MOTIVITY®

RESOURCE GUIDE

Hot Flashes and High Stakes

Navigating Perimenopause and Menopause as Behavior Analysts

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1. What Are Perimenopause and Menopause?

Perimenopause

Also called the menopausal transition, perimenopause is the period leading up to menopause during which ovarian function begins to decline and hormonal fluctuations — particularly in estrogen and progesterone — become irregular.

Typically begins:

Mid-to-late 40s (can start earlier)

Duration:

Average 4–8 years

Ends:

12 months after the final menstrual period

Key feature:

Hormonal fluctuations are often erratic — not simply declining — making symptoms unpredictable.

Menopause

Defined as the permanent cessation of menstruation, confirmed after 12 consecutive months without a menstrual period, in the absence of other physiological or pathological causes. It marks the end of ovarian follicular activity.

Average age:

51 (normal range 45–55)

Early menopause:

Before age 45

Premature ovarian insufficiency (POI):

Before age 40

Key feature:

Declining estradiol, progesterone; rising FSH (follicle-stimulating hormone).

2. Common Symptoms

Note: Rather than serving as a diagnostic tool, this list is intended to help participants understand the breadth of ways this life stage can affect the female body. Symptoms vary widely in type, timing, and severity.

Vasomotor & Sleep

- Hot flashes
- Night sweats
- Insomnia
- Waking at night
- Early morning awakening
- Vivid dreams
- Nighttime anxiety
- Irregular periods

Cognitive & Emotional

- Brain fog
- Forgetfulness
- Losing words mid-sentence
- Difficulty focusing
- Mood swings
- Anxiety
- Irritability
- Depression
- Panic attacks
- Reduced stress tolerance
- Loss of confidence

Physical

- Fatigue
- Joint pain & stiffness
- Weight gain (abdomen)
- Vaginal dryness
- Lower libido
- Headaches / migraines
- Thinning hair
- Dry / itchy skin
- Heart palpitations
- Breast tenderness
- Bloating
- Acne

Less Common / Surprising

- Electric shock sensations
- Tingling / numbness
- Burning mouth
- Metallic taste
- Tinnitus (ringing ears)
- Vertigo / dizziness
- Internal vibrations
- Restless legs
- Frozen shoulder
- New allergies / sensitivities
- Gum problems

3. A Behavior-Analytic Framework

As behavior analysts, we have a conceptual toolkit that offers a uniquely practical lens on the menopausal transition — one that focuses not on deficiency, but on context, function, and change.

The Core Concept: Menopause as an Establishing Operation (EO)

What is an Establishing Operation?

An establishing operation (EO) is a biological or environmental condition that temporarily alters (1) the reinforcing or aversive value of stimuli and (2) the probability of behavior associated with those stimuli — without being a behavior itself.

Perimenopause and menopause function as massive, prolonged, and fluctuating EOs. Declining estrogen and progesterone change what is reinforcing, what is aversive, and what is effortful — shifting the behavioral landscape without those shifts reflecting character, weakness, or choice.

Self-Management as the ABA Response

A functional approach to menopause involves the same core technology we apply to any behavioral challenge:

- Identify antecedents, behaviors, and consequences associated with problematic symptom patterns through self-monitoring and data collection.
- Modify antecedents: adjust scheduling, temperature, workflow structure, and environmental demands to reduce aversiveness and build behavioral momentum.
- Build alternative behaviors: paced breathing for hot flashes, compensatory memory strategies, structured routines, mindfulness-based distress tolerance.
- Engineer reinforcement: ensure that rest, help-seeking, and disclosure are reinforced rather than punished in professional environments.

The Stigma Problem — A Behavioral Analysis

Professional silence around menopause is itself a behavior-analytic problem.

If discussing symptoms has been historically punished — through lost credibility, reduced leadership opportunities, or social disapproval — avoidance and non-disclosure are perfectly predicted outcomes. This is not weakness. It is behavior under contingencies.

The behavior-analytic prescription

Change the contingencies. Create environments where disclosure is reinforced, model open discussion at senior levels, and treat colleague support as a behavioral skill — not a personality trait.

4. Second Spring — A Different Perspective

Western medicine has historically framed menopause in terms of deficiency — declining hormones, bone density loss, a system winding down. Second Spring offers a fundamentally different narrative: one of redistribution, not depletion.

The Origin

The concept comes from Traditional Chinese Medicine (TCM), where menopause has long been understood not as a decline but as a redistribution of vital energy (qi). The energy previously directed toward menstruation and reproduction is retained in the body and redirected — toward the heart and mind. What emerges is a woman who becomes more vital, more wise, more fully herself. The end of one cycle is the beginning of another: a second spring.

