



Maria Shriver's Sunday Paper

Presents

# Your Guide to Women's Health



*Dear Reader,*

Welcome to our Women's Health Guide—created for you by The Sunday Paper team to share informative and inspirational resources from top health experts.

Women develop many diseases at a higher rate than men. Yet the sad truth is that while we live in a country that prides itself on medical innovation, we are failing women—failing to study them, failing to listen to them, and failing to provide the much-needed explanations to their most important questions.

Women deserve better. We deserve answers. And the only path forward is research that recognizes women's health as the essential, urgent priority it is. Until we bridge the gap that still exists between research in men (which we have loads of) and research in women (which is seriously lacking), becoming the CEO of your own health is essential. It's my hope that this guide will empower you with the essential information you need to do just that.

A white, handwritten signature that reads "Maria" in a cursive script, positioned to the left of the woman's portrait.

*With love, Maria*



# These Are the Longevity Habits Most Of Us Aren't Thinking About.



## Dr. Vonda Wright explains what they are—and shows us how to start doing them today.

Ask Dr. Vonda Wright about aging and she'll tell you that most of what we've been taught to believe about getting older—namely, that muscle loss, pain, and a gradual slowing down is inevitable—is wrong.

As an orthopedic surgeon, researcher, and author, Dr. Wright has spent years studying the musculoskeletal system and seeing patients, and it's taught her that strength, mobility, and vitality aren't just for the young. They are attainable for everyone.

Now, Dr. Wright is on a mission to shine a light on the biggest factors that contribute to aging with vitality. (Hint: It's all about daily habits that are doable for all of us.) She's also passionate about helping women in midlife understand the musculoskeletal syndrome of menopause, a term Dr. Wright coined to describe the often-overlooked impact of

menopause on a woman's muscles, joints, and bones. Her ultimate goal: To bring awareness to these physical changes so women can take proactive steps to stay strong and pain-free as they age.

### *The best part?*

Dr. Wright's science-backed strategies can help all of us, no matter our sex or life stage, make a positive and lasting impact on our health.

# A conversation with Vonda Wright, MD

*01 Tell us a bit about what inspired you to become an advocate for women's health.*

I'm an orthopedic sports surgeon, so my entire career has been focused on keeping people mobile. My North Star has always been this: If I save your mobility, I am going to save you from the ravages of chronic disease.

My first career in medicine was as an oncology nurse. I took care of women in the late 80s and early 90s who were in the struggle of their lives. The oncology technology was not quite as good back then. People were in the hospital one week a month for six months. As the nurse taking care of the same women and families, it affected my perspective on women's health, women's suffering, and the importance of women as decision makers.

I am also the mother of a blended family of six children, and so I am critically aware of how my choices make a generational health impact.

*02 I think most of us have heard of generational wealth, but what's generational health?*

The analogy is from the financial world, where we talk about what bank accounts to establish so that by the time our kids are 30, they're millionaires. That's generational wealth.

When I say generational health, it's all about making decisions to optimize your health and setting that example for our kids. Here's what we know: The 10 months of pregnancy can predispose your child's health for their lifetime, which means it matters how young women prepare their bodies to carry children. But it doesn't stop there, because only part of our generational health has to do with our genes. From the minute our kids are born, they learn from us through the habits they see us build and the steps we take for our health that become our norm. That is what it means to build generational health.

The reason I started focusing on women with my live events and charitable work was because if you want to improve or change something, who do you teach? You teach the women. Because they will change generations behind them. My own children and grandchildren will learn from me as an example. We have the power to change health in one generation in this country if we would just do it.

*Let's geek out on the musculoskeletal syndrome of menopause (MSM), which is nomenclature you created.*

*What is MSM and why does it happen?*

I started noticing women coming into my clinic with very specific and related symptoms, and they needed a way to explain what was happening to them. Then, when I saw what the OB-GYNs had done when they re-named “vaginal atrophy” to the Genitourinary Syndrome of Menopause (GSM). They were able to put multiple symptoms in one basket, so to speak, which enabled conversation that in turn enabled studies that enabled research. I thought, “We have got to do that for what I’m seeing in women when they hit midlife.”

The musculoskeletal symptoms I see in women at midlife and beyond are all related to the mechanism of estrogen receptors.

Hormones circulating through our bodies are just a ball of potential. They have to connect with a receptor on the cell surface or in the middle of a cell called the cytoplasm. Estrogen receptors sit there waiting to receive estrogen. When they receive estrogen, that leads to all the amazing downstream actions that estrogen has on the body.

These receptors are everywhere. We have estrogen receptors on all of our muscle, our bones, our ligaments and tendons, our adipose tissue, our immune system. Before menopause, those estrogen receptors are filled with estrogen. After menopause, there’s suddenly no estrogen in those receptors. This causes inflammation, loss of muscle mass, loss of bone density, cartilage degradation, and redistribution of fat tissue. All of these things lead to musculoskeletal disease in women, and ultimately, fracture and frailty.

*Let's break down inflammation. When estrogen dips, why is inflammation so common?*

First, it’s important to remember that inflammation is actually a very helpful, normal process in our body that we need. You sprain your ankle, it swells up, the blood rushes to it, that’s a good thing! That is your body responding to your injury and helping to heal you. What’s supposed to happen is that once inflammation has helped you heal, it goes away. That is not what happens in chronic inflammation, which is the kind that causes disease.

Estrogen is a huge anti-inflammatory, acting directly in the immune system by coordinating with a molecule called the inflammasome. The inflammasome is this multiprotein complex that activates and processes a bunch of pro-inflammatory cytokines. If we don’t have the dampening effect of estrogen helping to control the inflammasome, we get this uncontrolled release of all these inflammatory cytokines. I often say it’s like a nuclear bomb going off. There’s all this inflammation being spewed around in an uncontrolled way. Estrogen assists in decreasing inflammation and without it, we just get red and hot all over.

## 05 *What are some of the most common symptoms of MSM?*

Number one is frozen shoulder. This is when out of nowhere, you wake up and your shoulder is in pain and in a matter of a week, it doesn't move. And women are tough; they don't know why their shoulder is hurting, but they push through the pain and wait it out. But what happens is that over time, you'll stop using that shoulder, and then you won't be able to move your shoulder—which is why it feels “frozen.”

Number two is total body pain, which is called arthralgia. This is when you go to the doctor and say, “My whole body hurts,” and 40 percent of the time a doctor will tell you they don't know why. This is one reason women walk away from those doctor visits thinking they're crazy.

Other symptoms of MSM include arthritis (for example, all of a sudden, your knees might hurt, oftentimes because of the cartilage degradation that happens as estrogen declines) and osteoporosis. We never think about our bones until they fracture. But that's a shame, especially for women. When a woman falls and breaks her hip, 50 percent of the time she will not return to pre-fall function—meaning she won't be able to climb the stairs to her office, carry the groceries into her house, or oftentimes she won't be able to live alone anymore. And 30 percent of the time, she dies.

Finally, another common symptom is muscle loss. When estrogen walks out the door, we build muscle less efficiently. Our muscle-derived stem cells stop replicating, and we lose muscle.

## 06 *How do you treat MSM?*

When you present with one of the symptoms of MSM, the first decision every woman has to make is regarding hormone replacement therapy. But here's the key: You have to make this decision from an educated perspective. You cannot make this decision based on the newspaper tabloids, or based on what your AuntGertie says, or based on what some uninformed doctor who never had the opportunity to learn about midlife and menopause has to say. You need to make this decision based on science. Educate yourself and then talk to your clinician, because estrogen can be the salve that soothes all of this.

**That said, hope is not lost if you decide not to do hormone replacement therapy. Lifestyle factors can play a really big role.**

# First, anti-inflammatory nutrition is crucial.

01 Eat green leafy vegetables

02 Aim for one gram of  
protein per ideal pound  
of body weight a day

03 Cut out all added white sugar  
(and know that you must read the back of all processed food labels,  
because just when you think you've got your healthy Greek yogurt,  
may see there are 9 grams of added sugar in it!)

04 Consume plenty of fiber

# Where do we start?

My suggestion is to focus on one or two steps that feel doable starting today. Maybe that means cutting out sugar and taking a walk every day.

Then, layer on other habits like lifting weights and eating more greens.

The goal is for all of this to become your lifestyle.

You want all of these healthy strategies to feel like they are just part of the way you live.

Dr. Wright is a double boarded, fellowship trained orthopedic surgeon with subspecialty certification in sports medicine. She is an internationally recognized authority on active aging and mobility.

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## 6 Things You Need to Know to Reduce Your Risk of Breast Cancer

Top experts share the information they want every woman to understand.

I'll never forget the first time I felt a lump in my breast and the subsequent terror that filled me in the weeks that followed. As I waited for my appointment for a diagnostic mammogram and ultrasound—and then the results of that testing—I couldn't help but spin into the unhelpful abyss of “what if” thinking. What if I need a biopsy? What if it's breast cancer? What if my life is about to change forever?

**This is a feeling so many women know all too well.**

Luckily, the lump I felt at age 36 turned out to be just a cyst. In fact, a whopping 60 to 80 percent of breast lumps aren't cancer or even precancer—a statistic I wish someone had mentioned to me when I was in the depths of my worrying while waiting for those results. *(More on that below.)*

But if there was an upside to feeling that cyst and going through that initial diagnostic screening, it's this: It prompted me to learn more about breast health, breast cancer screening, and the very concrete steps I can take to understand my risk of breast cancer and what I can do to avoid it.

For my book, *The New Rules of Women's Health: Your Guide to Thriving at Every Age*, I interviewed some of the country's leading breast health experts to bring you evidence-based information that'll help you take proactive steps for your breast health, too. Here are six big takeaways you can start implementing today.

# No 1

## Know that the majority of breast lumps aren't cancer or even precancer.

In fact, they're so often nothing to worry about that the standard recommendation is to take note of where you are in your cycle when you first noticed the lump, then wait until you finish your next period and see if the lump is still there or not.

"If the lump goes away, it's not cancer," Jeannie Shen, MD, breast surgical oncologist and medical director of the Huntington Hospital Breast Program at Cedars-Sinai Cancer Center told me. "Cancer doesn't play peekaboo—it doesn't come and go."

Benign lumps can fluctuate in size and even go away completely without your doing anything. That's because they are naturally responsive to hormones, explains Dr. Shen, and even normal fluctuations in estrogen and progesterone can make breast lumps grow or shrink. However, the advice is different for women after menopause, who aren't going through the same hormonal fluctuations as younger women and whose risk of breast cancer is already higher. So if you find a breast lump after menopause, get it checked out right away.

# No 2

## Breast self-exams are important to do.

Even though most lumps women feel turn out to be benign, doing breast self-exams a couple times a month is crucial—and this is especially true for women under age 40. That's because 80 percent of women under age 40 find their own breast cancers themselves.

*What's the right way to do a breast self-exam?* Elizabeth Comen, MD, a medical oncologist specializing in breast cancer, associate professor of medicine at NYU Langone, and author of *All in Her Head: The Truth and Lies Early Medicine Taught Us About Women's Bodies and Why It Matters Today*, walks us through the steps:

"Once or twice a month, stand in front of a mirror, clasp your hands behind your head, and look at your breasts. Notice if there's been any changes in size, shape, or symmetry, or if anything looks different on your skin (like dimpling, redness, or thickening) or nipples (like discharge or retraction). Then, using circular motions, press into your skin—starting at your neck, then moving into your armpit and working toward your nipple—to feel for any lumps, swelling, or areas that feel thicker, tender, or painful. Ideally, aim to do this after your period, as your breasts are more likely to be lumpy and painful before your period."

