symptoms. But on that note, we hope you enjoy this episode as much as we did.

Jill Stoddard: Hey everybody, it's Jill here, and I am so excited to introduce today's guest. I have Jancee Dunn here with me today who wrote a book called *Hot and Bothered What No One Tells You about Menopause*. Jancee Dunn is the New York Times bestselling author of nine books, including a memoir and a biography of Cindy Lauper. Her essay collection.

Why is My Mother Getting a Tattoo? Was a finalist for the Thurber Prize for American Humor. Her last book, *How Not To Hate Your Husband After Kids* was published in 12 Languages. She is a frequent contributor to the New York Times, Vogue and Health. She was a sex columnist at GQ and had a column that addressed ethical dilemmas in O, the Oprah magazine.

She lives in New Jersey with her husband, the author Tom Vanderbilt and their daughter. Jancee, welcome to Psychologists Off the clock.

Jancee Dunn: Great to be here.

Jill Stoddard: Well, I have been so looking forward to this, my co-hosts and I joke that if you look over our past 300 episodes, you can see exactly where we've been in our own lives because of course we interview people who talk about things we have a personal interest in.

And I just turned 50, so I especially have an interest in menopause. And I have to say this book it is laugh out loud, funny. I mean, I was crying, tears, laughing, reading things out loud to my husband. I just, and then, you know, sometimes I was laugh crying and sometimes I was cry crying.

But just like I. The reality of how many humans, half of us, right? Go through menopause and yet there is so little information or acknowledgement. So first, I just wanna thank you for writing this book, and probably all of my friends who are turning 50 will now be getting this book as a birthday gift. And I thought maybe we could start with, you know, you've written about so many different topics, so can you tell us a little bit about what motivated you to write this particular book?

Jancee Dunn: Well, it's exactly the same thing as what happened with you over the course of this podcast, right? That it just reflects your own life. And I'm a health writer. I've been writing about health for decades, and to me, Menopause was always sort of this abstract concept that you could just sort of stash away Oh for, you know, when I get older. And it was just not anything that I talked about with anyone. So it certainly wasn't , a subject that I had addressed in any way except for maybe as a few jokes, uh, a few ageist sexist jokes when I was like a stupid 22 year old, you know? And, and so then when I started getting symptoms, I mean, I, I should have known better, but I absolutely did not connect the dots.

there's not a lot of information out there, just in general. Doctors aren't really trained many are not trained in menopause care. And so I remember getting a few symptoms such as dry skin or , mood changes or erratic periods. Seeing a bunch of doctors and specialists and they didn't connect the dots and neither did i, I had no idea.

I did not know that perimenopause, peri means around, and it's the years leading up to menopause. I had no idea that that was most common in women in their forties. And that was a real shock to me because , I just thought, oh, it'll be sometime in the distant future, no, forties.

And in my case, when I started getting symptoms, I had a toddler, I was running around to bouncy castle birthday parties and I just wasn't in that head space at

all. And so I thought, ah, okay. Maybe this would warrant a book, but I remember a few years ago just being kind of interested in just thinking of a bunch of different subjects for a book.

And I remember saying to various publishers, said, what about a menopause book? No. I even, a few short years ago, they were not interested. Now they are because the momentum is building and thank God we're normalizing this natural, you know, process in our lives. But, Even a few short years ago, things were different.

And that's why when I get frustrated at how little people still know about it, I think well even go back a few years ago and, and not a lot of celebrities were talking about it, there weren't a lot of articles about it, you know, so we're moving forward.

Jill Stoddard: Yeah, I, I mean, absolutely. I didn't even know until just a couple years ago. The definition of menopause. I thought the word menopause reflected a whole stage, but really, and correct me if this is wrong, but really menopause is the one day, that is one year from the day you had your last period.

Right? And everything else leading up to it is perimenopause and everything after that is postmenopause. Is that accurate?

Jancee Dunn: Yes. And you're, you're not alone. Nobody knows. They really don't. And yes, and so perimenopause can be on average four to eight years, and that's the years leading up to it. And that's when your period can go absolutely haywire. And then menopause the average age at which you enter menopause, you never leave Menopause.

You, you go into it and you stay there. But the average age is 51 and it's 12 months from your last period. And so if you get your period again at month 10, you have to start again from the beginning and count 12 months again. I thought that I was done and then I was swimming in the ocean. I wrote about this in my book.

I was doing this thing called wild swimming where you swim with a pack of people in an open body of water. And I got this gusher because in perimenopause you can have a little tiny trickle or you can have the mighty Mrs. Sip flowing out of you. And that's kind of what happened to me. And I, it had been 10 months, I thought, oh, well I'm cruising towards menopause.

This is not happening, you know? And then in the water there was this big cloud of red and I thought, oh Lord. And at the time it was in, um, The Bahamas, there was a group of barracuda following us, and they're attracted to blood and flashing jewelry. And I thought, whoa, blood not happening. And, and I don't have any jewelry on.

I'm good, you know, so I, I swam probably as fast as I've ever swam in my life to heave myself up on the boat, where then there was just sort of this kind of crime scene of blood everywhere, and they wrapped me up in a towel and then the blood soaked through the towel and it, I really looked like, Some sort of body they had fished out of there.

Jill Stoddard: Well, when, when I read about it, , you know, I'm reading this story and I'm shaking my head going, oh my God, you can't make this stuff up. You write it in an amusing way. But when you put yourself in that situation, think, oh my God, you had literal barracuda on your tail as your own open water swimming. I mean, talk about the world's worst timing to have a period come back after 11 months of not having one.

