THE MENOPAUSE CODE

THE CLEARING

I'M HERE."

HOW TO SHOW UP FOR THE PERSON YOU LOVE – A GUIDE TO PERIMENOPAUSE AND MENOPAUSE FOR MEN, BY A MAN.

Written by Karl Monahan· Co-founder of The Clearing,
with Hilary Lewin & Sandy Hilton, pelvic health specialists

"I developed this guide for men interested in learning more about perimenopause and menopause. I had the help of two incredible pelvic health practitioners. Their clinical experience and frankness helped shape everything that follows. In addition, I drew upon current research and my own personal experience as a midlife man in a married relationship whose wife is going through perimenopause."

Hilary Lewin
Hilary is a women's health practitioner and educator who has supported women through perimenopause and menopause for decades. Her approach combines clinical expertise with a deep understanding of the emotional, relational, and identity dimensions of this transition. She runs workshops, retreats, and individual programmes, and her work draws on the Mining for Diamonds framework — the idea that what is shed in perimenopause is what no longer serves, and what is revealed is something more essential and more valuable.
hilarylewin.com

Sandy Hilton
Sandy is a specialist pelvic health physiotherapist based in the United States, with extensive clinical experience supporting women through hormonal transition and pelvic health challenges. She brings an evidence-informed, clear-eyed perspective to the physical realities of perimenopause and menopause — including the symptoms that are least often talked about and the treatments that actually make a difference. She is a strong advocate for women — and the people who love them — having access to honest, accurate information.
https://www.swphysicaltherapy.com/provider/sandra-hilton-pt-dpt
Sandyhilton@gmail.com

THE CLEARING

Midlife is not a crisis to manage but a clearing to walk into. With the right company, the right questions, and enough honesty, it is one of the most interesting seasons of a man's life.

You're probably reading this because something has shifted.

Maybe it's the atmosphere in the house. A new friction that wasn't there before. Conversations that tip into difficulty faster than they used to. A sense of walking on eggshells. Maybe your very presence has somehow become an inconvenience in your own home. Or maybe you're the one handing this to someone you love, hoping it might say the things you haven't found words for yet. Either way — I hope this guide helps.

Perimenopause and menopause are everywhere. In our relationships, our friendships, our workplaces. Most of the men around us are living alongside women who are navigating this. And yet it is rarely named. Rarely discussed. Rarely understood.

I am a health professional. I work with men through pain and transition every day. I thought I was reasonably self-aware. And still — when perimenopause arrived in my relationship, I missed most of it. I tried to solve something that wasn't mine to solve. I took things personally. I withdrew when I could have stayed closer. And for a period of time, I made it about me.

Nearly three quarters of partners say they want to support the woman they love through perimenopause and menopause. Yet over a third admit they feel completely helpless — unsure what to say, or what would actually help.

This guide won't make you an expert, but it might make you a better partner.

— Karl, The Clearing

THE CLEARING

SECTION ONE – UNDERSTANDING

What's actually happening to her — and why it matters.

Before I understood what was happening in my relationship, I knew very little about perimenopause. I knew the word, but I didn't know what it meant for my wife who was living it, or for me living alongside her.

Perimenopause and menopause — what's the difference?

Perimenopause is the transitional phase leading up to the final period. It can begin in a woman's late thirties and last anywhere from two to twelve years. It often arrives long before either partner recognises it — misread as stress, low mood, or relationship difficulty. This phase can be the most turbulent, precisely because hormones can wildly fluctuate rather than simply declining.
Menopause is defined as the point twelve months after the last period. The average age in the UK is 51, though around 10% of women experience it earlier. Post-menopause follows — but symptoms don't necessarily stop there. For some women, this season spans a decade or more.

What's driving it?

Four hormones — oestrogen, progesterone, testosterone and cortisol. Day to day, or hour to hour these hormonal oscillations produce most of the symptoms.

Progesterone is one of the body's main calming hormones. When it drops, women can feel tense, anxious, and irritable in ways that seem to arrive from nowhere.