# It's important to know breast cancer doesn't always show up as a lump.

While most of us are trained to call our doctors if we feel a breast lump, there's a chance you might feel or see another type of an abnormality—which is important to get checked out, too. The U.S. Centers for Disease Control and Prevention lists the following signs to keep in mind; schedule an appointment with your healthcare practitioner if you notice any of them:

- Thickening or swelling of part of the breast
- Dimpling or irritation of the breast skin
- Changes in the look or texture of the skin covering your breast, such as redness or flaky skin that may look like a rash
- A pulling in of the nipple (retraction), pain in the nipple, and/or nipple discharge other than breast milk
- Any change in the shape or size of the breast
- Pain in any area of the breast

## Having dense breasts is normal and especially common in young women—and it increases your risk of breast cancer.

Breast density is a measure of the amount of fibrous and glandular tissue compared with fatty tissue in the breasts, and it's assessed via mammography—not by feel. Having dense breasts means you have more fibrous and glandular tissue and less fat, and the greater the amount of dense tissue, the higher your risk. What's more, dense breasts make it harder for doctors to see breast cancers on mammograms. (Fatty tissue is translucent, which makes it easier to spot cancer cells on imaging.) That said, having dense breasts also makes you more likely to receive a false positive result, which is when a screening mammogram shows an abnormal finding that could be cancer when, in fact, there's no cancer in the breast.

If you have extremely dense breasts, you'll want to make sure the imaging center that does your mammograms has 3D mammography, says Lisa Larkin, MD, board-certified internal medicine and women's health specialist and founder of Ms. Medicine and HERmedicine. You might also talk to your healthcare provider about your breast density and ask them to help you understand your individual risk for developing breast cancer, because there are specific guidelines for additional breast cancer screenings, such as breast ultrasound or breast MRI, for those considered to be high risk.

# Breast cancer screening should begin with a yearly mammogram starting at age 40 if you are at average risk for breast cancer.

Historically, multiple medical associations put out different guidelines on breast cancer screening. The result? Many of us were left confused about how to stay on top of our breast health. Today, most guidelines recommend starting to screen for breast cancer with a mammogram at age 40 if

you're at average risk, says Dr. Comen. That said, it's important to talk to your healthcare provider about screening starting earlier than age 40—and also with breast MRI in addition to mammogram—if you have a greater than 20 percent lifetime risk of breast cancer.

## Calculate your lifetime risk of breast cancer—and bring the results to your next check-up so you can make sure your breast cancer screening plan is right for you.

“To prevent breast cancer, identifying women at high risk is the critical first step,” says Dr. Larkin. “We must educate and inform women about their individual, personal risk of developing breast cancer, and identify women at increased risk.”

Unfortunately, individual breast cancer risk assessment isn't common in clinical practice and the majority of women at high risk are unaware of their risk and that they should be getting screening beyond mammograms.

# To calculate your lifetime risk, Dr. Larkin recommends using one of the two evidence-based risk-assessment tools, both of which you can complete online:

## 01 The Tyrer-Cuzick Model

([magview.com/ibis-risk-calculator/](http://magview.com/ibis-risk-calculator/))

Also known as the International Breast Cancer Intervention Study (IBIS), this detailed questionnaire assesses a woman's likelihood of developing breast cancer within the next ten years and throughout her lifetime. It takes into account age, three generations of family history, genetic factors (such as a known BRCA1 or BRCA2 gene mutation), menstrual history, reproductive history (like age at first live birth and hormone therapy use), personal medical history (such as prior breast biopsies), as well as breast density, BMI, height, and weight.

## 02 The Gail Model

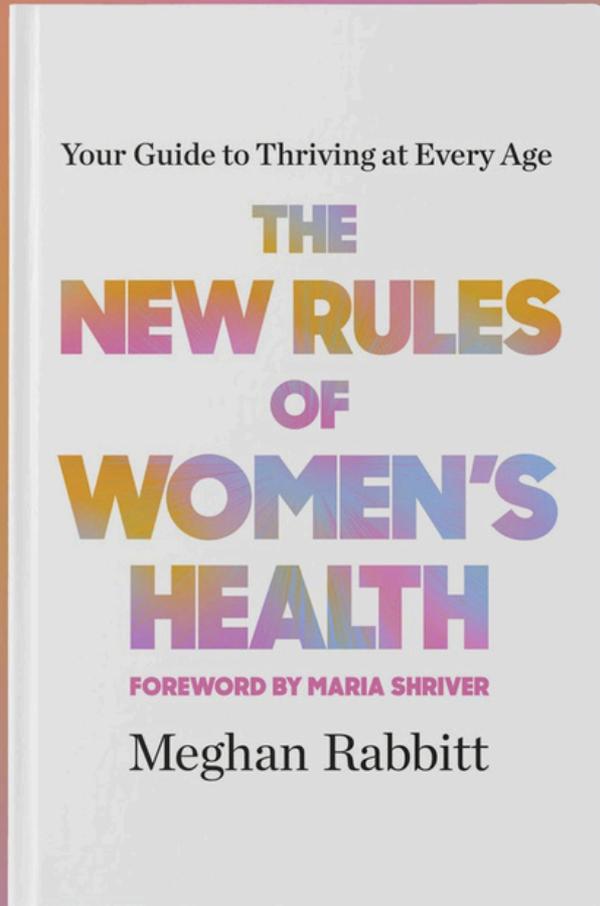
([bcrisktool.cancer.gov](http://bcrisktool.cancer.gov))

Also known as the Breast Cancer Risk Assessment Tool, this is a shorter questionnaire that calculates a woman's risk of developing breast cancer within the next five years and within her lifetime (up to age ninety). It considers several factors, including age, race/ethnicity, reproductive history, first-degree family history of breast cancer, personal history of breast biopsies, and breast density.

After you've used these online tools, bring your results to your next doctor visit and start the conversation about what they mean and how they'll inform your screening plan. You can tell your doctor, *"I learned about these risk assessments. Here are my scores on each, and I'd like your help interpreting them because I'd like to know if I need a breast MRI in addition to my annual mammogram."* Dr. Larkin likens the scenario to when Viagra first came out in the 1990s for male erectile dysfunction, and the drug manufacturers assumed urologists would be the only ones prescribing it—until men asked their primary care physicians about the drug in record numbers, which forced them to start prescribing it, too. *"This has to happen when it comes to breast cancer risk calculations,"* says Dr. Larkin.

*For much more about your breast health, including the different kinds of lumps that aren't cancer, breast cancer screening options, the ins and outs of how breast cancer is diagnosed, gene mutations associated with breast cancer, read [The New Rules of Women's Health: Your Guide to Thriving at Every Age](#).*

Meghan Rabbitt is an award-winning journalist covering health, nutrition, and psychology. She's currently an editor at Maria Shriver's The Sunday Paper and has written for Prevention, Health, Women's Health, and more. She's previously worked at Parenting, Alternative Medicine, and Natural Health, and Yoga Journal magazines.



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# Stuck in an Anxiety Spiral?



## Martha Beck has the science-backed trick proven to help you feel instantly calm.

When it comes to the anxiety most of us are collectively feeling, Martha Beck, PhD, has good news and bad news.

The bad news is that if you're super anxious about the election right now, you're likely going to remain anxious—even if the candidate you voted for wins. “That’s because your anxiety isn’t directly connected to the election, it’s connected to the stories you’re telling about the election,” she says.

But this is where the good news comes in: You can change those stories you’re telling yourself with one simple move:

*Do something—anything—creative.*

Maybe that means opening a box of crayons and coloring. It could mean cooking (without following a recipe!), knitting, or building something. Whatever you feel called to do, do it.

“Most people who are anxious don’t feel like being creative. But if you do something creative, anxiety can’t function,” says Beck. Even better, she says, this act of being creative helps us feel like we’re starting to create the world in which we want to live.

“This is how humans move forward into a more just, a more loving, a more compassionate and evolved society,” says Beck. “We all have this work to do no matter who wins, so let’s start creating it now. And then let’s watch our anxiety disappear.”



# A conversation with Martha Beck, PhD

## *01 Can you walk us through what anxiety does to our bodies and minds?*

Well, we have different nervous system states, and rest and relax is the ideal state in which to be. It's where your body heals. It's where all of your organs work properly. It's where you stay young.

We're meant to be in that state of rest and relax almost all the time.

Then there's fight or flight, which is actually five different things. There's fight, where you feel angry and overcharged, aggressive, and in terrible mood. There's flight, which is where you just want to run through the room screaming. Another one is freeze, where you just feel like you can't do anything. There's another called flop, where you just have no energy. And there's faint. You can't control these reactions.

When you come out of rest and relax into any of those states, your body is flooded with stress hormones and all the reactions that they create. But this fight-or-flight reaction is meant to last about 90 seconds. If there's an angry predator in the room, or if there's a bus coming at you, you're meant to have this sharp, intense reaction that tells you to move out of the way or to freeze and not be seen. And then it goes away. In animals, one of these reactions comes on, they act, and then it leaves.

Human beings have the ability to continue to imagine that we're in danger even if we're in a comfortable room somewhere. We think, Oh my goodness, World War III could start, and that 90-second response can go on and on. And this leads to degenerative diseases, heart disease, and even infectious illness because your immune response goes down. All your energy is being used on a fight-or-flight response that isn't real.

*What's your best advice for really feeling our anxiety and sitting with it (it's so uncomfortable!)*

*so we can start to move it?*

Before you try to sit with it, I would say go with it. Move your body. Because all those hormones that flood your body in a fight-or-flight state are there to get you moving—except for the flop response. If you're experiencing that one, you're not going to want to get up. But if you feel like you're a cat on a hot tin roof— your nerves are frayed—it's really a good idea to pace around the room or go for a walk or a run if you're up for it, because that will help you move the adrenaline and other stress hormones through you.

If you have a strong fight response, punch a pillow or a punching bag, let your body have the space to respond to those hormones because they're ancient, and they're meant to protect you, like a wild animal. So let them. But then—and here's the key—realize that it's like you have a wild animal inside you. And it's important to think about what you would do to calm down an animal. For example, if it's very aggressive, you give it space. You'd let it roar and stamp.

You will eventually get to the place where you feel the fear. Sometimes the aggression can drown out fear, but you get to the place where you feel scared. And the key here is not to say, "I am afraid," but to say, "There's an animal part of me that's afraid."

When I ask people, "What do you do with yourself when you're anxious?"

they don't know. But if I say, "What if you were rescuing a puppy from a storm drain and it was terrified, and it barked and snapped at you, but you can see it shaking in fear." Everyone seems to instinctively know how to calm a small, terrified animal: You'd lower your voice, you'd slow everything down, you would say kind things, but you wouldn't explain to a puppy why it needed to be calm, because it can't understand you.

The part of our brains that gets anxious doesn't really understand language. It understands a soft tone of voice. It understands gentle touch. Slow movement. Reassuring sounds. And remembering the animal is not you.