Jancee Dunn: And as I'm swimming, I glance behind me and the water's starting to froth and churn a little bit, and there's like silver flashing and I was like, okay,

Jill Stoddard: that's terrifying. Have you been back in the ocean since then? Cuz I'm not sure I would feel safe going back after an experience like that.

Jancee Dunn: Yeah, that's a good question. Did I go back in the ocean? Do you know? I did, but, um, because I do like open water swimming, but I'm not proud to say that I warmed my way into the middle of the group because I did have those sort of flashbacks. But I have done it. And again, like that, that's an extreme example, but it does.

I'll tell you, when things like that happen and everyone has these stories, that is the crazy thing I think. Gosh, the generations that preceded us that had all these stories that they kept to themselves is kind of heartbreaking because it feels so good to just share it with you right now and just take some of the pressure off and you realize how universal it is.

And I, I said to my mother, you know, we only had, we had our first conversation about menopause when I started writing this book. It never occurred to me to even ask her about it before. And so She gritted through the whole thing without saying a word to anybody, and she was working. She said

that she was in a conference room with a bunch of dudes and that she was sweating so hard that it was going plop, plop onto the conference table, and she was trying to speak more loudly so that it would cover up the plopping sound and at the same time sort of flick the sweat away.

And I thought all these people that have had worse symptoms than than me or my mother, and somehow they just got through it. So my

Jill Stoddard: when you

don't talk about it, you, you're just, you're suffering in silence. You're suffering alone. And I think sharing those stories makes you feel like you're not alone. And to have something in your life from the time you're 11, 12, 13 years old, that not for everyone, but for most people is like relatively predictable and then all of a sudden kind of goes

haywire at another point in your life. And then to have nobody to talk to, not even your doctors, to really have adequate information to be able to help through this transition. So this, again, this is why I'm like so grateful that you wrote this book and that it's not this, you know, I. Dry academic medical text.

It is. It was a breeze to read. I mean, there was one part that I was reading about, I'm saying to my husband, did you know the spiny mouse goes through menopause or something like that? And he made fun of me the rest of the day going, did you know the red-tailed lobster goes through menopause?

And just like teasing me cuz there were so many snippets, just fascinating things that I kept laughing out loud and then reading out loud and I'm like, listen, you should learn about this too. I'm going through this alone and you live with me, so you are gonna sit here and listen to me.

Jancee Dunn: I love that you read him little tidbits from the book and then he was sort of game to listen to them. Right? Because, but, but that's another thing. You made two good points. One, we sort of know what we're in for month to month right. When we're having our period. But you're right. With perimenopause and menopause.

It's just kind of this weird barrage and, you know, all these 34 symptoms allegedly. And that's a lot of different symptoms to track. But also what you say about talking to your husband. I realized, that I wasn't sharing with him what was going on with my body. I was internalizing that's stigma.

I felt embarrassed telling him what was going on with me when, hello. He's aging too. He's aging too. We're all aging. And I can remember, you know, at, at one point I had to quickly run to the bathroom to pee, or I was going to, how do you say, pee yourself and sort of Well, it's what, it's, you know, I wasn't able to hold it as long as I used to.

And I can remember that. I would, I would say to him like, let's go. I, I have to get in the house where I would like shove him out of the way if we were walking from the driveway to the house, like on my way, and it was, Because I, I knew that I had to get to the bathroom within 30 seconds there was going to be a problem.

And instead of just telling him, look, you know, estrogen is leaving my body, when that happens, sometimes your urethra gets a little shorter and you're not able to hold, uh, pee is long. Here's what's going on. You know, I just would say like, I need to get in there. And then he, Wasn't able to help me.

He wouldn't understand what was going on. It was just me, you know, hollering for no reason. So I really had to sit down with him, and I just explained to him in clear language what was going on with my body. Okay. It's kind of like reverse puberty. Um, you know, hormones are leaving my body and then here's how my body's being affected.

And then thirdly, giving him a way forward. You don't wanna just box him in with nowhere to go, , whoever is close to you that you wanna share with. Research shows you gain about five to seven pounds, it clicks in your middle.

Not always, not always, but it did in my case. And I wasn't able to wear the pants that I once wore. And so I was cursing at my pants. And, and so at that point, he knew what was happening and so he could say like, oh, okay, you're having a little bit of a hard time with your pants, you know, and then he was able to step away or,

you know, give me a shoulder massage or whatever.

I happened to be, but, I'm not saying I think we have to take baby steps with this stuff. I, I, I see sometimes people will say, you know, advocate at work. You know, tell your male boss that you need a fan or whatever. I would love it if people could do that, but I think in the world in which we live right now, the grassroots way is to just start slowly and confide in the people you care about, confide in your spouse, you know, talk about it with your kids.

My teenager, I have a daughter who's 14. She is so tired of hearing about menopause, but my hope is by the time she goes through it, she'll be like, eh. Menopause. You know, it won't be like, oh my God, what is happening? And that's the goal.

Jill Stoddard: right. Yeah, and I agree with you. I hope that that will be the difference for the next generation that we're not talking about it after it's already happening and we're like, what is going on? But that there's more of a knowledge of what to expect. But let's talk about those symptoms because you know, I think we all hear about hot flashes.