Cross-Cultural Perspectives

The Second Spring framing is not unique to TCM. Variations appear across cultures:

- In many Indigenous traditions, postmenopausal women are recognized as elders whose wisdom and spiritual authority grows rather than diminishes.
- In Japanese culture, the word for menopause is konenki — translating roughly as "a time of renewal and energy." Japanese women historically report lower rates of vasomotor symptoms, which researchers attribute in part to cultural framing that does not prime the transition as loss.
- In some South Asian traditions, postmenopause brings expanded social freedom and elevated status — a genuine shift in role and recognition.

What Many Women Actually Report

Clarifying of values	What matters becomes much clearer. Tolerance for what doesn't matter drops. Many describe this as finally having permission to stop performing, pleasing, and shrinking.
Shift in risk tolerance	Research suggests postmenopausal women often become more assertive, more willing to voice disagreement, and less concerned with social approval — connected in some studies to declining estrogen's effect on social threat sensitivity.
Creative surge	Many artists, writers, and leaders describe their most generative and authentic work emerging in their 50s and beyond, freed from earlier social constraints.
Clearer relationship with body	After years of the body being tied to reproduction and others' perception, many women describe a new ownership of their physical self.

The Behavior-Analytic Connection

If earlier life involved significant behavior maintained by social reinforcement — approval, likability, fitting a role — the menopausal transition can function as a kind of extinction of those external contingencies, clearing the way for behavior more directly connected to personal values and intrinsic reinforcement.

What looks like loss from the outside may actually be a thinning schedule leading to more durable, self-directed behavior.

5. Resources and References

Apps & Tracking Tools

Category	Tool / Resource	Notes
Cycle Tracking	Clue (helloclue.com), Flo (flo.health)	Useful for identifying hormonal patterns tied to symptom cycles
Sleep & Health Tracking	Oura Ring (ouraring.com), Apple Watch, Fitbit	Track sleep quality, HRV, temperature trends
Body Composition	InBody Scan (inbodyusa.com)	Measures bone and muscle mass; requires a provider referral
Fitness Tracking	Apple Health, Fitbit app	Activity, heart rate, and resting patterns
Nutrition	MyFitnessPal (myfitnesspal.com)	Food and macro tracking; useful for weight management goals
Exercise	Trainerize (trainerize.com)	Structured workout programming
Mindfulness	Headspace (headspace.com), Calm (calm.com)	Stress regulation, sleep support, mindfulness practice

Women's Medical Services

- Midi Health (joinmidi.com) — Telehealth platform specializing in women's hormonal health and menopause care
- DEXA scan — Bone density testing; requires physician order; recommended to discuss timing with your provider
- Menopause Society Certified Practitioners — Find a specialist at menopause.org/for-women/menopausehealth

Books & Podcasts

- The New Menopause — Dr. Mary Claire Haver (Rodale Books, 2024). Comprehensive guide to navigating menopause with current evidence.
- The New Perimenopause — Dr. Mary Claire Haver. Focused on the transition years and managing early symptoms.
- The Unpaused Podcast — Dr. Mary Claire Haver (thepauselife.com). Weekly episodes on women's hormonal health.
- Forever Strong — Dr. Gabrielle Lyon. Evidence-based guidance on muscle health, metabolism, and longevity — highly relevant for this life stage.
- Menopause Quiz — thepauselife.com/pages/new-menopause-quiz-lp. A starting-point self-assessment developed by Dr. Haver.

References

The following peer-reviewed sources informed this presentation:

Bangle, A., Williams, D., Walters, J., & Nguyen, L. (2026). Cognitive functioning in perimenopause: An updated systematic review and meta-analysis. Psychology and Aging, 41(3), 303.

Haver, K. C., Griffin, J. N., Salas-Whalen, R., & Haver, M. C. (2025). MON-208 The metabolic syndrome of menopause: The role of estrogen in an interconnected disease state. Journal of the Endocrine Society, 9(Supplement_1), bvaf149-1939.

Haver, M. C. (2024). The new menopause: Navigating your path through hormonal change with purpose, power, and facts. Rodale Books.

Hendriks, O., McIntyre, J. C., Rose, A. K., Crockett, C., Newson, L., & Saini, P. (2025). The mental health challenges, especially suicidality, experienced by women during perimenopause and menopause: A qualitative study. Women's Health, 21, 17455057251338941.