If you can think of your anxiety as a little animal inside you that you need to be kind to, you move your sense of identity away from the animal and into a place that has more resources for calming.

The way I like to think of it is that I used to be an insane, terrified monkey.

Now, I'm a person who has an insane, terrified monkey as a pet.

-Martha Beck, PhD

02  
*Your new book, **Beyond Anxiety**, offers a surprising antidote for the common emotion: creativity. How does it work?*

The reason, which we've known for many years, is that when you get anxious, your creativity shuts down. Another thing that's not as well studied or intuitive is that when you make yourself do something creative, your anxiety shuts down. The two things seem to operate like a toggle switch; when one is on, the other goes off.

Most people who are anxious don't feel like being creative. But if you can start to do something creative, anxiety can't function. What I found in case after case—and I've talked to thousands of people about this—is that in the moment of creating something, anxiety goes away. And then we may pop out of that and come back into anxiety, but the anxious part of the brain doesn't notice that it was calm for a while. Most people don't really realize how powerful creativity is. But everybody knows that if you start taking constructive action, you'll start to feel better.

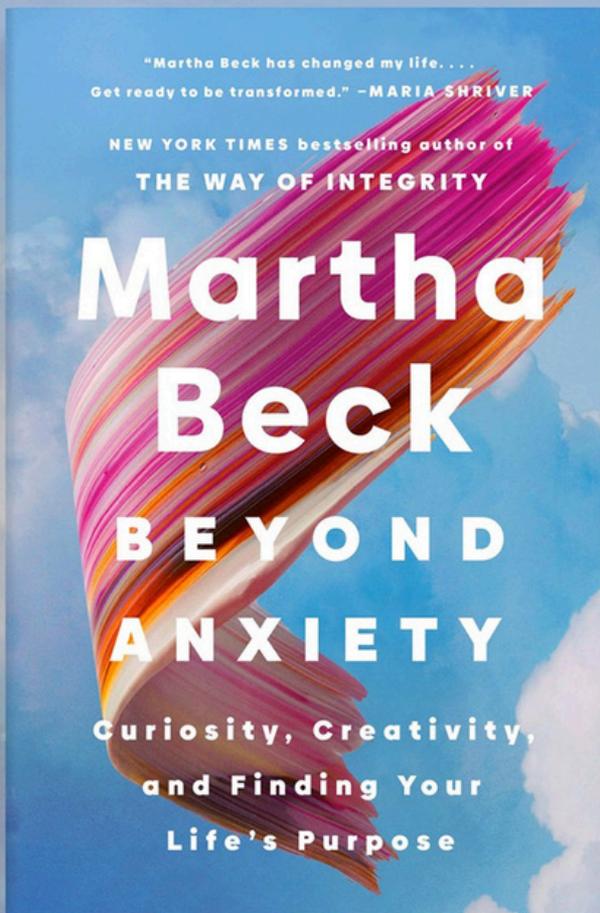
**Just make something creative and the brain has to let go of its anxiety.**

04  
*What can those of us who are really feeling the angst this election week do to feel better?*

The first thing is to remember to be here now. Don't constantly live in catastrophic fantasies of what will happen if you don't see the desired outcome. People on both sides are creating catastrophic fantasies—stories about what might happen in the worst-case scenario. And if you're living in that, you are going to be anxious. Look around you now. Try to get creative about making your own environment feel the way you wish that the whole country felt.

So many of us are stuck in this fantasy that if the election goes the way I want it to, life will be wonderful. The fact is, no matter how it goes, we have to make our lives wonderful. So, start now. And if you get into something that's really absorbing and creative—if you're out of the garage building a new dining room chair, or if you are knitting something crazy complicated for your new grandchild, whatever it is—you will find that you've made the world you thought would come if your person wins. You'll realize, I've already made that world in my own small way, and I'm going to keep creating, keep moving forward. Because whatever happens with the election, that's what we're all going to have to do to deal with our anxiety.

Martha Beck, PhD, is a Harvard-trained sociologist, New York Times bestselling author, world-renowned life coach, and speaker. She is the author of one novel and nine nonfiction books, including the Oprah's Book Club pick *The Way of Integrity*.



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By Stacey Lindsay  
May 4, 2024

# Healing Trauma Starts in the Body

## Psychotherapist Peter Levine explains why this is—and offers a plan to help you heal.

“At my age, when I have fewer years ahead of me than I have behind me, I decided that it was time to do an excavation to follow my life story as a way of coming to peace with it.”

That “excavation” Peter Levine, PhD, is talking about is his new book, *An Autobiography of Trauma: A Healing Journey*, in which he recounts the unsafety and trauma he experienced as a young boy and how he found healing from it.

Writing about how the intensities of life impact us is familiar to Levine. The 82-year-old psychotherapist and pioneering founder of Somatic Experiencing, a healing modality that focuses on the body to heal trauma and emotional wounds, has written numerous bestselling books about the critical role somatic—i.e., body-based—therapy plays in our holistic well-being, including our mental health. But writing about such a personal narrative was new. And, admittedly, daunting and vulnerable.

“This was not meant to be a book,” he says while describing how the pages were only meant for his eyes, at first. “Then a dear friend said, ‘Peter, you really should be writing this as a book.’ And I said, ‘No way. It’s way too tender. And to expose myself would be almost unthinkable.” Levine admits his friend continued to push him, but it was ultimately a dream that was the tipping point

“I wanted to make sure that this book could help people in their own healing, to tell their own stories,” he says.

Levine’s story is quite incredible, and it’s moved humanity toward a deeper place of healing. He began developing Somatic Experiencing, known as “S.E.,” in the late 1960s in Berkeley, California, while obtaining a Ph.D. Focusing on the body and its potential for healing was initially seen as “fringe,” says Levine. But he persisted. Now S.E., which merges insights from physiology, psychology, ethology, biology, neuroscience, indigenous healing practices, and medical biophysics, is taught by more than 70 practitioners in 44 countries. The modality is a way to help people become more resilient, says Levine, and it aims to resolve trauma and stress that can accumulate in the body. “It’s really something that’s a perennial knowledge.”

In the weeks following the early April release of *An Autobiography of Trauma*, we spoke with Levine over Zoom to learn more about his journey in writing his new book, which he hopes will help people “soften into some of those wounds that they’ve been carrying.” He also talks about how focusing on the body is a key to unlocking profound healing portals and how developing this method has been a lifetime journey. “I’m so glad,” he says, “I was chosen to do this.”

# A conversation with Peter Levine, PhD

*01 Your development of Somatic Experiencing has a rich history. Tell us about the early days and how that spawned this teaching journey.*

Over the past 50 years, I developed the approach, which started in the late 60s and early 70s. I first started to teach it to a group of Berkeley therapists. They would come to what we called “my tree house,” and I would demonstrate with a person and then explain what I was doing and why. It went from 12 or 15 people to now 44 countries. When I started developing it, it was a weight on my shoulders.

**Do you know the story of Johnny Appleseed?**

He went from coast to coast, planting apple seeds wherever he could. I was sort of like the Johnny Appleseed of trauma healing. I would present it wherever I could and wherever there would be some interest. At the time, it was viewed as on the fringe—anything involving the body was. Can you imagine that? But I went forward, I continued. And I wrote several books, starting with *Waking the Tiger*. But this last book [An Autobiography of Trauma] is completely different. It’s really the backstory of how I came through my own wounding.

In Greek mythology, one of the characters, an archetype, is Chiron. Chiron is the wounded healer. We all have our wounds. And if we’re really to help others, we need to address those wounds. The word trauma comes from the Greek injury or wound. So, I look at it not just as a set of symptoms but as wounds that we all, to some degree, carry with us. And there are ways to transform these wounds. And again, that was a big part of writing the book to show the reader that it was possible to identify some of their wounds and transform them.

*02 The word “trauma” seems to be getting more airtime these days. How do you view trauma?*

I think trauma is probably the most ignored, belittled, and important thing that we shouldn’t be ignoring. Because the consequences are serious—serious in terms of mental health, in terms of physical health, in terms of conflicts that keep repeating themselves in different parts of the world. At first, this was something that nobody talked about, and I think many people are talking about it now.

When I started developing my work, it was 12 to 13 years before there was a definition of trauma as PTSD, post-traumatic stress disorder.

For me, this was something not just an array of symptoms but wounds and injuries that have happened to us and we carry with us into our present life, into our adult lives. So, I have an understanding of both the definition, but I think, more importantly, it is a way of looking at different woundings and finding ways to come to peace with those woundings. For me, that's the both sides of trauma.

*03 In your new book, you give details about some horrible things you experienced growing up. Will you tell us more and how that shaped your path and your work in developing Somatic Experiencing?*

I experienced a lot of severe trauma in an environment that was quite unsafe, where our whole family could have been executed. A person was threatening our life, someone who was the most violent in the mafia. So, [growing up], I was dealing with that life threat and not knowing what was happening because my parents never talked about it. We were never told, "Peter, we have this problem. It's not easy, but we will keep you safe." I never got that word about feeling safe.

[Years later] in working with one of my traumas, I started having these troubling symptoms: sensations and flashes of images. I asked one of my students to guide me and sit with me to see where these symptoms were coming from. In Somatic Experiencing, we don't go right to the core of the trauma, but we look for an embodied experience that contradicts that of terror, fear, and overwhelming helplessness. The first thing that came up for me was an event when I was about four or five on my birthday. My parents snuck into my bedroom at night and laid a model train set in an oval, so when I awoke, the train was going around in the

room. To say I was excited would be a great understatement. I didn't have the words then, but at that moment, I knew that I was cared for and loved. So, even [the trauma] what happened after that, I was able to balance it with that bodily experience of being cared for and being loved.

But again, [my family and I] lived with a threat for many years. At one time, I was violently attacked, but I never told my parents. In a way, I never even told it to myself. I kept it hidden away from me, and that's what we do when there's an extreme trauma: We compartmentalize it. It exists outside of our conscious awareness. It was only when I started having these symptoms and sensations and got aid from my student that I was able to excavate that, move through with it, and heal it. That's a lot of what the book is about: taking these things that happen, looking not right into the core of it, not smashing into it, but touching into it. And in touching into it, then coming back stronger, more resilient. Because SE is an approach that enhances resilience, rather than trying to erase trauma memories or change their negative thoughts. It's a very, very different approach.

“And at the time, it was revolutionary.”

Now, there are hundreds, probably thousands, of books about trauma. Bringing the body in is now becoming more and more mainstream.”

-Peter Levine, PhD

*You write that we all have the capacity to heal and we have “a fundamental primal drive toward wholeness and health.”*

*What do you say to the person who maybe is despondent or overwhelmed and doesn't know how to listen to their body, let alone acknowledge their trauma?*

You have to go gently. Because it's in the body, you can see the collapse and depression in the body or the turning down in shame. These are all things that the body does. Often, when you can work with the person when they become aware of that body state and what the opposite of that body state would be, they often find themselves freed from some of that gripping despair and despondency. Sometimes, it takes a while; often, it often doesn't happen all at once. But with persistence, courage, and enlisting that primal drive toward wholeness and healing, it can take people where they need to go and where they want to go. Without this drive healing wouldn't be possible. It is essential to the healing process because we're not erasing the person's trauma. We're not helping them to change their negative thoughts. It's really about creating these new experiences in the body, which contradict those of overwhelming helplessness. And again, that became the core feature of Somatic Experiencing.