That's sort of how menopause gets branded is like, you know, the ladies are all fanning themselves because they get really hot. And of course that is a serious symptom and I wanna talk about that. But you just said there's over 30, I think 34 symptoms. So can you identify what some of those are?

Jancee Dunn: Yes, of course. you're so right about, um, yes, it's always about hot flashes because that's what we see in sitcoms, right? There's always someone comically fanning themselves. So yes. 34 symptoms. And again, I'm not reciting them to scare the crap out of everyone. It's more to be aware so that you can connect the dots so that they don't come out of left field and that you're not, you know, baffled and, and wasting your time and copays seeing a bunch of people.

So,

Jill Stoddard: I think that's a really big thing, right? It's like you have joint pain, so you end up seeing two rheumatologists and your hair's thinning or your skin is dry and you're going to the dermatologist and you know, it's like doctor after doctor. If you know you're having all of these symptoms in your forties, you can go, oh, this is probably

menopause, and maybe I should talk to someone about treating my menopause instead of seeing all of these different doctors for these quote unquote mystery symptoms that aren't really a mystery at all.

Jancee Dunn: Right, exactly.

Jill Stoddard: And we certainly won't all have all 34 symptoms.

Right. This is a, not every single woman has these 34 symptoms.

It's a handful of these, and they'll differ from person to person.

Jancee Dunn: Precisely. And you know, many of the OBGYNs that I interviewed for this book, or or menopause specialists, they would say, Some women get no symptoms. Truly they sail through menopause without one symptom. Please get that out there to your readers. And I said, okay. So, okay, yes, you make it a handful of bees, but again, it's just helpful to note.

So it's hot flashes, night sweats, irregular periods, mood swings, plummeting libido. May I interrupt here and say that a lot of this stuff, it's also sometimes if you don't know you can just think, oh, well, midlife, of course I'm tired. You won't realize that it could be something else. You just think, oh, this is just life stuff.

Okay. Where was I? Breast soreness. I had breast soreness when I was going through perimenopause and I thought that I was pregnant

I was 45 at the time and I had a toddler and I remember thinking, oh, I've skipped three periods.

This is weird. I was up at five in the morning cuz I couldn't sleep. And I remember turning over and my boobs hurt and I thought, oh, I'm pregnant because that's where I was in my life. Like I, I added a little kid and I thought, oh, okay. So it was not pregnancy. Breast sores. Okay.

Headaches, vaginal dryness. This is a big one. Because your whole body dries out. Including your vaginal area, it all your skin. I can remember my ears dried up and looking in the mirror at my ears and they looked like, um, trader Joe's mango slices, the dried mango slices, even kind of the same color. And normally I had fairly, you know, supple ears as far as ears go.

Jill Stoddard: And what doctor do you go to when you're like, I've got dried mango ears.

Jancee Dunn: Yeah. Do you go to Dr. Trader Joe? So, okay. Um, vaginal dry. Burning mouth. This is more

Jill Stoddard: one was new for me. Yeah, I hadn't heard that one before.

Jancee Dunn: Sure. Tingling and hands, feet, gum disease, uh, extreme fatigue, bloating, digestive problems, joint pain. Yes, extremely common. , depression, muscle aches, itchy skin. It's that dryness.

Electric shocks, terrible sleep, brain fog. May I also say brain fog Research shows I interviewed neuroscientists, all kinds of people. Brain fog, in fact, goes away. When you're through menopause, and I think that's a fucking miracle because how many things do you lose in your life, bodily and in your mind that then return?

Not too many. Usually when they're gone, they're gone. But I can remember being in the midst of brain fog and thinking, how am I gonna write this book? I remember I couldn't remember what the word was for butter knife, and I was saying to my husband, Hemi, the shiny thing, the shiny thing.

So anyway, but that your marbles will roll back and that is so exciting.

Jill Stoddard: I think that's one of the scariest symptoms. And I've had so many women friends that think they have early onset Alzheimer's disease. I mean, that word finding is so difficult, and especially if you're someone who's highly educated and used to doing really well in academic kinds of endeavors, and then all of a sudden you're like, you know the thing that's furry with the four legs and the tail, and it says woof, woof, like, I mean, it's just incredible.

And a friend of mine is a neuropsychologist and she was the first person to send me an article saying, this is a symptom of menopause. And it comes back after. And I was like, what? Why didn't anyone tell me this before? I love that that information especially is getting out there.

It's not just hot flashes. If you feel really dumb, it's your hormones and you will bounce back. Don't panic.

Jancee Dunn: It's so reassuring because of course that's where your mind goes, right? You think, oh, okay, Alzheimer's. Here it comes.

Okay. So then we have. Thinning hair that happened to me. Brittle nails, incredibly like baclava. Um, my nails. Weight gain again, five pounds on average. Incontinence. Yep. Dizziness or vertigo. That also happened to me. Increased allergies. Loss of bone density. That's something you really should keep an eye on with your doctor.

Irregular heartbeat. I went and saw a cardiologist because he started getting, raising heart. Weirdly body odor. Good times. Irritability, anxiety, and panic disorder. And again, you may only get a few and it can be hard to tease out because often people in their forties and fifties, they're in the middle of some serious life stuff, right?

They're taking care of sometimes of kids and elderly parents, a lot of them have jobs and it's just a lot of stress.