Oestrogen fluctuations affect sleep, temperature regulation, mood, concentration, joint health, skin, hair, and libido. The range of symptoms is wide because oestrogen receptors exist throughout the entire body. Additionally, oestrogen fluctuations may heighten neurodiversity traits and make them harder to manage.

Testosterone changes can lead to alterations in sexual desire, decreased strength and muscular tone. As well as lower stamina and energy levels which consequently increase fatigue and irritability.

Cortisol is a major survival hormone designed to keep us alive. It will take priority over all other hormone production. As progesterone and oestrogen levels fall the adrenal glands are expected to step in to help produce small amounts of these sex hormones. However, if the body is stressed, it produces more cortisol, which in turn further reduces rather than promotes the manufacture of progesterone and oestrogen. We have a perfect stress storm.

What she may be experiencing

Common symptoms include hot flushes, night sweats, irregular or heavy periods, fatigue, poor sleep, brain fog, anxiety, mood swings, joint pain, vaginal dryness, altered libido, dry skin and hair loss.
Around three in four women experience symptoms. For roughly one in four, those symptoms are severe enough to significantly affect daily life. On average they last five to eight years.
What can look like irritability or withdrawal from the outside is often the sheer weight of carrying a great deal with less capacity to conceal it.

More than biology

Perimenopause and menopause also arrive alongside a deeper personal reckoning. The roles women have occupied, the expectations they've carried, the things they've accepted without question — all of this surfaces. A woman who seemed certain about everything may feel profoundly uncertain about herself in ways she struggles to articulate. This is not weakness or instability. It is a genuine identity shift running alongside real biological change.

She may not know what's happening either. Perimenopause and menopause are frequently misread — by doctors, by the media and by women themselves — as stress, depression, or relationship breakdown. It can be an incredibly confusing and overwhelming time.

Your steadiness matters more than you might think. Research consistently shows that emotional stress measurably worsens the frequency and severity of symptoms. A partner who reduces the emotional load — who brings calm rather than additional friction — makes a measurable difference to what she experiences.

CONSIDER THIS

→ Ask yourself honestly: what do I actually know about perimenopause and menopause? If the answer is 'not much' — that's where to start. Becoming informed is one of the most useful things you can do. Read on.

→ If your partner is in her late thirties or forties and something has shifted — her mood, her sleep, her energy, her sense of herself — perimenopause may already be underway. You don't need to diagnose it. But you could both benefit by being open to it.

SECTION TWO – WHAT SHE MIGHT NOT BE ABLE TO TELL YOU

She is not withholding, she's learning to navigate

There are things that happen in perimenopause and menopause that women rarely say out loud — not because they don't want to, but because they don't yet have the language, or because they're protecting you, or because they're not entirely sure themselves.

She may feel like she's disappearing

Not from you, but from herself. The woman she has known herself to be — capable, certain, holding it all together — may feel unreachable on certain days. Sometimes the words simply won't come. The thing she walked into the room for. The email she read three times and still can't process. This is a temporary effect of fluctuating hormones on the brain. But it can be confusing when you don't know that.

She may be grieving things she hasn't named

The end of a chapter. The dawn of a new era. A body that felt familiar and no longer does. The realisation that the clock can't be turned back. The quiet question of what comes next. None of this may be spoken about. It doesn't need to be solved by you. But it is worth keeping in mind.

She is probably doing more than you see

Women in perimenopause and menopause frequently describe continuing to perform at work, to parent, to manage the household, to show up for everyone around them. All the while she is likely running multiple challenging internal processes and conflicting thoughts. The gap between what she is carrying and what is visible is often enormous. She may not be telling you how much because she doesn't want to frighten you, or because she barely has words for it herself.

She may be lonelier than she appears

Research shows that around one in four women reports feeling increasingly isolated within their own family during perimenopause and menopause. Not abandoned. Just… unseen. The loneliness of being in a room full of people who love you and yet still feeling entirely alone in your experience is one of the most painful things about this period in a woman's life. Your presence — genuine curiosity and genuine warmth — is more powerful than you know.

She may be afraid of what this means for you

Many women going through perimenopause and menopause carry a quiet fear that their partner will interpret the changes — in libido, in mood, in energy, in the texture of daily life — as a verdict on the relationship, or on them as a partner. They hold this privately, alongside everything else. A man who can say, clearly and without agenda, 'I'm here, I'm not going anywhere, and I want to understand' — does something that no amount of practical help can replicate.