*What is one exercise that pulls from the wisdom of SE that we can use today?*

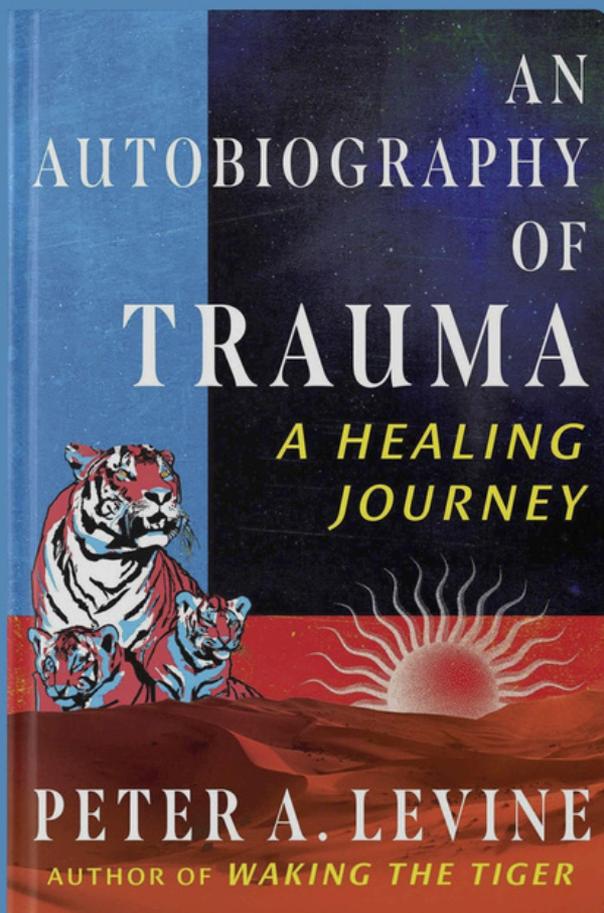
I suggest many exercises in the book. One is I have people gently hold their upper arms, maybe gently squeezing, so they can feel how that is helping them contain what they feel so they're not as overwhelmed. Also, many of us didn't get adequate hugging. So, how does it feel when you are holding yourself? If you're just willing to explore that for a few minutes, what do you begin to notice? Sometimes, all of a sudden, tears of relief stream down people's faces.

It helps to have somebody there with you, at least initially, to take your hand. A Motown song goes, “One can stand alone in the dark. Two can make a light shine through.”

**Trauma isn't so much what happened to us, or it's certainly not just what happened to us. Rather, it's what we hold inside in the absence of that present, empathetic other. How important that is, and how important that was for me in my life.**

Peter A Levine, Ph.D., is the developer of Somatic Experiencing®, a naturalistic and neurobiological approach to healing trauma. He holds a doctorate in Biophysics and a doctorate in Psychology. He is the Founder and President of the Ergos Institute for Somatic Education, and the Founder and Advisor for Somatic Experiencing International. Levine is the author of several best-selling books on trauma.

*Learn more at [somaticexperiencing.com](http://somaticexperiencing.com).*



*[Click here to get your copy!](#)*

# Trouble Falling and Staying Asleep?



I interviewed some of the country's top sleep experts for science-backed tactics that actually work. These 6 tips have helped me get more (and better quality) shut-eye.

For something that's as crucial for our overall health as sleep, too many of us aren't getting enough of it—and the sleep we are getting isn't as restorative as it could be.

In fact, only a quarter of women rate their sleep as “excellent” or “very good,” even though we're more likely than men to say sleep is a high priority. Those of us between ages eighteen and forty-four are nearly twice as likely as men to say we're “exhausted,” according to a report by the U.S. Centers for Disease Control and Prevention. And while we'd like to feel more rested, many of us view getting too little sleep as unavoidable—the price of being busy students, career women, mothers, and caretakers.

Yet here's the truth: There's a lot you can do to improve both the quality and the quantity of sleep you get, and the advice doesn't just

involve tips you've heard a million times before (like avoiding screen time at night). Once you understand the many factors that can impact your ability to get a good night's rest and learn some of the evidence-based tactics proven to improve sleep, you can pinpoint the challenges getting in your way and start to implement changes that can help you get the shuteye you need to feel your best.

For my book, *The New Rules of Women's Health: Your Guide to Thriving at Every Age*, I interviewed some of the country's leading experts on sleep. Here are the tactics they shared with me that have really moved the needle on the quality and quantity of shut-eye I'm getting.

# Tip No 1

## Vacation sleep will tell you a lot about how much sleep is ideal for you.

Most adults need about 7 to 9 hours of sleep a day, according to the National Sleep Foundation. But it's important to realize that sleep needs vary from person to person. While your best friend might genuinely function well on 6 or 7 hours of shut-eye, you might need 9 to feel your best.

How can you tell how much sleep you need? The next time you're on vacation (or during a stretch of five or so days when you don't have to set an alarm), go to sleep when you feel tired and wake up without an alarm, and keep

track of how many hours of sleep you average, says Shelby Harris, PsyD, a licensed clinical psychologist who specializes in behavioral sleep medicine. If that's not possible and you have to set an alarm clock to wake up, play around with your bedtime to see what feels best when it comes to hours of sleep. You'll know you've hit your sweet spot when you wake up refreshed and feel energized throughout your day without having to reach for coffee or another caffeinated beverage in the afternoon as a pick-me-up.

# Tip No 2

## Get choosy about your before-bed screen time.

Even more important than the blue light exposure you get from the TV and other screens before bed is what you're looking at on those screens, says Dr. Harris. "If you're doomscrolling or watching something that's

going to stress you out or keep you hooked in—like your social media feeds, which are meant to be addictive—it's more likely to keep you awake longer than if you're watching something that relaxes you."

# Try to resist “revenge bedtime procrastination”

This is a new term for an age-old scenario where you're so busy throughout your day that you get defiant at night, desperate to steal back some time just for you. Because many of us watch a favorite TV show during this time, Dr. Harris's favorite tip is to turn off autoplay on streaming services. “If you turn off that function, it forces you to make a conscious decision as to whether

you're going to watch the next episode, which is often enough to give you that little pause to ask yourself, ‘Do I want to choose sleep, or do I want to watch another show?’” says Dr. Harris. “If you choose to watch another episode, that's fine every once in a while!” But that pause will help you make it the exception, not the norm.

## You can support your body's melatonin production without taking a supplement.

Melatonin is a powerful hormone that tells the body it's time to sleep and regulates the timing of your overall sleep-wake cycle. Inexpensive and easy to find, melatonin supplements are so ubiquitous these days that it can seem as if they're harmless. Yet sleep experts warn against taking them without consulting a medical professional. That's because you can't be sure how much of the synthetic hormone you're actually getting when you buy an OTC supplement. In fact, one study found the concentration of melatonin in more than 70 percent of supplements varied widely from what the labels claimed (from 83 percent less melatonin than the amount listed to 478 percent more).

Thankfully, there's a lot you can do to help your body's own production of this important sleep hormone, says Emily Manoogian, PhD,

a chronobiologist and clinical researcher at the Salk Institute for Biological Studies.

### Here's where to start:

**Spend fifteen minutes outside in the daylight first thing in the morning.**

Go outside without wearing sunglasses (and without looking at the sun!) within thirty minutes to an hour after you wake up. If you can't go outside, sit by a window. Morning light exposure can help reset your internal body clock, signaling that it's time to be awake during the day and to sleep at night.

**Work near a window during the day, if possible.**

Exposure to daylight during the daytime, even if you're not actually outdoors, can go a long way toward helping you produce the ideal amount of melatonin (and at the right time) at night. "Just keep in mind that while direct light is good, looking at a window or getting too much bright light can be hard on your eyes," says Dr. Manoogian.

**Spend some time outside during dusk, a few hours before bedtime.**

Being outside in this natural low light signals to your body that it's time to wind down and prepare for sleep.

**Dim the lights and eliminate all exposure to blue light at least one to two hours before you want to fall asleep.**

Even very low lights can suppress your melatonin secretion, which can shorten the body's perception of night and delay your production of melatonin.

**Stick to a consistent bedtime and wake-up time, even on weekends.**

Going to sleep and waking up around the same time every day helps to regulate your body's master clock, which in turn improves your melatonin production.

## Tip No. 5 Tracking your sleep using a wearable device may not give you the data you think it's giving you.

Here's something you may find surprising: Wearable sleep trackers aren't actually capable of measuring the minute details of your sleep, like how many minutes of deep sleep you're getting each night. They measure how much we move around while we're sleeping, and sometimes heart rate and possibly a few other metrics, like body temperature. That information is then used to estimate whether you're asleep or awake. And while these trackers are pretty good at estimating, they're not good at knowing what type of sleep you're getting (light, deep, or REM) or how long you're staying in each sleep stage.

"My patients will often say things to me like, 'My wearable tells me I haven't had REM sleep for six weeks,' and I don't believe it, says Jennifer L. Martin, PhD, a sleep psychologist, researcher, and professor of medicine at the

David Geffen School of Medicine at UCLA. "Where I think a sleep tracker is helpful is if you're wearing one for accountability."

Trying to stick to a regular sleep schedule? A wearable can hold you accountable to those goals. That said, if you start stressing out because of the poor sleep data your wearable is giving you and it's causing you to lose sleep (a condition that actually has a name, orthosomnia), Dr. Martin suggests taking it off.

"The goal is for these devices to help you stick to healthy sleep habits, not to mess with your quality or quantity of sleep," she says.

# Consider a “sleep divorce” if necessary

Sleeping next to a significant other can be incredibly beneficial—and in fact, it can create many positive emotional and physiological benefits that can help you sleep. However, if your bed partner is keeping you up at night (for example, if they snore), it could lead to sleep problems. In fact, women who are partnered with a snorer are three times more likely to have insomnia compared with women who are paired with a nonsnorer. If you’re struggling to get quality sleep when sleeping next to someone, you might consider sleeping separately—what’s being coined as a “sleep divorce.”

“For many years, there was no science behind shared sleep, so we just followed the shoulds,” says Wendy Troxel, PhD, licensed clinical psychologist, senior behavioral and social scientist at RAND, and author of *Sharing the Covers: Every Couple’s Guide to Better Sleep*. “Many of us thought, We’re married, so we should sleep in the same bed. We’re a couple, so we should go to bed and wake up at the same time. Now we know better.”

If you’re struggling to get quality sleep when sleeping next to someone, it’s important to identify what your issues are and then talk about how you can share important ritual time in bed without forcing yourselves to sleep in the same bed or at the same time, says Dr. Troxel. Using “I” statements is key when you have this discussion. You might say, “I’m not sleeping well, and because of that, I can’t be the partner I want to be.” With a statement like that, you’re not blaming or nagging; you’re setting the tone for how to address this as a “we” problem.

“And while the term sleep divorce has become popular, what you’re really doing is creating an alliance around sleep because it’s so foundational to the quality of your relationship,” adds Dr. Troxel.