Jill Stoddard: Yeah,

and I think this is really important. We have listeners who are mental health professionals who maybe aren't in, you know, approaching midlife or menopause yet, and I think this is really important for mental health professionals to know that if you have women in their forties coming in with newly developed depression, anxiety, panic attacks, like this is something to talk about. That this could very well be menopause and that was not something that when I was a therapist in my thirties, I certainly didn't know that and never thought about that with any of the midlife women who came to me. It certainly wasn't part of our education. Maybe that's changed in more recent years, but you know, I hope our therapists listening that this will, you know, really shift what they're looking for when they have women of that age coming in.

Jancee Dunn: That's so great to tell your listeners and that if people are prone to depression, then perimenopause can make it a little worse. And so it's good to screen for these things.

Jill Stoddard: So let's talk about what's happening in the body. You use a lawnmower metaphor that I love. That was another thing I read out loud to my husband. I'm like, how great is this? It makes

so much sense. I wanna tell Scarlet. Scarlet's, my daughter who's 11, I'm like, I'm gonna tell her when she gets home from school.

So will you share that? Tell us a little bit about what's happened because you know, it's, we all think about, oh, your estrogen decreases, but it's really not quite that simple. It's sort of all over the place, but progesterone also plays a role. So can you share that metaphor?

Jancee Dunn: Yes, of course. But, what do you tell Scarlet, or have you had those conversations? If she's 11? Have you given her the menstruation talk yet?

Jill Stoddard: Yes, so we had definitely at the menstruation talk from a young age. Both my kids, you know, my tampons would be out and they actually thought they were very cool and they like to play with them cuz they're kind of funky, you know? And my other child is a son.

So, you know, they both know all about periods and they know all about tampons and pads and all of those things. We never really talked about what's happening in the, I mean, we talked about like, The egg and the uterus and the fertilization and that kind of thing. But we didn't really talk about the hormones at all.

We've talked a little bit about menopause because, well, this is slightly embarrassing to admit, but,

there

Jancee Dunn: no, no. That's, that's why we're here. Come

Jill Stoddard: This is why we're here. We're gonna talk about it. So we, my family was planning last summer. We were gonna live on the east coast for the summer, and I spent hours and hours and hours trying to make this happen and get a rental, da, da da.

Long story short, it all fell apart at the last minute and I absolutely lost my mind. And I picked up the remote control and I chucked it across the room. And my husband's an IT guy. So we have one of those like fancy, smart remote controls that cost like \$300, chucked it across the room. And I just screamed cuz my family's on the east coast and we were living in California at the time and I just screamed, I just wanna be with my fucking family and everyone in my, my two children and my husband just looked at me with these wide eyes.

Like what in the world is happening, who are you and what did you do with my mother? Because I have never ever done anything like that in my entire life. I will say what ended up happening is we moved to the east coast, which is what I actually wanted to do, all along. So my hormonal rage actually ultimately landed me with a good outcome.

But because of that, cuz I like kind of scared my kids, you know? And I felt really ashamed about it. But that led us to have a conversation that like, just like we've talked about puberty and what happens with your hormones and your emotions when you go through puberty, when you get to be my age, you go through something called menopause where there's also a lot of hormonal changes and that can affect your mood.

So we had kind of like a kid version of that talk mostly just so they didn't think I had like completely gone off the deep end.

Jancee Dunn: And they probably accepted it, right? Like, oh, okay, so that's a,

oh, I love that. , I wrote in the book that, um, in the health curriculum in the uk, menopause is in health education for elementary school kids and older. And I thought imagine, because otherwise it's like women's health just falls off a cliff after you have a baby in most people's minds.

But there's more to it, right? So, I, I love that you're educating your son too. Like they, they should know and it's all okay. Then it takes away the fear, the unknown, you know? Um, So you had asked about, okay, yes, Mary Jane Minkin had, um, she's, uh, at Yale Medicine and she is so good about breaking down these concepts.

In terms of perimenopause, so, as perimenopause occurs, And the ovaries start to sort of power down, they function less consistently. Your estrogen production becomes erratic and you're ovulating not as well, and we make less progesterone.

Okay. And that's what she told me. And she said that you used the metaphor of a lawn to explain the relationship between estrogen and progesterone. So the endometrium, that's the grass estrogen is the fertilizer that causes the grass to grow. And then think of progesterone as the lawnmower that cuts the grass.

So when you make less progesterone, which happens in perimenopause, starts to ramp down, you end up with overgrowth and what she calls funky bleeds. Uh, funky. I mean, the definition of is when you're in the ocean and suddenly there's a red cloud around you.

So, You know, and again, if you're still bleeding, you're still ovulating, you should still take your birth control pills, even if it's erratic.

So that's what was going on with me. And, , another fun fact is that, your period is known in Germany as strawberry week. I thought I

Jill Stoddard: Oh, I loved that too. Strawberry Week. That was another one I read

Jancee Dunn: kinda sweet. Your husband. Very, very patient at hearing all these little fun facts. Yeah.

Jill Stoddard: Well, he did start to roll his eyes at me after, after a little

while he did the making fun of, and a little bit of eye rolling, but I made him listen, so I love that. I just, I think it's like a really easy way to wrap your head around what's happening and I also didn't realize, I mean, I learned so much in this book and that estrogen doesn't just decrease. It's actually all over the place. And part of the reason that you bring that up is to make the point that we feel sort of like, not compelled, but you know what, it's like what? What we think we're supposed to do is go to our doctor and say, I think that I'm in menopause can you do a blood test?

