

## Ep #288: Self-Care and Menopause with Elizabeth Sherman



### Full Episode Transcript

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**Jill Angie**

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Welcome to *The Not Your Average Runner Podcast*. If you've never felt athletic but you still dream about becoming a runner, you are in the right place. I'm Jill Angie, your fat running coach. I help fat women over 40 to start running, feel confident, and change their lives. I have worked with thousands of women to help them achieve their running goals, and now I want to help you.

Hey runners. So I'm here this week with the one and only Elizabeth Sherman. And Elizabeth is a health coach for women in mid-life. She's the host of the podcast *Done With Dieting*. You know how much I love that. And she actually is a return guest to the show. We were together in episode 262, so not so long ago. And at that time, we talked about fueling your body through menopause.

And today, we're back to sort of continue that discussion and maybe talk a little bit about self-care and kind of go deeper into menopause in general. So, Elizabeth, thank you so much for joining me. And let's start out by hearing a little bit more about what you do.

Elizabeth: Yeah. So, first of all, I am so excited to be here again. Such an honor. And so yeah, what Jill said is I've recently kind of changed how I market myself. So some of you have reached out to me after our original podcast episode, and back then, I was really kind of calling myself a weight loss coach and a health coach. And I've kind of changed, and we can talk a little bit more about that.

But now, what I call myself is a master-certified life and menopause coach. And so I work with women in mid-life who are experiencing changes in their life during this time. So, for many of us, we grew up in a time where we received the message that our value was really wrapped up in our

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appearance. And so as a result, many women our age have a disordered relationship with their bodies, food, and exercise.

And as younger women, we really didn't need to address those things because they didn't cause a problem. But now that we're older, we're experiencing more implications to the way that we think about food, exercise, sleep, stress, and our bodies. And so, therefore, we're kind of confronted with having to deal with that.

And I'm sure that our conversation today is going to unpack a lot more about how we manage our stress. How we practice self-care and all of those pieces, how they fit together.

Jill: I love that so much. One thing that I experienced as I was going through perimenopause, and my symptoms started well over ten years ago, was not really understanding what the fuck was going on. It was just like all of a sudden, I couldn't sleep, and I was waking up in the middle of the night with panic attacks. And my body was just; it just felt different. Like I was starting to get these weird aches and pains in my joints that I had never had before and just all kinds of crazy ass symptoms.

One time I woke up in the middle of the night and had severe vertigo just out of nowhere. And I thought maybe I was losing my mind. I thought I was going a little crazy. And somebody said like oh, you might be going through perimenopause. And so I started reading up on it where I could, because they're actually wasn't a ton out there, and started realizing like this is all just part of a natural shift.

And so, I was able to think a little bit differently about it, but I was still left with how do I deal with these symptoms? And I wish there had been somebody like you back then that I could have called up and said, like, hey

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can you coach me on how to handle this because it sucked. It really sucked, and most of my friends are a bit younger than I am, so none of them were going through it, and I felt completely and utterly alone, and it was very, very frustrating.

So for anybody that's out there, that is wondering who has hijacked your body and why things are different, A, you're not alone, and B, there is somebody to help you. There is somebody out there to help you.

Elizabeth: Well yeah, and I think that Jill, you, and I, both of our mothers, passed away. And so I don't know when your mom died. My mom died when I was 33 years old. So when I was going through perimenopause, even though I have sisters, you know, I talked to my sister about it, but she was just like, "I don't know what you're talking about."

And so yeah, like a lot of this is genetic, and if you don't have anyone to talk to in your family, it can feel very unnerving. Yeah

Jill: yeah. Yeah, and that's the exact same thing. My mom passed away; I think I was 39 years old. And so, by the time the symptoms hit, she was gone. My sister is adopted, so genetically, she might have had a different experience, but I was kind of like, "Hey, do you remember when Mom went through menopause?" and she's like, no. No, sorry. I'm like, really? Nope, nope, we didn't talk about that. So it's like, yeah, I was just left hanging.

Elizabeth: Yeah. Well, what's really interesting is that there is some information out there. There's some data to show that those women who live in cultures where they are living with their parents and grandparents when they are going through menopause have more acceptance of the process because they've been able to witness their mother or grandmother go through it.

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And in our culture, we really don't do that. Like I know that once I graduated from college, I was out of there. I was like, "I'm not living with my mom again." And so I really didn't have a lot of visibility into that. I think she may have gone through menopause when I was in high school because what I remember was her being irrational. When I wasn't compliant with her rules, I felt like she was extremely harsh. And so I think that that's what was happening at that time, but I'm really not sure. Yeah.

Jill: Yeah. Right, and she must have been so frustrated because, again, like, she probably had the same experience as you of like, you know, when you grow up, and your mom is going through menopause, nobody talks about it. And so she's like, well, I don't know. I just feel kind of ragey all the time because my hormones are like going crazy.