*For a lot more about sleep, including the different sleep stages, sleep conditions that impact women the most, and many more tips that can help you get a better night’s rest, read [The New Rules of Women’s Health: Your Guide to Thriving at Every Age](#).*

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## “Menopause Brain” is Real—and It Doesn’t Have to Be Your Undoing



### Groundbreaking women’s brain health expert Dr. Lisa Mosconi shares the new science.

For far too long, women’s health has been under-studied and as a result, women have suffered. This is especially true when it comes to the female brain.

Women have twice the risk of depression and anxiety as men. We’re four times more likely to have headaches and migraines. We’re more likely to develop certain brain tumors, and to die of a stroke if we have one. And we make up a staggering two-thirds of Alzheimer’s diagnoses.

We’re collectively starting to do something about this woeful lack of sex-specific research. Consider the first-ever White House Initiative on women’s health research, which will infuse \$12 billion into studies that will hopefully get women and their healthcare providers the answers we so desperately need and deserve.

Thankfully, a handful of trailblazing scientists have been doing their part to study women for years—and neuroscientist Lisa Mosconi, MD, is one of them. Her groundbreaking research has uncovered how and why women’s brains age differently than men, and how hormones play a big role in brain health.

This week, The Sunday Paper sat down with Dr. Mosconi to discuss her new book, *The Menopause Brain*, in which she shines a light on what years of her research has uncovered: The menopause transition changes the female brain as surely as it changes our ovaries, which influences everything from our body temperature and mood to memory and even cognitive decline later in life. Knowing this can help us conquer our symptoms, stave off dementia, and even emerge from menopause with what Dr. Mosconi calls a “leaner, meaner brain.”

# A conversation with Dr. Lisa Mosconi

*01*  
*In your new book, you outline how and why menopause impacts the brain just as much as the ovaries.*

*What do you most want every woman to know about her brain on menopause?*

I aim to empower every woman with the knowledge that menopause impacts not just her reproductive system, but also her brain. It's essential for women to understand that the changes occurring in the brain during menopause are an expected part of the transition—which can, however, bring on many of the most bothersome symptoms of menopause.

When women experience hot flashes, night sweats, insomnia, depressive symptoms, anxiety, brain fog, memory lapses—those are neurological symptoms that, at a minimum deserve acknowledging and, more broadly, require attention. By understanding how menopause affects the brain, women can better navigate this phase of life with confidence and resilience.

*02*  
*Your research shows that menopause can provoke vulnerability in the female brain. Can you explain some of the ways menopause negatively impacts the brain?*

When I started studying the impact of menopause on the brain, I soon realized two important facts:

First, very few brain studies looked at menopause at all.

Second, the few that did were focused on women who were well past menopause, often in their 60s and 70s.

In other words, menopause has been mostly studied in terms of its effects on the brain after the fact. More like a product than a process

My team and I have focused instead on what leads to those outcomes, up to and through menopause. To give you a sense of how dire the situation looked when we started, there wasn't a single study that examined women's brains before and after menopause—and no studies that compared women at different stages of menopause, either.

In 2017, we published the first brain imaging study showing that women at the postmenopausal and perimenopausal stages have different brains than those who are premenopausal. As of today, we've made significant progress in demonstrating that menopause changes the brain's structure, functionality, and even its connectivity in fairly unique ways.

Overall, menopause is a neurologically active period, which comes with both resilience and vulnerability.

*You also write that there are “hidden powers of the mind on menopause” that too many of us are unaware of. What are some of those positive changes?*

Indeed, while menopause can be a challenging transition, the idea that this life event puts women at a disadvantage is one rooted in culture rather than biology. In the Western world, menopause is understood as a deficiency, a syndrome dominated by symptoms, their cures, and an overall loss of wellbeing. As a woman and a neuroscientist, I completely disagree with this notion.

Many experts, myself included, believe that menopause is actually a renovation project on the brain. The brain undergoes a transition because it makes sense to do so. After menopause, all those neurons and connections between neurons that

were needed to support ovulation and enable a pregnancy are no longer needed and can be discarded. It's the brain's chance to get 'leaner and meaner', if you will—this can lead to some glitches, but also has some advantages.

Postmenopausal are no longer reproductive but can remain markedly productive. Some women report feeling more liberated and experiencing a new sense of clarity and focus post-menopause. The reduction in hormonal fluctuations can also lead to renewed emotional well-being for some. As I describe in *The Menopause Brain*, this phase seems to promote a deeper connection with one's body and mind, enhancing empathy and emotional mastery.

“ Understanding these positive aspects can help mitigate the stigma around menopause and encourage a more balanced perspective.

*Our minds are powerful.*”

-Dr. Lisa Mosconi

04  
*You've been open about Alzheimer's disease affecting some of the women in your family. What do you personally do to support your cognitive and emotional health? And what are some of the steps all of us can take for better brain health as a whole?*

Alzheimer's disease has personally impacted some of the women in my family, which has driven me to prioritize my cognitive and emotional health. I'm a firm believer in the foundational role of diet, exercise, sleep, and stress management in supporting overall health. Personally, I engage in regular exercise, maintain a balanced diet rich in brain-healthy foods, practice mindfulness and stress-reduction techniques, and prioritize quality sleep. Plus, I'm conscientious about minimizing exposure to endocrine disrupting chemicals, as reflected in the total absence of plastic in my kitchen and my decade-long commitment to using organic certified skincare products whenever I can.

These lifestyle habits are considered helpful for supporting brain health and reducing the risk of cognitive decline down the line. Additionally, while I am not in menopause or near it, I am considering some options like hormone therapy for relief of menopause symptoms when the time comes. Generally, whether or not to take hormones is a personal decision that should be made based on an individual's health status, family history, genetic predisposition, and in consultation with a trusted healthcare provider. It's important to have an informed discussion with a doctor who can provide personalized advice, also based on the latest research.

05  
*If every woman reading this were to do one thing to feel more empowered about her brain health during the perimenopause transition and beyond, what would that be?*

I would like every woman to know this: Yes, your brain is changing during menopause. No, you are not going crazy. And yes, things do improve, and there are solutions available. It is absolutely unacceptable for anyone to dismiss your concerns as being "all in your head."

If every woman reading this were to do one thing to feel more empowered about her brain health during the perimenopause transition and beyond, it would be to prioritize self-care. It is important to appreciate the significance of proactive brain health during and after menopause. Diet, exercise, sleep, and stress reduction, among others, are all important in maintaining a healthy brain, while recognizing the signs of the menopause brain is vital for seeking timely and appropriate support and medical care. By embracing these practices and knowledge, women can navigate the menopausal transition more effectively, ensuring they not only address immediate symptoms but also lay a foundation for long-term neurological health and well-being.

# 06

*What is one way you hope your book will change the conversation about menopause?*

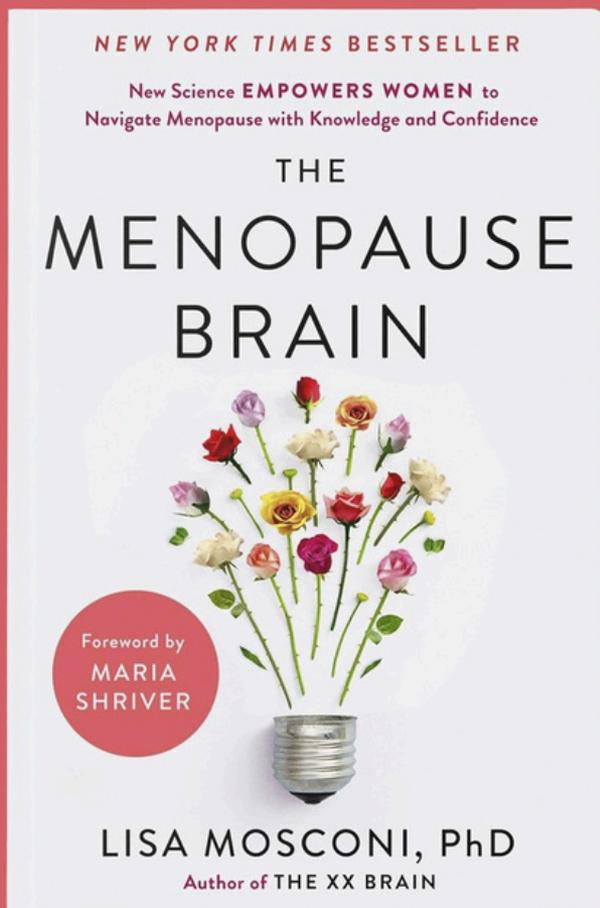
I hope women feel empowered with knowledge and awareness that they are not alone in their experiences. An increased understanding of the menopause-brain connection can help us navigate this phase with greater confidence and proactive measures. It's about transforming the narrative from one of loss to one of opportunity—highlighting strategies for maintaining brain health, advocating for oneself in medical settings, and fostering a supportive community.

Ultimately, *The Menopause Brain* is a love letter to womanhood and a rallying cry for all women to embrace menopause without fear and move through the transition armed with facts and information.

I hope this book will spur many a discussion, not only about the complex topic of menopause but also about the way in which we have dismissed and marginalized various important parts of our population.

Not only is this crucial to shift the conversation about menopause, but essential in reinvigorating the voice of “the forgotten gender”—individually, and as half the world.

Dr. Lisa Mosconi is the director of the Weill Cornell Women's Brain Initiative and the author of *The Menopause Brain: New Science Empowers Women to Navigate the Pivotal Transition with Knowledge and Confidence*.



*[Click here to get your copy!](#)*



By Meghan Rabbitt  
February 3, 2024

## Women Are Still Not Getting Essential Information About Their Heart Health

# Meet the five cardiologists on a mission to change that. Their advice that just may save your life.

For many years now, we've known that heart disease is the No. 1 killer of both men and women. Yet research shows women are more likely than men to skip regular heart-health screenings, as well as dismiss the warning signs of a heart attack.

Despite decades of awareness campaigns aimed at helping women assess their risk of heart disease and recognize the unique signs of heart attack (which are often different and more subtle than men's symptoms), too many women still aren't getting the message.

The cardiologists you'll hear from here are on a mission to change that.

The Sunday Paper asked each of these Architects of Change what they wish more women would realize about their hearts. After you read what they have to say, share this story with every woman (and man!) in your life so we can collectively start moving the needle when it comes to this preventable disease.



## Holly Andersen, MD

Attending cardiologist at New York-Presbyterian/Weill Cornell Medical Center and medical advisor for the Women's Heart Alliance.

*I want more women to realize...*

“Deaths due to heart disease are increasing in the U.S., and they're increasing the fastest among women aged 29 to 45.”

For the last two decades, we've been trying to increase awareness that heart disease is the number one cause of death for women. Yet despite these efforts, awareness has declined over the past decade—and it's the lowest among young women and especially women of color. This is why we're working so hard to continue to get the word out—and to doctors as well.

Women's heart disease today remains under-researched, under-diagnosed, and under-treated. Heart attacks are much more likely to be misdiagnosed in women. And once a woman has a heart attack, she will do worse and be more likely to die from it than a man. So, we can improve things every point

along the way. But really, I want to encourage women to advocate for their own heart health.