Can you do a test to see what my hormone levels are and confirm for me if this is perimenopause or not? And you make the point that. Those tests are actually not valid because during that phase, your estrogen's actually all over the place, so you're not necessarily capturing that information correctly.

Is that right? So like you suggest like, don't bother with the tests, it's a waste of time and money and it's not really accurate or valid.

Jancee Dunn: Every single expert I talk to, and because I've been doing this for decades, I had a laundry list of the top experts in the country. I really did my homework and my research because I wanted the best of the best to advise me because I'm not a doctor. I can synthesize the information and I can break it down, but I wanted to consult with all of them and every single one.

And I talked to, I don't even know how many said, do not take those tests. Your hormone levels change by the day. What is happening on Tuesday may not be happening on Wednesday. It is a way to get people in the door and to charge them money out of pocket and that, you know, any good ob gyn and if you have one that you feel like is not hearing, you find another one.

You know, sometimes women are, um, loyal to the doctor that delivered their babies or because they've had a long relationship, but not everyone is trained in menopause care. And if, if someone doesn't, Trained then, you really can go to somebody else. You owe it to yourself.

But yes, they all say, please do not do that. Most of us can just diagnose what's going on with you when we ask you about your symptoms.

Jill Stoddard: symptoms

Jancee Dunn: yeah, and it's, it's as simple as that. And just simple math about your periods and, data and

so, A good way to, if you wanna talk to a specialist.

Um, another thing that I wrote about is you go to the North American Menopause Society, nams, N A M S, and they have a feature there where you type in your ZIP code and up pops a trained menopause specialist, and they have to be certified every three years. It is a real process. They're very rigorous.

And these people, I mean maybe three quarters of the experts that I quote in this book, they are specialists that you can consult. Now, generally it is out of pocket. I don't know if there's a generous insurance policy that pays for it, but I highly doubt that your health insurance will pay for it. But the thing is, you go one or two times and then they kick it back to your primary care physician.

Who can take over from there. But what you're doing is it's like going to somebody who knows everything and can quickly coordinate all your care, tell you if you need any specialists to go to inform you about all the treatments that are out there. Most everything can be treated in some way, whether it's medication or lifestyle changes.

And so, you know, I just randomly threw in a Connecticut address. I had just gone to Connecticut to interview. Um, Dr. Minkin and up popped Luv Nepal, who's also at Yale and who is quoted in this book as well. I spent a delightful afternoon with her. When you look at her research that she's done specific research on menopause, it's dozens and dozens of papers. You can't pronounce any of them. You don't know what's going on. She's just, she's brilliant. And so that's the person in charge of your care. Great. I wish there were more menopause specialists, but they are scattered across the country. Some of them do, um, telehealth visits, and it's, it's, I think in, in many cases, it's worth the time and the copays that you'll save.

And the worry, because you'll think, okay, I have somebody who knows exactly what

Jill Stoddard: about. Yeah, and that will link to that in our show notes. I think the website is menopause.org for nams, right? Yeah, menopause.org. Yeah. Yeah, that's, that's awesome. Well, let's talk a little bit about some of these symptoms. So you had mentioned about weight gain, especially in the, the middle section being common, um, during the menopause transition, or that it's

common in midlife and then losing it can also be particularly difficult during that menopause transition.

But you Outlined this fascinating link between hot flashes and sleep and weight gain. Can you talk a little bit about that connection?

Jancee Dunn: Well, yes, there's been research that if you are sleep deprived, that for various reasons, you can gain weight. It can be everything from lifestyle, making bad food choice, not bad food choices, um, just choices that you maybe wouldn't normally make. I, I'm so careful about the language that I use around weight gain and diets because I just, you know, I feel like women have enough on their plate.

I get a lot of questions about, oh, how can I lose the weight? And I just feel like, you know what, if you can, you can, if it makes you feel good, you can try. But like, it may be that that middle is, is here to stay. And, and that's okay too. And it's more about using this time to figure out what's next for you in your life.

Like, how can you live the healthiest life? In the hopefully many decades that you have left and like just, you know, it's really an opportunity to assess how you're doing and are you paying enough attention to your own health as opposed to taking care of everybody else and give yourself permission and the space to do so.

Jill Stoddard: Yeah, I

Jancee Dunn: you

Jill Stoddard: have I have a

Jancee Dunn: it

Jill Stoddard: who was upset about some weight gain. Um, I actually recommended your book to her and she read it before I even had the chance to read it. Yeah. And

she

loved it. Loved it. And you know, where we came to is, is this place of acceptance of like, this is my 53 year old body, and that's okay.

And what I'm gonna focus on is making it as strong and capable and able to do the things I want it to do to live my best second half, irrespective of its size or shape.

Jancee Dunn: That is absolutely, that is perfection, isn't it? That is exactly. That's my message entirely. But I will say, so yes, there are studies that show, you know, there's a direct link to sleep deprivation and weight gain, for all kinds of reasons. And so, If you have severe hot flashes that are keeping you up at night, that are ruining your life and you can't function during the day, then again, you, I really do feel that you owe it to yourself to see if you can get them treated.

If you don't wanna take hormones, there's a really great new non-hormonal treatment for hot flashes. It's called fezolinetant. And it was just approved by the FDA a few weeks ago. That is within weeks it kicks in and it absolutely decreases your hot flashes dramatically. And many specialists told me, if you can get your hot flashes under control using, um, there's many medications out there, then that may affect your sleep, which in turn

may affect your metabolism. So there's this good cascade of health effects if you get your, you know, hot flashes under control, which can be debilitating for women. And the thing about hot flashes is that you don't know how long they're going to last if you're not treating them.