Elizabeth: Well, and the crazy thing is also that so many women, I'm sure women who are listening to this right now, you've gone to your doctor, and your doctor just kind of throws up his hands, but also hers, and says, "Eh, it's to be expected and you just kind of have to get through it," which is so completely frustrating and disempowering.

Jill: Yeah, very disempowering. I remember going to my doctor and saying, "Could I possibly be in perimenopause?" And my female doctor said I don't think so. And that was the end of it. There was no well, let's do some tests. And I think back to when it started if I had known what I had now today, I would have advocated for myself. I would have asked for more testing.

But I was kind of like, "All right, well, I guess there's just something wrong with me." Right? I was just left with a lot of thoughts about it that I couldn't figure out what to do with them.

Elizabeth: Yeah.

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Jill: Like, can you for people who are maybe either younger than that age and don't know what it is or might be going through it or just I've never had the conversation like what is perimenopause mean? What is post-menopause? What is all of the stuff?

Elizabeth: Yeah, good questions. So let's break it down. There are actually a couple of different phases that we break women down into. So clearly, we have pre puberty. We have puberty. We have the childbearing years, which is when we're reproductive. Right. I should actually call it the reproductive years, and at the tail end of our reproductive years move into perimenopause.

And that age can really range. It can be as early as the mid-20s, or it can go into the 40s and the 50s. So I have a client right now, she's 59, and she is still in perimenopause. And she is still in perimenopause. And so it's kind of crazy. There's no age that says at this age you should or should not be going through this.

And again, it's highly genetic. So perimenopause is when our bodies start – It's kind of like reverse puberty. So in puberty, our body is readying ourselves to be able to reproduce, and then in perimenopause, what it's doing is it's getting our bodies ready to no longer reproduce.

So what's happening is we have three major players as far as hormones go. There's estrogen, there's progesterone, and then there's testosterone. And so without going into huge detail, basically, our estrogen is going down, it's lowering. And by comparison, our testosterone appears higher. And so what typically happens for women in this period of time is that you'll see extra weight around the midsection. And that's just because the relationship between estrogen and testosterone has been flipped.

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So whereas women who are highly estrogen dominant will have more weight around their hips, women who are more testosterone dominant will present more belly fat. And so anyway, moving into, you know, with perimenopause, you'll experience a lot of symptoms. The most common symptom is typically irregular periods. And so that's usually when people notice, okay, I'm starting to go into this phase.

However, there are tons of other symptoms, which I want to talk about, but I kind of want to move into what the different stages are. So, once you have irregular cycles, then menopause is actually one period in time. It's a switch. So once you have not had a cycle for 12 months, you have then crossed over into menopause. And then, as far as menopause goes, we actually have two different phases.

We have what's called the close phase and then the far phase. So within the close or near phase, that can usually be about six years. And that's when we're still experiencing a lot of those same symptoms. And then, after six years, it should all level out again.

Jill: Oh, that's fascinating. Okay, so this might be too TMI for our listeners, but I'm going to say it anyway. So I had my last period in February 2017, after, you know, a fair amount of my body waffling back and forth. February 2017. I went two and a half years without a period, and then it showed up again.

Elizabeth: Interesting. Regularly?

Jill: No, it showed up two or three times over the period of, like, three months or so. And it was not a normal period. It was just kind of a little bit. There were a lot of cramps, but not like days of blood, days of bleeding, or



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anything like that. And I talked to my doctor, and she was like, sometimes that happens, or whatever.

And I'm like, here I am, the 50-something-year-old woman standing in the line at the grocery store with a pregnancy test, thinking like, my God, I thought I was done with this. I'm like going through the line. I'm just like, "Oh, yeah, this is for my teenage daughter," who doesn't exist.

But it was weird because I thought, oh, no, they told me that 12 months. And I feel like the lesson that I learned from that is human bodies. They just are on their own schedule. Like 12 months, I think, is the average, right? And probably most women experience that. But I was like, what just is happening? And then it came three times, and then it went away forever.

Elizabeth: Just out of curiosity, when was that?

Jill: It was right after Andy and I moved in together. My doctor said that might have had something to do with it.

Elizabeth: Yeah, because stress definitely has something to do with our cycles.

Jill: Okay.

Elizabeth: The reason why I asked really has a lot to do with the COVID vaccines.

Jill: Oh, it was 2019. So yeah, yeah, it was several years ago. Yeah, it hadn't really occurred to me what else was going on that may have kind of like – Because my body was in that close phase that you just talked about. I've never heard that before, like, close versus far. I think my body is still



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kind of in the close phase. But I was still having monthly symptoms. I just wasn't having a period. And so, yeah, so maybe my body was just kind of like a slow learner. I don't know.