If you think there's a problem with your heart, make sure you're being listened to. If you go to the Emergency Room, ask the doctors: 'Could this be a heart attack? Will you do an EKG?' At your annual check-up, ask your doctor, 'How's my heart?' That includes blood pressure, your sugar level, your cholesterol levels, your family history, and your pregnancy history. We really need to be advocates for ourselves, because too many women are dying needlessly from heart disease.

A portrait of Jayne Morgan, MD, a Black woman with long dark hair, wearing a light-colored blazer over a white top. She is smiling and has her arms crossed. The background is a blurred office setting with red chairs and a desk.

## Jayne Morgan, MD

Cardiologist, CNN medical expert contributor, and executive director of health and community education at the Piedmont Healthcare Corporation in Atlanta.

*I want more women to realize...*

Pregnancy is your heart's first stress test, and pregnancy complications increase a woman's risk of cardiovascular disease later in life.

When a woman is pregnant, it's essentially a stress test for her heart. This means that complications during pregnancy—like preeclampsia, eclampsia, and gestational diabetes—are essentially signs that you've failed this first cardiac stress test and that you are at an increased risk of heart disease.

Even if you had these complications during pregnancy many years ago and you're well beyond your childbearing years, talk to your primary care physician and ask for a cardiac workup. If your physician isn't aware of this connection between pregnancy complications and heart disease risk, ask for a referral to a cardiologist.

If you experienced pregnancy complications, it also means you'll want to put a big focus on preventive care, and more aggressively treat high blood pressure, high cholesterol, and diabetes. You'll also want to focus on the lifestyle factors, like a healthy diet and exercise, that you can control.



## Stacey E. Rosen, MD

Senior vice president of Northwell Health's Katz Institute for Women's Health and professor of cardiology at the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell

*I want more women to realize...*

“The data is clear that cholesterol-lowering medications, like statins are safe, effective, and save lives.”

I tell all my patients I'm on a statin. For whatever reason, there's a lot of fear that the risks of statins overwhelm the advantages. There's a lot of silliness in media about statins being pushed so drug companies make money. There's this feeling that they're over-prescribed and too hard to take.

The truth of the matter is the data on statins is spectacular for safety, efficacy, and significantly lowered risks for death, heart attack, and stroke. The science also shows there are very few people who are truly statin intolerant.

Those on statins can have an elevated hemoglobin A1C, a blood test that measures

your average blood sugar levels over the past three months. But the overall risk of diminishing stroke, heart attack, and angina still is in favor of taking statins, and the worry about dementia or forgetfulness has been put to rest with really good research.



# Martha Gulati, MD

Cardiologist at Cedars-Sinai Heart Institute, Associate Director of the Barbra Streisand Women's Heart Center, and the President-Elect of the American Society for Preventive Cardiology

*I want more women to realize...*

**You can and should be screened for heart disease before you have any symptoms.**

It's my dream that more women will start to realize they need to get screened for heart disease so that instead of focusing so much on sick care, we could truly focus on health care and preserving the health of women.

In medicine in general, we talk about 'bikini medicine'—breast, reproductive system, we're done. Women know to get their annual mammogram. They know to get a Pap smear. When I speak to women about their heart health, I ask everyone who has had their hearts checked—and in a room of hundreds, I can usually count on one hand the number of women who have had a cardiovascular screening.

It's hard because we don't have a mammogram equivalent for the heart. That would be easier both for women and for their physicians. But we do have other tools.

Know your numbers: What is your blood pressure? What is your cholesterol, particularly your LDL or 'bad' cholesterol? Do you have diabetes, or is your glucose elevated? We use all that information, along with other risk factors, to assess both your short-term and lifetime risk of heart disease.

A portrait of Jennifer Mieres, MD, a Black woman with dark, wavy hair, wearing a red top, smiling. The background is a light, abstract pattern.

## Jennifer Mieres, MD

Senior vice president of Northwell Health's Center for Equity of Care and professor of cardiology at the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell

*I want more women to realize...*

“Black Americans are 30 percent more likely to die from cardiovascular disease than non-Hispanic whites.”

When I see a woman of color, I look at her risk of heart disease holistically. Yes, Black adults are nearly twice as likely to develop type 2 diabetes and 1.3 times more likely to have obesity compared to those who are white—both known risk factors for developing cardiovascular disease.

However, it's crucial to consider what else might be putting women of color at higher risk beyond these 'traditional' risk factors like hypertension, cholesterol, and weight. We now understand things like chronic stress and a lack of quality sleep, for example, are also risk factors for heart disease. Which is why it's important for everyone, but especially women of color, to look at your life in its

entirety. Maybe you don't have hypertension, but if you are dealing with the chronic stress of everyday discrimination or racism, this is something you must bring up to your doctor.

For women of color, it's crucial to recognize that heart disease is your No. 1 health risk and that you likely have a higher burden of cardiovascular risk factors. This recognition alone would help us prevent heart disease, detect it in its early stages, and save so many women's lives.

# 44 Top Reasons We Don't Exercise



Plus, how to overcome every excuse, according to experts Diana Hill, PhD, and Katy Bowman, MS.

We've all been there—telling ourselves we'll start exercising more when life gets a little less busy or when we find a workout that isn't so boring. Maybe you have a very real (and justifiable!) reason to skip the gym because you're on your feet all day for work, or you're a caregiver and can't find a window in your schedule for your favorite yoga class or a walk with a friend.

Diana Hill, PhD, and Katy Bowman, MS, get it. For years, they've been helping people reconnect with moving their bodies. Now, they've teamed up to write a book, *I Know I Should Exercise But ... 44 Reasons We Don't Move & How to Get Over Them*, aimed at helping all of us do the same.

"We wanted to create a book where you could say, 'What's my excuse to not exercise today?' and then find advice that could help you make

a mental or environmental adjustment and move," says Bowman.

This week, *The Sunday Paper* sat down with Hill and Bowman to break down some of the most common blocks that prevent so many of us from exercising and to get their tips on how to overcome them.

The best part? Their advice can help all of us find more meaning in the movement we do, which is a surefire way to not only stick to your exercise plans, but actually look forward to working out, too.

# A conversation with Diana Hill, PhD, and Katy Bowman, MS

*01 Why do you think so many of us struggle to move our bodies in a way that feels joyful?*

**Diana:** One reason is because we're stuck in our heads. We have all these stories about how we should move and all these rules about movement. As a result, we don't explore other ways of moving that could be more joyful. And I think that for people who haven't had expansive, joyful experiences around movement, this can be a real challenge.

**Katy:** Most of us have grown up in a culture where the examples of what's available when it comes to moving our bodies is through the fitness or athletics lens. So, if your childhood experiences playing sports as a kid felt awkward or if you didn't love them, or if fitness is uninspiring to you, you might struggle to equate movement with joy. If this is the case, it's important to remember that vigorous gardening counts as movement; going out with your friends to a salsa club counts; lugging your kids' sports gear counts towards the amount of physical activity you need.

When our ideas about what counts as movement are narrow, what's available to us when we hear the command to "exercise more" from the doctor or the Instagram post leaves us feeling like we don't know where to go or what to do.

*02 What are some of the most common excuses that keep people from exercising, and what are the most effective mindset shifts that can help people overcome those barriers?*

**Katy:** We organized the book into seven categories of excuses that are the most prevalent. There's not any single one, most common excuse, because it's so individual. The categories include motivation, time, embarrassment, mental or physical discomfort, tech addiction, barriers in someone's environment, and then others, which includes family or friend dynamics.

**Diana:** No matter what the excuse, I think it's important to recognize that there's often inflexibility within ourselves that is contributing to that excuse. Take a really common excuse, like, "I don't have enough time to exercise." If you actually boil that down to the psychological factors that are contributing to it, it may not necessarily be about time but rather how you're spending your time. Research at UCLA shows that people who engage in things they feel are meaningful feel like they have more time.

Throughout the book, we try to look at these excuses through the lens of values and motivation, as well as cognitive flexibility. It was fun, because no matter what excuse to not exercise came at us, we could tackle them from these perspectives.

*You argue that having psychological flexibility can help all of us sneak more movement into our days. What's one or two ways all of us can boost our mental flexibility?*

**Diana:** There have been thousands of research studies on psychological flexibility for all sorts of things—everything from health behaviors, to anxiety, to working with Olympic athletes. The definition is your capacity to stay present—to be with uncomfortable thoughts, sensations and feelings and still pursue what matters to you.

So, in the context of movement, being psychologically flexible may be something like having a thought that comes up that says, “I don’t want to exercise,” or “It’s too cold outside,” and then still being able to move your body because the movement is connected to your values.

For example, a cognitive practice we may do involves being able to identify your thoughts and simply notice them as thoughts. A lot of times when it comes to

exercise, we have an inner chatter that’s going on that sounds like an unhelpful motivational coach who’s saying all the things are going to make you not want to move. Being able to step back and notice these are merely thoughts and then still act independently from that thought is cognitive flexibility. When you start to decouple your thoughts from your behavior, you’re being more cognitively flexible.

*What do you hope readers will take away from your book?*

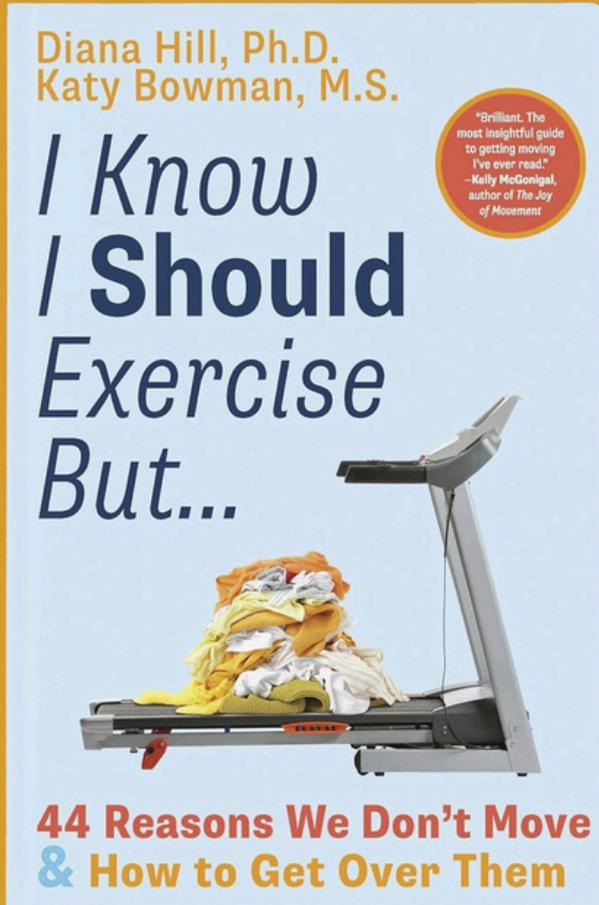
**Diana:** Movement can be about a meaningful experience. Movement enhances our lives in deep ways. Movement can also help us show up in the important domains of our life differently. As a therapist, I take a 10 minute break between clients. If I walk down to my garden during those 10 minutes, I show up as a different therapist for the next client than if I scrolled on my phone during that time. In this book, we really try to help people dig into their values underneath movement, the deeper reasons why and how movement can enhance their lives and help them show up for other people and for this planet in more meaningful ways.

I hope readers understand the bigger picture. You’re not exercising just so that you can get 10,000 steps or complete the circle on your watch.