And so I found this over and over when I interviewed women. They would say, well, I had terrible hot flashes. I was deranged in the day, but I thought they would go away the next month. You know, it's just like optimism, right? Like, oh, I, I figured not gonna last forever. In some cases, they can last until you're 80 years old.

Not many, just a few. But, but it is true. There have been documented cases. So if they're making you deranged, it behooves you to see a doctor.

Jill Stoddard: well. The other thing you point out in the book too is that research has found that when we have hot flashes, we have a spike in cortisol. That stress hormone we all know is bad for us. That causes inflammation. I don't know, I don't think you said this in the book, but like maybe that's where the joint pain is coming from, right?

Because cortisol can create. All sorts of inflammatory issues and cortisol spikes during hot flashes. So there's lots of reasons to get those under control. Beyond like just them being uncomfortable is reason enough. But there's all sorts of

other compelling reasons that you know that it could really impact your quality of life in so many different and how you feel in so many different ways if you treat the hot flashes.

Jancee Dunn: It's all connected, isn't it? I mean, you know, again, I'm not a doctor, but I heard that over and over and over again and, you know, just, just taking that step of going to a doctor I know can be difficult. And many of them told me to tell readers to make a separate appointment. Don't just tack on. You know, 10 minutes at the end of your annual, after you've had your pap smear or whatever, and be like, you know, by the way, I have hot flashes to treat it as a separate appointment.

You can do a telehealth appointment. Just something where you're giving menopause the, the attention that it deserves because it, it's so

Jill Stoddard: it's Yeah.

What would you want women to know, and men too, I suppose, but the women and their partners. What would you want women and their partners to know about sex and intimacy during this time?

Jancee Dunn: To have a frank conversation, even if it's painful and embarrassing because. You know, I was avoiding my husband because sex started to hurt. This is incredibly common. Um, some research shows it's, you know, up to 70% of women, all the skin in your body gets drier. It gets more irritated, it gets less supple.

That includes you know, down below. And so, um, when it dries out, it, it hurts. And so many people are shocked at how much penetrative sex really is painful. And that was the case for me, and I began to avoid my husband. On Friday nights, he plays this, um, he's in this league, quote unquote, it's called, uh, Fortnite Over 40.

And it's this bunch of people, older men who got sick of being trash, talked by teenagers and formed their own Fortnite group

Jill Stoddard: He is avoiding people like my nine year old son who's doing the trashing Fortnite. Yeah.

Jancee Dunn: Right. And is more skilled. Right? And so he would, after that, he would come upstairs. I would be upstairs reading, and I would hear him on the steps, and I would think, oh, here he comes.

And I would quickly shut off the light, shut my book and feign sleep. Is this a healthy behavior, you know, in your relationship? No. And so finally when I started doing research on this book, I, I was just avoiding him all the time because, My cringing and grimacing was probably not an aphrodisiac for him, and also it just took forever in order for it to not really, really be painful.

And so finally I came clean and said, Tom, I have to tell you sex really hurts. And he said, so that's what's going on. I thought you didn't care about me anymore. I thought we were in real trouble relationship wise. And I said, why? And he said, because I knew you were faking sleep. And I said, how? And he said, he said, you're cause in real life you snore and you weren't snoring.

So I was doing like the fake movie sleep, right. Where I was like, you know, Quietly sleeping with my mouth shut instead of making, you know, hog noises, which he assures me I do. So he knew something was up. That's the thing most people know, something is up. And so I, I explained to him the way a clinician would just biologically what was happening to me.

And I said, I am going to see a doctor because vaginal dryness is one of the symptoms, unlike the others. Many of them do pass vaginal dryness. The doctors told me tends not to. So if you do have it, it's worth going to the doctor. And I said, I'm gonna buy some vaginal moisturizers, some lubricate lubrication, and I got just, for me, I'm just saying what worked for me.

Um, topical vaginal estrogen, it is safer than systemic hormones. So that's what worked for me and it was kind of a miracle, and again, I'm not endorsing it. Every single menopause, is different for everyone. But it helped both with the painful sex and with having to pee all the time because my motto began to be, You know, might as well pee while I'm here, no matter where I was.

And I know it's not the coolest motto, but that's where I'm at. And so those three things really helped for me. And also I just told him like, you have to be a little more patient with me, you know? And he said, okay, that I can do. And for him, it was a hell of a lot better than thinking that I was falling out of love with him.

So,

Jill Stoddard: Yeah.

Jancee Dunn: I, I know it's, it's not a sexy conversation. It isn't. But it's, it's a useful conversation because again, you deserve to have a healthy sex life if that's what used to make you happy,

Jill Stoddard: Right. And I think there's also a lot of misunderstanding around sex that, you know, having a naturally lubricated vagina means you're excited and if you are not lubricated, you are not excited. And so that which

is not actually accurate, but that men or partners can misinterpret that as, oh, I'm no longer effectively turning you on, when actually it has absolutely nothing to do with you.

It just has to do with estrogen and so I, you know, so I think it can be a helpful conversation for them in that way as well.

Jancee Dunn: Yes.

Jill Stoddard: Yeah. so let's talk about intervention. So you do an incredible job in this book of going through so many different, like pharmacologic, you know, over the counter stuff, prescription stuff, non-pharmacological interventions.