Elizabeth: Well, here's what's fascinating also. I live in an area of Mexico that is supposedly very, and this is going to sound really woo-woo to a lot of people. But apparently, it's an area that a lot of the Mayans used to come to for fertility. So I live near Cozumel, and there's another island called Isla Mujeres. And it's called that, Island of Women, because there's a lot of fertility and water and whatever here.

I have a friend who, when she moved here, stopped getting her cycle. And then she did some traveling. She did like six months of traveling. Her cycle came back when she left. And then, when she came back, it stopped again.

Jill: Isn't that fascinating?

Elizabeth: There's stuff going on that we don't know about that I can't explain.

Jill: Okay. Yes, I feel like that's probably correct. Like, who knows? Who knows? I mean, we were in an apartment. Maybe there was somebody like super fertile that lived downstairs or something. I don't know. Anyway, sorry to interrupt.

Elizabeth: Yeah, but stress definitely impacts our cycles for sure.

Jill: My doctor said, sometimes, when you're in the presence of a virile male, it can bring it back. I was like, "I'm going to tell Andy that because it's going to make him feel great." I'm like, what the heck. It was just really funny. Anyway, we're totally off-topic.

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Elizabeth: No, we're not.

Jill: So there's like a close phase. And then, what is the difference between the close phase and the far phase, other than time?

Elizabeth: The far phase, like hot flashes and anxiety and all of those types of things, really kind of level out. And you are then, I don't want to say normal, but your body doesn't have the fluctuations, the hormonal fluctuations that it was having before.

So really, what we're kind of looking at is the three to four years before menopause and then potentially six years after. We're going through 10 years of this hormonal fluctuation.

Jill: And what does that do to the, you know, the average woman's body? Like all of those fluctuations of like your estrogen levels, your testosterone, like all of those hormone levels are changing from what they've been your whole life. What does that do to your body?

Elizabeth: Well, I don't know. I mean, everyone's a little bit different, and so I can't definitively say that – Okay, so here's what we do know. We do know that about 20% of women have little to no symptoms of perimenopause and menopause. We know that 20% have severe symptoms relating to perimenopause and menopause. And then we have 60% who have like moderate.

And what I've noticed within my own practice is that based on what your PMS symptoms were, is probably how you're going to experience menopause and perimenopause. So if you're someone who had really painful cycles when you were in your reproductive years, then you're

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probably going to have a lot of variation in your menopause symptoms as well.

And then if you're someone who really didn't have a lot of ebb and flow, sorry, PMS symptoms, then you're probably not going to experience a lot of severe perimenopause and menopause symptoms.

Jill: Oh, that's interesting. That tracks because my cycles were never usually – I mean, they were annoying but not overwhelmingly painful or anything. And I didn't have a lot of mood swings or anything. I'm just always a bitch, so nothing changed. No, just kidding.

Elizabeth: Yeah, but I think that also, to carry that through, when you asked about what are the implications of this time on our body, I think it also depends on how we take care of ourselves. How do we eat nutritionally? How do we manage our stress? How are we prioritizing sleep and our recovery? Because I think that that also has a huge impact on how we manage our symptoms.

Jill: Yeah. Well, and I think we talked about fueling in the last episode, but I don't think we talked really about sleep, and stress, and so forth. So let's dive into that. That's what I would call self-care, right?

Elizabeth: Yeah.

Jill: Like managing your symptoms, taking the best care of your changing body. It sounds like something you'd hear as a sixth grader. But yeah, what are some of the recommendations you have to kind of take the best care of yourself during this time?

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Elizabeth: Yeah, so I think that first of all, one of the things that really happens during this shift in hormones is that women become more sensitive to insulin and become more reactive to stress. And so what that means is that; I don't want anyone to think that they can't eat carbohydrates, okay? So let's just take that off the table.

I know that a lot of women are totally afraid of carbohydrates. And that's not what I'm saying. But what we do need to do is manage the amount of carbohydrates that we're taking in at a given time. And so what happens is, if we take in a lot of carbohydrates without protein, and the reason that I'm calling out protein here is because when we have a meal that does not have protein in it, so let's say that I eat 100 calories of potato, let's say. And what will happen is my blood sugar will spike, and then it'll fall.

When it does that, the reason that it falls is because our body releases insulin into our bloodstream to take all of those glucose molecules out of our bloodstream and store it as energy for our muscles. Now, if we eat protein with that, then what happens is it just slows the absorption of glucose into our body. And so, therefore, we don't have such a high response to insulin, okay?

Now, the other piece is that we become more reactive to stress. And so why this is important is because we can no longer look at, and I think we talked about this the last time, that we can no longer look at exercise as a way of managing our calories. We have to look at exercise as a way that we manage our stress.

Jill: Yeah.

Elizabeth: And so it's going to be different for everybody. I know that when I was in my perimenopause years, I was running for like an hour at a time.

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But here's the other thing, I was running for an hour at a time because I was doing it to manage my calorie intake.