**Katy:** Movement is inherently challenging physically, and for some people, they get joy out of that physical challenge. But if you’re not that person, movement has to serve other things that you love, because there’s always a little resistance our bodies have to becoming active. If you can tether movement to a value, the value pulls you along. It’s like you can start drafting behind your values.

Katy Bowman, M.S. is a biomechanist, bestselling author, and founder of Nutritious Movement. She is the host of the Move Your DNA podcast and is the author of Move Your DNA, Dynamic Aging, Rethink Your Position, and My Perfect Movement Plan.

Diana Hill, Ph.D. is a clinical psychologist, international trainer, and sought-out speaker on Acceptance and Commitment Therapy (ACT) and compassion. She is the host of the Wise Effort podcast and author of The Self-Compassion Daily Journal, ACT Daily Journal, and the upcoming book Wise Effort (Fall 2025). *Learn more at drdianahill.com.*



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# Are You Having Great Sex?



These three trailblazing urologists are on a mission to make sure your answer is “yes!”

There’s a group of clinicians shining a spotlight on women’s sexual health and pleasure these days, and it’s not the gynecologists or sex therapists you might expect.

It’s a group of female urologists—yes, physicians who specialize in the urinary system and male reproductive system.

In fact, it’s precisely because urologists take care of so many men that puts them in a position to have an especially powerful voice when it comes to female sexual health, says urologist Kelly Casperson, MD, who is also a top podcaster and author of *You Are Not Broken*.

“Every day, we see the double standard when it comes to how the different sexes are treated

regarding their quality of sexual health and hormones,” she says. “Once you see how the men are treated, you can’t help but care for equality for all.”

The Sunday Paper sat down with Dr. Casperson and two other trailblazing urologists—Maria Uloko, MD (an internationally renowned researcher who led the groundbreaking work on defining the number of clitoral nerves in the human clitoris) and Ashley Winter, MD (a sexual medicine specialist and chief medical officer at Odela Health). We talked about the sexism that still exists in medicine, the most helpful medication too many women aren’t being prescribed, why all of us need adult sex education, and so much more.

# A conversation with Kelly Casperson, MD, Maria Uloko, MD, and Ashley Winter, MD

*01 Dr. Casperson, you say that urologists are especially well suited to talk about female sexual health and pleasure. Why?*

There has always been sexism in medicine. There still is. We care about men's pleasure and not women's pleasure. We call women who enjoy sex dirty words. The woman is always the problem when it comes to a desire mismatch: If her desire is too high, that's her problem. If her desire is too low, that's her problem. It's always the male default that we're circling around.

In my office, I'll see two people with low hormones and low sex drive and our health care system cares about one of those patients. Viagra has been around since the late 1990s. It's over the counter in many countries. We do not teach people about the vulva and the clitoris, what happens to them as we age. How simple the fix is if issues surface. When we tell the 60-year-old men Viagra—90 percent of whom are trying to sleep with a female!

The system is broken, yet most of us are left feeling like we are broken.

*02 Dr. Uloko, you did groundbreaking research on the clitoris and found there's actually many more nerves in the structure than we previously believed. What inspired you to look at this?*

Doing a fellowship in urology really opened my eyes to the huge disparity in care between women's sexual health and men's sexual health. As a urologist, that's what my training is in—yet we specialize predominantly in male sexual health. It's literally written into our curriculum. We cannot graduate from residency without knowing the penis inside and out. You'd think the same would be true about the vulva. It's not.

Urologists are obnoxiously data driven. When you go to find the research on women, it's not there. And when it is there, it's not being translated clinically in patient care. I believe research creates access for patients. Research creates a resis-

There's a lot of feelings when it comes to women's health instead of facts. Those feelings are directly harming patients. I use research to lay down the foundation to combat feelings with facts.

*02*  
**Dr. Winter, you are on a mission to help bust the myth that women's pelvic health and sexual health concerns are hard to treat. Why?**

Traditionally, women's health has been all about pregnancy, how to avoid pregnancy, infections, and cancer—and not about quality of life, whether that's related to pleasure, the absence of pain, or even basic function. What I came to realize as a practicing urologist is how a deep understanding of female physiology and addressing the root causes of any issues women are experiencing can help women have better sex and better lives. And truly, many of these issues are not that hard to treat. Yet for too long, women's pelvic health concerns have been treated like hard-to-deal-with mystery diseases.

*04*  
**Dr. Winter, what are some of the biggest misconceptions about women's sexual health you see perpetuated, and the truth you want all of us to know?**

One of the biggest things I talk about is vaginal estrogen. Low-dose vaginal estrogen is vaginal rejuvenation. It is overactive bladder treatment. It is UTI prevention. It is vaginal lubrication. And it is safe. It does not cause breast or uterine cancer. It is not considered hormone replacement therapy. You can take it during perimenopause and after menopause. In my mind, vaginal estrogen is the most underutilized drug in the entire world. It's preventive care.

*05*  
**Dr. Casperson, you are also a huge proponent of vaginal estrogen. I've heard you refer to it as essential skin care for vulva owners.**

It's so simple. It helps so much. And now, thankfully, it's cheap. In the early days of prescribing vaginal estrogen, I started wondering, "Why aren't we putting women on vaginal estrogen before the years of suffering? Vaginal estrogen decreases urinary tract infections by 60 percent. It's as effective as overactive bladder medications for urinary urgency and frequency. Yet it's insanely underused.

The thing about Western medicine is that we're very good at treating problems. We're not very good at preventing problems. I see so many problems all treated with vaginal estrogen. And I started thinking, Well, what if we want women to avoid problems? Can we just start them on vaginal estrogen?

Now, there is not a lot of data on vaginal estrogen as preventative skincare or bladder care. And it would take a long time to do these studies. But why are we waiting for pain with sex? Why are we waiting for a sexless marriage? Why are we waiting for you to be in diapers due to urinary incontinence? Why are we waiting for you to get recurrent UTIs? Why are we waiting for your clitoris to be less sensitive, and for you to lose pleasure with sex? Instead of treating all these problems, could we prevent them with vaginal estrogen?

*Dr. Uloko, you say that 70 to 80 percent of the conditions you treat you can diagnose with a story and a basic exam, yet it often takes women years to get the help they need because of a lack of vulvar health training in medicine. What's it going to take for this to change?*

When a male patient comes in with something wrong with his penis, he can look at it and say, "It hurts here, this isn't normal." He doesn't say, "Oh, gross, yuck, I hate my penis." Women, on the other hand? We have completely given up bodily rights to our genitals to our gynecologists, and our current gynecology training does not actually teach vulvar anatomy. This is a medical crisis.

If someone were to go to the doctor and say, "I have crushing chest pain radiating down my arm," and the doctor said, "Well, that sounds like a you problem" or "Oh, nothing's wrong, maybe you should just have a glass of wine," that's medical malpractice. But we are not holding that same degree of reverence for vulvar conditions.

We do not learn about vulvar and vaginal pain conditions or think about the vulva as a healthy structure like we do the penis. We don't understand the health of the vulva. We don't prioritize it. In our standard GYN exam, we put a speculum in and take a look at the cervix. That's it. But there's so much more anatomy that we are missing. It is shocking how many structures we just ignore as a medical community.

*Dr. Casperson, your recent TedX Talk focused on why we all need adult sex ed. What's one thing we can all do starting today to help our sex lives?*

Get curious. You might ask yourself, Is it true that this is just how my body is—or is it possible that I got no education, I'm doing the best I can, and maybe with a little bit of knowledge and learning how to communicate, could things be different? I think it's important to question the status quo.

*Dr. Casperson, are you hopeful that we'll see more research focused on women's health issues in the coming years?*

I think it comes down to this: As much as we need to focus on women, we need to remember women are humans. We need equal research on all the humans. Women aren't a niche. Fifty percent of the population is not a niche. And as long as we keep saying, "The women's specialists need this, the gynecologists need this..." No. The humans need research. To me, that might be what finally changes things.



## Kelly Casperson, MD

Urologist, sex educator, top international podcaster, and author of *You Are Not Broken*.  
*To learn more, visit [kellycaspersonmd.com](http://kellycaspersonmd.com)*



## Maria Uloko, MD

urologist and internationally renowned researcher, who led the groundbreaking work on defining the number of clitoral nerves in the human clitoris. *To learn more, visit [mariaulokomd.com](http://mariaulokomd.com)*



## Ashley Winter, MD

Urologist and sexual medicine specialist and chief medical officer at Odela Health.  
*To learn more, follow her X (formerly known as Twitter) [@ashleygwinter](https://twitter.com/ashleygwinter).*

By Meghan Rabbitt  
June 8, 2024



## These Habits Can Protect Your Brain Against Cognitive Decline at Every Age

### Heather Sandison, ND, walks us through what they are. Are you doing them?

Heather Sandison, ND, a naturopathic doctor who's dedicated to studying and caring for patients with dementia and Alzheimer's disease, will never forget a patient she calls Darlene. When Darlene came to see her, she had a Montreal Cognitive Assessment (or MoCA, which is a cognitive screening tool) score of 2—the cutoff for a normal MoCA is 26. Darlene couldn't speak in full sentences. She was completely dependent on her husband. They were desperate to try anything when they came to see Sandison, who'd just completed a training with Dale Bredesen, MD, an internationally recognized expert in Alzheimer's disease who argues that it's possible to prevent and even reverse cognitive decline.

Sandison put Darlene on Dr. Bredesen's protocol and was skeptical that it would help. Six weeks later, she couldn't believe what she

was seeing. "Darlene's MoCA score had gone up to a 7 and she was speaking in complete sentences," says Sandison. "She and her husband had started ballroom dancing again. I thought, If that can happen for Darlene, who had full-blown Alzheimer's disease, what could the protocol do for people who don't have dementia or Alzheimer's yet?"

Now, Sandison has a new book out in which she lays out a handful of science-backed strategies proven to improve cognition and quality of life in dementia patients. Even better, these tactics have the potential to help all of us strengthen our brain health as we age. This week, *The Sunday Paper* sat down with Sandison to talk about her new book, *Reversing Alzheimer's*, and what all of us can do starting today to protect our brains from cognitive decline.

# A conversation with Heather Sandison, ND

## *01* What is the protocol that you used with Darlene and that continues to help all your patients?

Alzheimer's is a chronic complex brain degeneration. And what we need is a complex approach to match the complexity of the disease process.

The protocol starts with a foundational lifestyle perspective: I recommend an organic ketogenic diet that puts you in ketosis, where you are metabolizing fat for fuel rather than sugar. We see dramatic cognitive improvement with this approach to eating. And keep in mind, it's not your Atkins-like bacon-eggs-and-cheese keto diet. It's very vegetable forward, and we're really looking to cut out processed food—particularly ultra-processed food—more than anything. I think this type of ketogenic diet does about 50 percent of the lifting in terms of getting brain recovery and repair. Exercise, sleep, and stress management are also crucial aspects of the protocol.

In terms of where to begin, here's my best advice: What's the easiest place to start (so that you can feel like you get a win), and what's going to make the biggest impact? There's an entry point that's different for everyone. For you, it might mean getting

better sleep—which in turn can help you feel rested so you don't have as many food cravings, and you have the energy to work out.