So I really cannot recommend this book enough for people who wanna learn about menopause. People, all women who will. Eventually go through menopause. It's incredible and there's, there's a lot in there and I think, you know, the most helpful thing is to sort of suss out what feels right for you and then you can go to your doctor fully informed saying, Hey, here's what I'm thinking about might be helpful for me, you know, what do you think? But what I do wanna take some time to actually talk about is menopausal hormone therapy, M H T, which most people probably know, know as H R T or hormone replacement therapy. But that name was sort of changed recently. And so hormones used to be given freely back, I don't know, eighties, nineties, et cetera, and then became controversial because there were some research findings about.

20 years ago where everyone sort of panicked and decided the hormones are bad, it increases your risk for cancer. And that really wasn't quite accurate. And I know this is a huge and complicated topic, but do you think that you could just talk a little bit about like, I. Well, first of all, does hormone therapy treat all symptoms of menopause?

And then what are some of the risks and benefits and like what do you recommend for women? Like I've talked to some of my friends who just sort of think like, oh, I'm not supposed to want hormone therapy, and they resisted. And then, you know, they were suffering so much, they finally went on it and were like, oh my God, what have I been waiting for?

You know, it's just been a game changer.

Jancee Dunn: Yes, and it, it really does depend on the woman and where they're at in menopause. And yes, it was, um, the Women's Health Initiative was the big study and it was huge. And it was, in 2002, they, um, abruptly pulled the plug on it. And that there was, a greater risk for blood clots and, stroke and breast cancer.

And it scared women to death and since then, this data has been analyzed a lot and, there's a lot of limitations in this study. The average age of participants, um, in the Women's Health Initiative who started hormone therapy was 63. That's, that's a dozen years after the average age of menopause. A fifth we're between the ages of 70 and 79. , a lot of 'em were smokers. Half of them were former smokers, or current smokers. So it was very, it was a different time. And what's interesting is a lot of the specialists that I talked to said that younger women, um, millennials and earlier who are now going through perimenopause, which is just so mindblowing to me.

That time period is very hazy to them, and they're not as put off or frightened by hormone therapy being dangerous. So they're starting to sort of trickle back and at least have a conversation with their doctors about it. So what, you know, the North American Menopause Society and other medical organizations, there are official stances If you're in good health.

And if you're within a 10 year window of your last period, and if you have severe symptoms, then the benefits outweigh the risks. And so, I always tell everyone, arm yourself with as much of your medical history as you possibly can talk to any living female relatives and find out everything about their menopause when it started, if they've ever fallen and broken a hip, you know, talking about bone and ask your mother. I didn't know that my mother was on hormone therapy. She was on Premarin, which is stands for a Pregnant Mare Urine. That's where they got it from. Um, admirable transparency.

Jill Stoddard: Right. They don't usually name the drugs that way.

Jancee Dunn: No. Again, like it helps in so many ways. It's the most effective treatment.

I mean, Nam says this in a bunch of other organizations. It's the most effective treatment for hot flashes, genital urinary symptoms of menopause. That's the peeing that we talked about earlier, the vaginal dryness. Um, and it has been

shown to prevent bone loss and fracture. If osteoporosis is a big thing in your family and in your older relatives, it's worth looking into.

So I just always say like, the, fear that women had is real. Those are some scary statistics, but if your symptoms are making you unable to function. I mean, we don't talk about quality of life in terms of women's health as much as we should.

I'm really tired of the directive to grin and bear it. I've been to a couple of doctors when I mentioned symptoms that said, oh, have a glass of wine. I mean, you

can't drink

Jill Stoddard: It's not helping.

Jancee Dunn: se. Yeah, exactly. And, and, and like, I, I just really prickle at that kind of, oh, well, it's just, it's just the way it is, you

Jill Stoddard: Yeah, there's so much sexism and misogyny and gender bias inherent in the fact that we don't know anything about this and we've got, you know, so much research and treatment for erectile dysfunction and prostate issues and everything else that's male and women should just grin and bear it cuz it's a quote unquote natural part of life and Yeah. It's, it's, and and I do think that we're talking about this much more now and that is going to, women are not gonna stand for that very much longer. And I'm glad that this conversation around hormones is changing too and, and how important it is, like you said, to really talk to your doctor about your

individual health history. Like for me, I have almost no cancer in my background, but I have, a lot of cardiac disease in my family. So for me, hormones would probably be a great route to go because there's some cardiac protection. I'm not at risk for cancer. Right. And that would be different for somebody who has a different health history, but that it really is individualized and, and certainly not, dangerous for everybody in the way that it was once thought to be.

Jancee Dunn: Listen, I interviewed Dr. Lauren Stryker at Northwestern, and she's one of the preeminent authorities on menopause in the country. And she said, yeah, I'm on it. Of course I'm on it. Ask any obgyn. And I thought, well, that's interesting because who would know better about all the risks?

Who would've scrutinized the research more than Dr. Stryker? And she said, yep.

Okay.

Jill Stoddard: on it.

Yep. Yeah. Yeah. I, I totally agree. I love that. Well, we're coming up to the end of our time, and so I thought we could end on the upside of menopause, and one of the, I'm putting in air quotes, quote unquote symptoms. It's not really a symptom, you know, that's not listed in those 43 symptoms, but that all the women I know talk about is you get into this phase of midlife 50 ish and

you basically have zero fucks to give. Let's just put it that way, right? Like I am. And so, so I'm 50. I'm having a lot of these symptoms that we've talked about today. And I am also in the best place I have ever been. I am happy with myself and my life and my family. Like I feel like this is the best time of my life.