It's a totally different experience if you're running because you enjoy running, and you love being outside, and you're enjoying that. So the energy with which you're exercising is going to actually impact your stress of the exercise as well.

Jill: Oh, okay. Wait, so let me see if I understand this. So if you're creating mental stress around the exercise, that sort of compounds the physical stress. Because every time you go out and run for an hour, it does put stress on your body for sure.

Elizabeth: Exactly.

Jill: But if you're creating mental stress around it like, oh, I have to burn 1,000 calories, or I have to lose a pound or whatever it is, that sort of compounds it. And when you're in your perimenopausal years, you're also super reactive to stress, so it continues to make it worse.

Elizabeth: Exactly, exactly. Yeah, because when I was going through perimenopause, I was running for an hour. And then I would go, and I would, because I was a personal trainer at the time, I would go, and I would work with clients. And then, I would go back to the gym and lift. And that was just way too much exercise for my body.

Exercise is a stressor. We know that our bodies don't get stronger or faster when we are actually running. We know that we actually get stronger and faster when we are resting.

Jill: Yeah.

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Elizabeth: And so what we really need to be doing for women in midlife is we need to spend more time recovering from our stresses, rather than adding to it.

Jill: Yeah. Well, that really tracks for how I've been approaching my exercise for the past year or so. I used to be like I would run one day, and then I would lift the next day, and so forth. And I would only do one workout a day, but I was always doing, like, several days a week, I was doing a hard workout and maybe one rest day.

And this past year, I moved my run day and my strength training day to the same day. So I'd run in the morning and strength train in the afternoon. And then the next day, I wouldn't do anything more strenuous than like an easy walk.

And it kind of blew my mind how much better I performed, especially at the strength training because I was giving myself a rest day instead of like constantly having like 24 hours later stressing my body again. I was stressing it, maybe harder than usual, but then I was giving it 48 hours to recover. And it feels so much better. It feels so, so much better to do it that way.

Elizabeth: So it would be really interesting if you did, like, a three-day split. So running one day, strength training the next, and then walking our yoga the third day to see if that actually even made you stronger.

Jill: Yeah. Yeah, I should totally try that out. I love that. I'll have to see how I can fit that in because I have, like – We can talk about this offline because my brain is going right into like, “Okay, how am I going to fit all the days in?”

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Elizabeth: That's six days. We have seven.

Jill: I know, right? But, yeah, I love that, though. I love that. Okay, that's a lot of food for thought. Because really, and I think this is what you're so good at, is like looking at somebody's routine and like what they're struggling with and being able to make those suggestions that they might not be seeing for themselves, for sure.

Elizabeth: Yeah. Well, I was just going to say that the other thing that happens specifically for women at this time in our lives is that we're experiencing a lot of change. And that change is also really stressful. A lot of women are having their children go away to school. So they're becoming empty nesters, which also impacts their marriages or their relationships because all of a sudden, now they're with their partners, and they're like, "Wait, who are you?"

Jill: Yes.

Elizabeth: And then they also have responsibilities of their parents who are starting to age. And maybe their jobs are changing as well. So there's a lot going on for women in our age group, and so stress just seems to be something that's added on to it.

And what's fascinating is that we've gotten so good at managing all of our problems that none of us really feel stressed. Because I talk to women all the time, and I'm like, "We need to manage your stress." And they're like, "Oh, no, I got it. Everything's fine." But we really need to start asking for help.

Jill: Yeah. What do you mean when you say, like, we don't feel stress?



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Elizabeth: I mean, that we've gotten so good at doing all of the things and juggling, and we've gotten really super organized that we don't necessarily realize how stressed we are. Have you ever had a period of time where once you've been through it, maybe it's a divorce, maybe it's, I don't know, something in your business or a job, that after you got out of it, you looked back at yourself and you were like, "How the hell did I do that?"

Jill: Yes, that's how I feel about working in a corporate environment. I talk to my friends who are still in that exact life, and I'm just like, "How do you do this?" And I'm like, "How did I do it?" I can't even imagine that situation. So I see what you're saying. It's kind of like this sort of low-level stress all the time that it just seems like, oh, this is normal life, like the frog in the pot of boiling water.

Elizabeth: I was just thinking that same analogy, yeah.

Jill: So, how can we manage our stress? First of all, how do we recognize that we have stress? And then how do we manage it? I feel like a lot of women, and I talk to a lot of women, who running is their stress management, and if they're really stressed, they run more. And I'm like, but that might be creating more problems. But they're just like, "I don't have any choice." Right?

And I know that's a thought, right? Of course, we always have choices, but we don't want to live with the consequences. You don't have to pay your taxes, right? You could not pay your taxes. The consequence is you might go to jail. And so we're like, well, I prefer to live in my house and not in jail, so I'm going to pay my taxes. So we don't actually have to do that. We don't have to go to our jobs. We don't have to take care of our aging parents or our kids.