## *What's the mechanism behind why a healthy ketogenic diet works so well when it comes to cognition?*

I don't think we have precise answers, but we do have multiple hypotheses.

You can think of the brain as a hybrid engine, and we can switch fuel sources from glucose to ketones. The brain will preferentially uptake the ketones; they burn more efficiently, which means you don't create oxidative stress—a hallmark of aging. The healthy fats you get in a ketogenic diet (think grass fed beef, wild-caught fish, nuts, seeds, avocado, and olive oil) also reduce inflammation in the brain, which is another aspect of the dementia process.

I don't have dementia, but I do get into ketosis regularly. And I notice when I'm in ketosis, I feel more articulate, it's easier for me to find words, I don't have as much brain fog, and my mood is more stable. I also sleep more efficiently. And so, I personally have felt the benefits. But more important than that, I've watched my patients see tremendous benefits following a healthy ketogenic diet.

*Is there anything too few of us are talking about when it comes to something we can do to help our cognition?*

Not enough people are aware of how powerful exercise can be—and particularly, the power of combining cognitive and physical exercise at the same time. I think many people have heard that ballroom dancing is a potential way to prevent Alzheimer's. That's a great example of this kind of dual task, where you're physically engaged and cognitively trying to remember the steps, stay in tune to the music, and know where your partner is throughout it all.

Going to exercise classes where you're cued by an instructor, like Zumba, barre, Pilates, and yoga, is also great. These are activities where you have to stay engaged to cues, both cognitively and physically. Walking and talking is another example of this type of exercise that'll get you better outcomes cognitively than exercise alone or brain engagement alone.

*Are there things many of us are doing in the name of brain health that we should stop right now?*

People are afraid of eating fat, and they think it's healthy to be consuming carbohydrates—especially processed carbohydrates. This idea that we need a bunch of whole grains is misguided, particularly for brain health.

I also think that blood pressure is something that must be managed. Too many people think having higher blood pressure is normal as they age, but here's the truth: Reducing hypertension reduces your risk for Alzheimer's.

The biggest myth around Alzheimer's is that there's nothing you can do about it. But there's an overwhelming number of things that we can do for brain health. For example, sleep apnea causes dementia. Not getting enough oxygen to your brain at night is incredibly detrimental, both to cardiovascular health and brain health.

*Who is this book for, and what do you want us to learn from it?*

The person I really wrote this book for is the adult daughter of someone with dementia who is feeling like she wants her parent to have the best, last phase of life. I imagine my patients' daughters reading this book and saying, Okay, I want this for mom—and also, I want to better understand what I can do to avoid traveling down the same path of cognitive decline.

And what I love is that when the reader starts making these healthier decisions for her brain, it's going to impact her husband and her kids. She's going to share it with her cousin, her brother—that's the ripple effect.

Everyone deserves to know that you can have control over your brain health, and you can make an impact based on the decisions that you make each day.

# Reversing Alzheimer's

The New Toolkit to  
Improve Cognition and  
Protect Brain Health



Dr. Heather Sandison  
with Kate Hanley

FOREWORD BY DALE BREDESEN, MD

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# There's a New Generation Entering Menopause



Dr. Jessica Shepherd wrote the guide for those of us who want to thrive during this big transition.

“Change is an inevitable part of the cycle of life, as is aging. How you deal with it is largely up to you. I believe midlife can be a time of empowerment and personal growth.”: *Restoring Your Nervous System from Stress, Anxiety, Burnout, and Trauma*.

What's so compelling about her work is the hope it reveals. Through a deeper understanding of our bodily selves and accessible practices—including the one she offers us below—we can free ourselves from loops of stress and tension and feel more peace and ease.

# Who

Dr. Jessica Shepherd is an award-winning physician and board-certified OB/GYN. She's a trusted expert in menopause and the field of women's health dedicated to making complex health topics accessible and engaging.

# What

This book is an evidence-based and lifestyle-oriented guide for the new generation entering perimenopause and menopause. With clinical insights, actionable tips, and holistic guidance, Dr. Shepherd redefines how to sustain the marathon of this life stage so you can make the most of your health and vitality. Discover the steps you need now for the future you desire—and stay healthy, active, and fabulous along the way.

# Why

Dr. Jessica Shepherd says she wrote this book because, “I have spoken with and spent time with so many women in my career as a gynecologist and I knew that this midlife transition was so much more than just hormones, it is the changes that occur for ALL women physically, emotionally, and sexually.”

“I wanted this to be a book that formed a community, took away the stigma of society, and empowered women—including myself—to enter this journey of menopause with grace. The tools given in this book are to make the path less threatening than it has been portrayed in the past. Generation M is a call to all women to know their worth in age and longevity.”

# & We

...chose Generation M as our Get Lit pick because it combines science-backed insights, practical advice, and a message of self-empowerment that encourages meaningful discussions about aging, wellness, and self-care. Enjoy!

# Here's Your Exclusive Excerpt

The Japanese have a term for menopause: *konenki*. It refers to a period of renewal and reflects the view that women's lives go through many stages. It encourages us to honor the transformations that our bodies, minds, and spirits go through. Each stage of the journey is valuable; each stage is to be treasured.

Change is an inevitable part of the cycle of life, as is aging. How you deal with it is largely up to you. I believe midlife can be a time of empowerment and personal growth. Yes, it brings substantial biological, psychological, social, and emotional changes, especially for women as we go through perimenopause and menopause. I encourage you to, instead of fearing these changes, take ownership of the experience and be an active participant in the journey. When you make the choice to prepare by learning the facts, benefiting from the wisdom of the community, and creating healthy habits, you can optimize how you experience every stage.

More than a million women in America enter menopause each year, and one billion women are anticipated to reach that stage by 2025. Despite these vast numbers, there remains a persistent stigma that prevents women from speaking openly about it. The personal, societal, and economic cost of continuing to push menopause into the background is too high. It is up to us, as proud members of Generation M, to change that.

Women's health, through adolescence, pregnancy, menopause, and aging, has been put on the back burner for centuries. That not only fails women, it fails society at large. Women are so often at the center of their families. We comprise half the workforce in this country. If we are not functioning at our best, it has a negative impact on the people in

our lives, from family members to employers. It behooves us to think of menopause as so much more than a "woman's" issue.

It is just as important to recognize the long history of racial disparities in health care in the United States. Recent studies have pointed out the large variations between African American, Hispanic, Japanese, Chinese, and Caucasian women when it comes to the severity of their symptoms and the treatment options they are offered. Education, financial strain, family history, and health habits also impact menopause. None of this was taught in medical school. As a Black female physician and menopause expert, I am dedicated to ensuring that when we talk about menopause, all women are included.

Fast forward to my initial interactions with patients while I was doing my residency in OB/GYN at Drexel University–Hahnemann Hospital in Philadelphia and quickly saw the real-life effects of this systemic avoidance of the intricacies of menopause. One morning, a woman named Carol came into the clinic where I was working, complaining of horrific night sweats. She couldn't remember the last time she slept through the night, and she was clearly depressed. In a whisper, she confided she had also lost all interest in sex. The doctor she had seen before had asked her about hot flashes but nothing more. She was left to assume her loss of libido was due to some failing on her part rather than a common response to fluctuating hormones. At the time, there weren't many treatment options to offer.

# Own Your Journey

As overall health improves and life expectancy increases, most women can expect to live 40 percent of their life after menopause. That is a powerful incentive to take control of your health now. Owning your menopause journey by implementing the concrete positive steps you will find here not only will help you feel empowered, but can lessen symptoms and improve your quality of life for all the years that follow.

Stop for a minute and ask yourself: When I look at my future, how do I want to feel? What can I do today to set myself up for a healthier tomorrow? These are the questions we are here to answer.

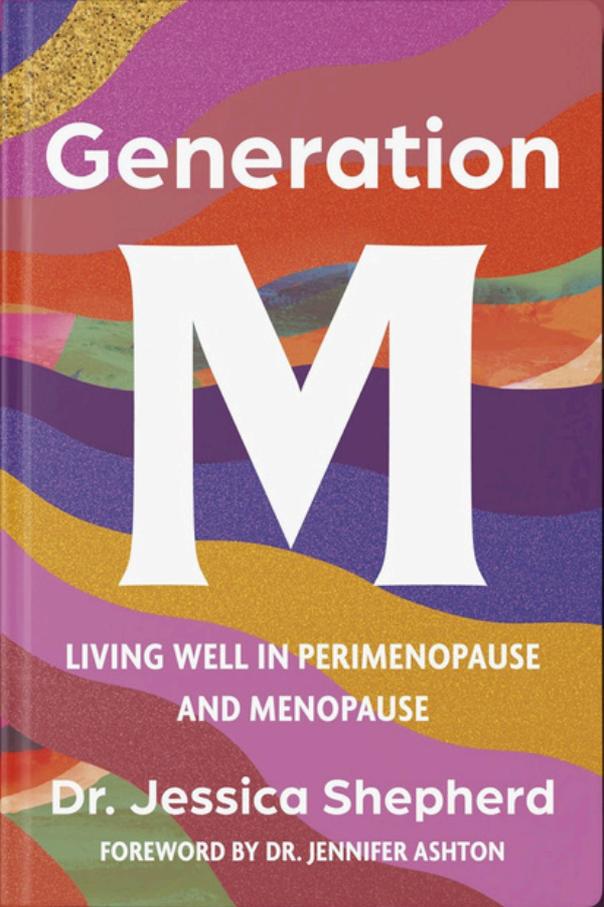
There is no one-size-fits-all solution. Rather, the most successful strategy for thriving through perimenopause, menopause, and aging in general includes small adjustments to your lifestyle habits such as exercise, nutrition, psychological practices, mindfulness, and medication. This whole-life approach is particularly important when it comes to dealing with hormonal transitions, because the symptoms themselves are so interrelated. Here's just one example: hot flashes can interrupt sleep. Interrupted sleep can make weight gain more likely. Weight gain can put you at higher risk for certain diseases. The good news is that just as there is a cascade effect with symptoms, there are ways to interrupt the cycle. Exercise can help improve sleep and weight gain. Stress-reducing techniques can improve brain and physical health.

Throughout this book, you will learn how to make the small changes that have a big impact on virtually every area of your life and health. These are realistic, actionable steps you can fold into your diet, fitness, and lifestyle routine. Steps that you choose. Steps that you can stick with. Steps that will enable you to become the CEO of your own health.

Research published by the British Journal of General Practice shows that it takes ten weeks to build a new habit, and the best way to make the habit stick is through small incremental changes. For you, that might mean building five minutes of breath work into your day, adding more protein to your diet, or learning to recognize and change negative self-talk. In this book, you will find specific ways to do just that and more, and you can return to these pages again and again, continually adding more building blocks to your repertoire.

It will take practice. Society sends women going through perimenopause and menopause the message that our value diminishes after our reproductive years. It can be hard not to internalize those wrongheaded beliefs and devalue ourselves. I truly believe, though, that each positive step you take will lead you to a new sense of agency and the confidence to write your own narrative.

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**Generation**

**M**

**LIVING WELL IN PERIMENOPAUSE  
AND MENOPAUSE**

**Dr. Jessica Shepherd**

**FOREWORD BY DR. JENNIFER ASHTON**

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