And so I'm wondering if you could talk a little bit about like, the upside of menopause of this stage of life. And I think like this is an opportunity to kind of create a mindset shift around menopause. You know, that it's not this like dirty little secret or hysterical women with their mood swings and their hot flashes. So what do you think are the upsides of this time? And like if you could rebrand menopause, what would you want us to walk away feeling about this time, this transition in our life?

Jancee Dunn: It's so funny you should say that about being 50 and that you feel like this is a great era for you. And I was just having this conversation with my teenage daughter and she said, oh, what was your very favorite era? And I said, oh, it's now. It's now. And she. If I were 14, I would think, oh, you're just giving me, you know, you're just giving me like fake men positivity, you know, but, but in fact, it is absolutely a hundred percent true for the reasons that you enumerated.

It's, it's that like, in a weird way, I'm returning to my pre menstruation like, Weird self, like where I'm, I'm not tied to these monthly cycles and I'm not worried about, you know, what my body's gonna do every month. And like, I'm rediscovering all the weird things that make me, me, I don't care about what other people think of me.

If I did, I wouldn't be talking about peeing myself

on your

Jill Stoddard: True. Yay.

Jancee Dunn: I Don't care.

And I I cherish my friends. I'm still in good health. I have to pay attention to my health. Now. I can't be careless the way that I was in my twenties, but I, I really feel so happy. I feel creatively fulfilled and my daughter will never believe me until she gets here herself.

But now that I'm through most of the symptoms, I have occasional hot flashes. I, I missed my face at nighttime when I wake up, and they're mostly at night, but, The rest of it. I'm mostly through it. And, and again, you can mitigate all these symptoms. I have to put multiple applications of oils on my limbs every day, or else I kind of look, um, I've got that crepe look that is, again, because that makes me feel like myself.

I do what I can to make me feel like myself, but I'm kind of easing more into myself. The, the more the years go by and it's really nice. And, I remember there was one quote, That I really loved. , the author, uh, Alice Walker, she said it was a time of extremely high power and shape shifting, and I love that, and I thought that that was so true.

I don't feel invisible because I won't allow it and I don't feel powerless. You have to be kind of cognizant of this stuff all the time in order to, um, feel. Again, like yourself and to feel like you are still part of the world, if that makes any sense. But I really do feel, I really do feel great.

And that's an, I swear that's not just like rah rah rhetoric. It, it really is true. Once you're through the symptoms, it's kind of like, ah,

Jill Stoddard: Ah, when you know about the invisibility thing, I hadn't thought about this, but my co-host Debbie pointed out like, In some ways it's a relief that like as a, as a woman to be invisible to like, say heterosexual men. Like I don't walk down the street and get cat hauled anymore, thank God. Like how nice, you know, leave me alone.

I don't need to be sexually harassed anymore. So that there can like even be almost an upside of like, oh, you're a 50 year old woman. You're invisible now. Like, okay, great. So if I'm invisible to you, then I can go kick ass at life, not worrying about having to fight you off all the time. You

know?

Jancee Dunn: You're ta you're taking it all in instead of worrying about how you're putting it all out there. Like it's about, it's also about your time. I quoted someone else in the book, um, about saying like, when they meet somebody, it's like, well, are you worth my time? Like you're, your time is more valuable to you because you are more valuable to you hopefully, you know, and, but again, it's, it's about like taking it all in and what is stimulating me in, instead of being worried like my poor four, 14 year old daughter, you know, is everyone looking at me and you know, in the meantime you should, I was just driving her to the grocery store and you should see what I was wearing.

I don't care.

Jill Stoddard: I know Exactly, exactly. Well, this has been so great. I know you have to go and have another appointment. This was such a great conversation. There is so much more in this book. I mean, stuff about like detailed skincare routines and what to do about urinary incontinence. I mean, there is so much, and like I said, it is hilarious and a wonderful read and I, I highly recommend it to everyone.

Thank you so much for being here at Jancee. I really appreciate it.

Jancee Dunn: You're so easy to talk to. Um, you're wonderful at this, and I could stay here all day. I wish I didn't have this meeting to

Jill Stoddard: Same. Me too.

Jancee Dunn: talk to you all day. I know.

Jill Stoddard: Well, maybe we'll have to do a, a part two if we have listeners who have burning questions or something like that.

Oh, where can people find you if they wanna learn more about you? Do you have a website?

Jancee Dunn: oh. Just janceedunn.net.

Jill Stoddard: All right. Thank you.

so much, Jancee. Take good care.

Jancee Dunn: Bye. Thank you for listening to psychologists off the clock. If you enjoy our podcast, you can help us out by leaving a review or contributing on Patreon.

Yael Schonbrun: You can get more psychology tips by subscribing to our newsletter and connecting with us on social media.

Jill Stoddard: We'd like to thank our strategic consultant, Michael Harold, and our podcast Production Manager, Jaidine Stoutt Williams.

Debbie Sorensen: This podcast is for informational and entertainment purposes only, and is not meant to be a substitute for mental health treatment. If you're having a mental health emergency, dial 9 1 1. If you're looking for mental health treatment, please visit the resources page of our website offtheclockpsych.com