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We choose to do those things, but we can feel very trapped. And so I think, like, that's what I'm kind of curious about. When you feel like, "I don't have any option to do anything other than what I'm already doing," how do you handle that? How do you deal with that kind of stress?

Elizabeth: Yeah, so I'm not going to suggest that we have to cut things out. I'm not that naive to say, oh, you just need to stop doing that stuff. But what we know is that we can spend more time doing recovery types of actions. So, recovery would be things like going for a walk instead of a run. Recovery could be sleeping. It could be, I don't know, anything that is self-care to you.

It could be talking on the phone with a loved one. So thinking about your social support system. Thinking about having community with other women. You know, anything that is really going to be more recharging than it is taxing on you.

Jill: Oh, that's a great way to put it. Because I think different people recharge from different things. Like, for me, talking on the phone would be taxing, right? But for other people, it's recharging. And for me, reading a book is recharging, and for other people, it might be taxing.

Elizabeth: Yes, exactly.

Jill: And going for a walk for me is recharging. For other people, it might be taxing. What do you say to people who are like, "Listen, I don't have time for sleep because I need my me time," right? And I think this is so common. Like, oh, I stay up late every night to watch Netflix because that's my me time. And so that's why I'm always going to bed late. And I'm like, what if sleeping is your me time?

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Elizabeth: Well, no, what you're talking about is actually a thing. It's called revenge bedtime procrastination.

Jill: Oh my gosh, wait, revenge bedtime procrastination.

Elizabeth: Procrastination, yes.

Jill: Tell me all the things about this.

Elizabeth: So, revenge bedtime procrastination is the condition that many women find themselves in, where they are constantly bombarded from other people's needs and tasks and wants, that once everyone goes to bed, they're like, "Oh my God, now I finally have some peace and quiet. I'm going to watch Netflix. I'm going to eat chocolate. I'm going to do whatever. Play on my phone," whatever it is.

Jill: Yeah.

Elizabeth: And so it really is a thing. And so I don't know that I have a great answer for that, other than sleep doesn't count because you're unconscious, right?

Jill: Yeah.

Elizabeth: And really, what we want is some silence. Now, what I love to do is I actually push that to the beginning of the day. So I have silence first thing in the morning. I do some journaling, I do some reading, whatever, and then I start my day. I realize that that's not going to be available for everybody.

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However, what I would probably suggest to answer your question, is to put a time limit on it and say, okay, I know that this is something that I need. I know that it's something that feeds my soul. But I can only do it and not disrupt my sleep by having an hour or an hour and a half, or whatever time limit it is.

Jill: Yeah, that makes a lot of sense, too, right? Just like give it to yourself, but put some limits around it. Because I feel like if you're staying up, or if you're staying up for like three or four hours every night to get your alone time, and as a result, you're only sleeping like four or five hours a night or whatever, your day is going to suck, right? You're going to be more reactive and more stressed out, and it just becomes this kind of spiral, I think.

But again, right, it doesn't count if you're unconscious. It's not me time if you can't enjoy it.

Elizabeth: Right. Well, and the other piece to that, I think, is that when we are doing the revenge bedtime procrastination, how much of that is buffering?

Jill: Yeah.

Elizabeth: And what I mean by that is watching Netflix and zoning out. Because what we really want to do is we want to be intentional about our alone time. And it's totally okay to zone out, don't get me wrong there. However, what we're really looking for is silence and intention, I think.

And so what I like to ask my clients is, when we're doing buffering behaviors asking ourselves after the fact, because I think that we have a little bit more perspective on it, is asking ourselves after the fact, what could

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I have done instead, that would have produced the result that I was really looking for?

So instead of eating that cookie or watching an hour of Netflix, what was I really looking for? Was it a hug? Was it a connection? What was it that I was really needing? And then notice that about yourself. And then I keep a list on my phone so that when I look for those buffering behaviors, I'm like, what is it that I'm really looking for instead? And I give myself a list of like journaling, or reading, or calling a friend, texting, you know, whatever it is.

Jill: Yeah. And that makes sense. Like, it's taking a beat before you just plop down on the couch and start flipping through Netflix. I mean, unless you actually are like, well, what I'm looking for is to find out what happened on Game of Thrones this week. Then like, yeah.

But in that case, hey, put your phone aside and actually be there with Game of Thrones, versus what I have a tendency to do is like I'll have my phone and I'll be texting and doing whatever. And then I'm missing what's happening on the show. And I don't feel rejuvenated afterward. I feel stressed out because I've just been over-bombarded with all kinds of information.

Elizabeth: Yeah, exactly.

Jill: Yeah. So what are some other – I know with menopause, there are a lot of impacts to your sleep. That, I think, has been my biggest symptom, is that my sleep just went to shit. Over the period of a few years, I went from being a light sleeper but being able to sleep to being somebody who just like constantly wakes up and can't get back to sleep.

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So what are some of the ways that, I mean, for me, a lot of what happened was I'd wake up in the middle of the night, and then I would start having all kinds of thoughts about it. And my thoughts would start spinning out. And then I'd be so stressed out I couldn't go back to sleep. So what are your recommendations around that?

Elizabeth: Yeah, great question. And it's funny, I only recently – So when I was talking about as younger women, we have a disordered relationship with food and exercise, but I also think that we had a disordered relationship with sleep as well. And the reason I say that is because I think that as a younger woman, I totally took sleep for granted.

I could sleep anywhere. And I would drink in the evening drink alcohol in the evening, and it wouldn't impact my sleep. I would eat heavy meals in the evening, and it wouldn't impact my sleep. I would sleep a little bit during the week and then catch up on the weekends. And so we really took sleep for granted.

And now that I'm older, I'm also experiencing the same problems. And so I am so super protective of my sleep. My friends, in fact, here in Mexico, have a joke that they call doing an Elizabeth Tina, which means that, like, if I'm out at a party or at a bar, I will leave at nine o'clock because that's kind of my bedtime. And the reason that that's my bedtime is because I just normally wake up every single day at 5:45. And it sucks, but I have to be really protective of that. Because if I stay up later, it doesn't necessarily mean that I'm sleeping longer.

Jill: Yes. Right.

Elizabeth: Yeah, so that being said, one thing that I think is really important is really starting to notice how what you eat and what you drink impacts

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your sleep. So this actually kind of started all when I was like in my mid-40s. I started having night sweats. And night sweats are one of the symptoms of perimenopause.

And what I did was I actually got some advice from my mentor at the time. And I, first of all, eliminated carbohydrates from my evening meal. And when I say carbohydrates, I actually mean starches. So like potatoes and rice and flour and things like that. And what happened is I stopped having night sweats.

Now, after that, I started adding it back in to notice, okay, which carbohydrates or starches were causing the night sweats. And I found out that it was potatoes for me. For other people, it may be beans. It may be flour. It may be different.

Now, here's what's really interesting. What I'm telling you right now is not universal for everybody. So some women will experience disordered sleep when they remove carbohydrates from their last meal. Other women will need carbohydrates in their last meal in order to get better sleep. So it's really one of those things that you need to test out for yourself.

So start keeping a log of this is what I ate in my evening meal and this is how I slept. And then you can start connecting the dots between, maybe, how you're eating or what you're consuming and how you're sleeping.

Jill: Yeah, I've had that same experience of, like trying different things and noticing, like, oh. For me, it's timing. If I eat too close to bedtime, it's going to be terrible.

Elizabeth: Yes.



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Jill: And if I have more than one drink close to bedtime, not good. Even if I have a drink before bed, not good. I can have like a drink, one alcoholic drink earlier in the day, and it won't affect me, as long as I eat afterward and have activity.

But it is, yeah, it's like such a delicate balance. And on those nights when everything works out, and you just sleep, and you wake up, and you wake up refreshed, and you're like, oh my gosh, I could take on the world today. I'm like, that's such a great feeling. And it becomes, like, for me, I feel like I'm constantly chasing the perfect night's sleep, right?

Elizabeth: Yeah. And so, like to go into that a little bit more, one of the other things that disrupt our sleep is anxiety, right? And so there are a couple of things that we can do for that.

Now, I am not going to suggest – You teach the model on the podcast, right?

Jill: Yes, yeah.

Elizabeth: The think, feel, act cycle. So women in midlife, we sometimes just naturally feel anxious. It's just our body, just the hormones signaling, and we feel anxious. So I'm going to suggest that about 50% of the time, it's hormonal, and the other 50% of the time, it's what we're worried about. So what we're stressed about, what we're thinking about.

And so, being able to wake up in the middle of the night and feel that anxiety and understand, is this something that's hormonal, or is it something that I'm worried about? And being willing to let go of it, you know, in the middle of the night so that we can go back to sleep. And telling your brain it's three o'clock in the morning. I can't work with you right now.

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Now, one of the things that I suggest to my clients is that, in order to control that a little bit more, is that they do a bedtime routine where they look over their calendar for the following day so that they can start preparing their brain for what is going to happen the following day. And then also write out a to-do list. So these are all of the things that I need to do tomorrow.

And what that kind of does is it alleviates a lot of the stress and anxiety so that they can have a better night's sleep.

Jill: I love that. It's just almost like organizing your brain before you go to bed so that it doesn't have to try and organize itself inappropriately at three o'clock in the morning.

Elizabeth: Right, exactly. And then also, there's research to suggest that if you do look at your calendar the night before and prepare yourself mentally, your brain starts working on being productive overnight when you're asleep so that tomorrow morning when you wake up, you're not like, "Oh, what am I doing today?" You're already starting with the ground running.

Jill: I love that. So, what if somebody gets a terrible night's sleep, right? Because it's going to happen.

Elizabeth: Yeah.

Jill: What are some ways that you can make the most of that situation? Like, you're exhausted, and you have a headache, and you're brain has been driving you crazy all night or whatever. You wake up, and you're like, that was not the best night's sleep, and I have a big day today. What are some ways that you can kind of transition into your day and, you know, kind

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of care for yourself, but also respect that you're not going to be at your highest energy level also?

Elizabeth: Yeah, I think that awareness is huge. And what I mean by that is, so first, I would rather that my clients get an extra hour of sleep than wake up and exercise. So people always ask me that question. So if I'm getting a bad night's sleep, should I still do my normal workout? I kind of think no. I think that that extra hour of sleep is way more important.

And so having compassion for yourself that, you know what? Maybe you're not going to do everything that you can. And being aware of how poorly you've slept, not fixating on it, but just being aware and being compassionate with yourself about, you know, maybe, yeah, I'm not going to be as productive as I hoped that I would be. But I'm going to do the best that I can.

Jill: Yeah.

Elizabeth: I think that that's probably the best advice I have.

Jill: So it's really about, like, kind of sorting out your thoughts about it. Because I know, for myself, if I get a bad night's sleep and I have a lot going on that day, I immediately start to panic. I start to think, "Oh my God, how am I going to make it?" That's the thought that keeps going through my brain, how am I going to make it through this day?

And I feel like that thought is pretty shitty, right? It's not helpful. So when somebody is thinking that, like, "How am I going to get through this day? I'm so tired." How would you help them reframe that?

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Elizabeth: Yeah, that's a great question. And it's something that I totally identify with because it's something like I don't necessarily have that problem with my day. But I think about times when I'm scheduled to be away from the house for an extended period of time. And that exhausts me before I've even done the thing. For example, if I'm going to be out all day from eight in the morning until nine at night, I'm like, "How am I possibly going to do all that?"

And so what I've started doing myself is I've started telling myself, I just need to be present and in the moment, and I can't think about the future. I can't think about what I'm going to feel in the future. I just have to be present with myself, live in that moment, and, I don't want to say, get through it. But just the power of paying attention to how I am in the moment really allows me to not get tired ahead of time.

Jill: Yeah. Oh, I love that you said not to get through it, too, because we're always going to get through it. Time is always going to pass, no matter what. It's just a matter of how you choose to think and feel in every moment of that time. So if you're choosing to be present and not thinking about the next hour or the next 10 hours, like, "Okay, well, how can I get the most out of the time I'm experiencing right now," then I think that's a much more powerful way to think about it.

And then I feel like when we take the stress off, I've got to perform for the rest of the day, or I have to get through the day or whatever, when we can take that stress off, then I think our brain starts to get creative on how we can actually not just survive, but thrive, right? Like, suddenly you're like, oh, actually, maybe I could take a five-minute cat nap in the car or from one place to another. Well, not while you're driving. Right?

Elizabeth: Yeah.

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Jill: Like, suddenly, when you take the pressure off to, like, I have to get through the day because I feel like we approach our days, a lot of us do, as like, I've got to fight to get to the end of the day or something. And it's like, no, the end of the day is going to come. You'll get there. It's just you can suffer your way through it or not.

Elizabeth: And it's going to be so much more enjoyable if you just enjoy or experience where you are at the moment.

Jill: Yeah. I mean, this is something that I talk about with my runners a lot. If you're so focused on mile 13 in a half marathon when you're in mile two, mile two is going to suck. And so, yeah, just run the mile that you're in, live the hour that you're in, or live the minute that you're in.

Elizabeth: That's a great metaphor, yeah.

Jill: Yeah, for sure.

Elizabeth: I love that.

Jill: So I recognize that we're kind of running out of time a little bit, but do you have any other suggestions for self-care when your body's going through menopause that you would like to add? Or maybe even like ways that you can advocate for yourself, either with your health care provider or with your family?

Elizabeth: Well, I think that menopause and perimenopause are something that we really need to be talking way more about. I think that this is a condition that half of our population is going through or is going to go through. And so considering that we just mentioned that it's going to take about ten years for you to go through from beginning to end, of course,

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that's going to vary. But why are we shying away from talking about this? Especially with men, right?

Jill: Yeah.

Elizabeth: Like we bring it up, I mentioned it at a party the other night. And the experience or the reactions that I got from the men in the group were just like, "Ew, why are you talking about that?" And it's like, why? Because it's the female body, and we don't understand it, and somehow it has to do with blood, it has to do with menses. Why are we allowing ourselves to shy away from these conversations?

Jill: Yeah.

Elizabeth: So it is a diagnosable condition that women go through. And so when we can allow other people in and talk about it and explain it, and there's nothing wrong with you if you're going through it. The more that we can accept it, the more it's going to be common for our future generations too. So, yeah, that's basically what I have to say.

Jill: Yeah, let's talk about it more.

Elizabeth: Exactly. Exactly. Yeah.

Jill: No, I couldn't agree more. And I think it's amazing because men are like, it's all fine and good when we're making babies for them. But the rest of the time, they want to know nothing about it, right?

Elizabeth: Right.

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Jill: And even like when women are pregnant, they're still like, "Oh, my wife's crazy. She's pregnant right now." Right? It's like there's no respect for, like, oh my God, look what your body can do. Look at the amazing things that are happening. And like menopause is just part of it. Your body can, like, set up shop, open the store, run the store for, like, I don't know how many years are your reproductive years? And then it just can automatically like close up shop, tidy everything up and say like, okay, like ready for the next phase.

It does it all totally automatically, right? We don't have to press any buttons. We don't have to, like, it just knows what to do. I think that is so just miraculous and amazing. And I know, I know, when you get that reaction from guys, they're like, "Ew, don't talk about that." I'm like, "I'm going to talk about it more. Sit down."

Elizabeth: So the byproduct of that is that we have lawmakers who are making laws about women's bodies because we don't talk about it. We don't talk about what we can do and what's a normal experience for a woman. And so most of us don't even know, right?

Jill: Yeah. Yeah, and we're told that like menopause, post-menopause, that it's a problem because you no longer look young, you've probably put on weight, so you don't have like a perfect 22-year-old body. And, of course, you're no longer able to bear children. So women receive this messaging that there's something wrong with aging and your body changing over time. I'm like, hey, I feel grateful and lucky to have gotten to the point in life where my body naturally transitioned to the next phase. Like fuck yeah, I'm all in.

I feel like now that I'm postmenopausal, I have so many fewer responsibilities every month.



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Elizabeth: Yeah.

Jill: Right? It's so freeing. And I'm so glad that you do the work that you do because I think that you're able to help women see that menopause is actually something to be celebrated. It's something to be amazed by, something to be grateful for, rather than something that you think, "Well, I need to do all these things to counteract my aging or so that I don't look old." Fuck that. Let's all look old.

If you look old, it means you got to be old. Yay for you, right? I'm going on a little bit of a rant now, but I don't know.

Elizabeth: I mean, it's better than the alternative.

Jill: Yeah. Right? Exactly. I think that's like, for me, kind of embracing the gray hair. I mean, it did take a little bit of prodding from Andy to do it. But it has been very freeing because I just feel like, oh, now I don't have to pretend that I have shiny brown hair because I actually don't, right?

Elizabeth: I think the gray hair looks amazing.

Jill: I've kind of fallen in love with it. It's been a journey. But I think that embracing where you are in life and appreciating it, and, you know, if you are perimenopausal or postmenopausal, like yes, there are symptoms. You know what? You had symptoms when you were highly reproductive. You had symptoms when you were in puberty. It does not feel good to get boobs like that hurts. It doesn't feel good to get teeth, right?

Like your body goes through all these phases where there's something that fucking hurts. And menopause is just another one of those phases. So it's like, yeah, I feel like nothing has gone wrong. It's miraculous. It's amazing.

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But also, how can we feel just a little bit better while we're doing I and get a little more sleep?

Elizabeth: Yeah, exactly. Because I think that many doctors are willing to put us on medication, and there are lifestyle things that we can do that will help menopausal symptoms. I'm not going to say that all you have to do is eat right and take vitamins. I'm not going to do a Tom Cruise thing. But there are some things that you can do to improve your symptoms.

And then where that leaves off, then you can go to your doctor and say, look, I'm doing all of these things. I'm still having these symptoms. What can we talk about?

Jill: Yeah, I love that. Well, thank you so very much for being here today. How can people follow you, find you, work with you, all the things?

Elizabeth: Yeah, so folks can work with me one on one. Or I also have a group coaching program, which is filled with amazing women who I absolutely love. Every quarter I do something called a sugar cravings reset, which is just five days where people can get rid of their sugar cravings.

And you can find me on [elizabethsherman.com](http://elizabethsherman.com). Or you can find me on Facebook at Total Health by Eliz, or on Instagram at Done With Dieting Podcast. And listen to my podcast. It's called *Done With Dieting*.

Jill: It is a good podcast. You should all listen to it. Everyone should because we are all done with dieting. So, Excellent. All right, well, thank you so very, very much for joining me again today. It's always a pleasure.

Elizabeth: Thank you for having me.

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Jill: And I'm going to go have a think about the running, strength training, yoga cycle.

Elizabeth: Yes.

Jill: And I'll let you know how that goes.

Elizabeth: I will help you with that, Jill.

Jill: All right, thank you.

Real quick before you go. If you enjoyed this episode, you have to check out Run Your Best Life. It's my monthly coaching program where you will learn exactly how to start running, stick with it, and become the runner you have always wanted to be. Head on over to [runyourbestlife.com](http://runyourbestlife.com) to join. I would love to be a part of your journey.