FOR BOTH OF YOU

→ As a partner, you don't need to fix any of this. Simply know these changes exist. Knowing it — and staying close anyway — is powerful.

→ Consider sharing a section of this guide with your partner and asking what rings true. Not as a test. As an opening.

THE CLEARING

SECTION THREE – THE CENTRAL NEED

Space - what it means and how to give it.

If I had to reduce everything I learned from Hilary and Sandys conversation to a single word, it would be this: "Space." Not the space of me retreating and going quiet — I already tried that, and it wasn't helpful for anyone.

Active, deliberate space. Conditions in which she can be released, temporarily and regularly, from the relentless weight of responsibility, planning, and performance. Women in perimenopause and menopause frequently describe craving solitude — time without agenda. Not because they don't love their families. Because they need time to process all of the ongoing changes they are going through.

Hilary describes encouraging women to take retreats — not luxury breaks, but genuine periods of solitude and reflection. One woman she worked with — a self-described "head girl," used to holding everything together — found it almost impossible to give herself permission to stop. Her partner began taking the children camping on occasional weekends. Not as a favour. As a genuine, unconditional gift of the house to her. Over time it became something the whole family valued. She got space. They got autonomy. The relationship found a breathing point it had been missing.

Sandy describes a similar ritual: taking herself to a local hotel on the last evening of each month — a film, dinner alone, a few hours without managing anyone else. Not expensive. Not dramatic. Just unmanaged personal time out.

Practically, space can look like:
— Taking the children away for an afternoon, a night or a whole weekend.
— Giving her the bed on heavy nights.
— Two single duvets on a shared bed. This allows you to separately manage your own temperature needs.
— Protecting her exercise time actively. Making it a daily/weekly feature.
— Encouraging her to take a morning or night away — and handling everything that needs handling.

Heavy bleeding is common during perimenopause, and its impact is often underestimated. She may want to sleep alone at these times — not as a signal about anything, but because she needs to manage her own body without worrying about disturbing you. Let her. And know that significant blood loss affects energy in real ways. This is the moment for fewer demands, not more. Afternoons off. Rest when she can get it. The chores can wait.

TRY THIS

→ This week: take something off her plate without being asked and without reporting back. Not to demonstrate helpfulness. Just because it needed doing.

→ If the idea of her having unstructured time alone makes you uncomfortable — sit with that honestly. That discomfort is worth examining.

SECTION FOUR · PATTERNS TO BREAK

What to stop doing.

The things men do wrong during perimenopause and menopause are almost always well -intentioned. To begin with I thought I was asking the right questions, doing the right things, and being the partner my wife needed.

Stop asking her to think for you

You offer to cook. Good. Then: 'What do you want me to make?' You offer to handle the weekend. Then: 'What should we do?' The planning — the invisible labour of deciding and anticipating — is often what she is most desperate to put down. When you outsource the thinking back to her while claiming to help, you've handed the weight straight back. Taking ownership here is truly valued.

Stop rushing her

Perimenopause and menopause can change a woman's relationship to time and decision-making. She may need more space before committing to something. Don't circle back the same evening. Allow time and space. A "no "is always easier to turn into a "yes" later than a reluctant "yes" is to double back on. Flexibility is really important.

Stop assuming she wants what she used to want

Her relationships with alcohol, food, socialising, and sex may all have shifted. Don't hold her to the version of herself from five years ago. She doesn't need to explain every change. If she says she no longer wants something that was once a ritual between you, support that. Listen to her needs.

Stop lecturing

About HRT (Hormone Replacement Therapy.) About diet. About sleep habits. About what worked for someone else's partner. About something you read/watched. She is already navigating more information and more conflicting advice than you realise. Each woman's experience and needs are unique to them.

Stop withdrawing

When things get difficult, many men retreat — into work, into their phones, into being very busy and very unavailable. It feels safer. But, it can have unhelpful outcomes. Research shows that women who experience greater relationship distress during this transition have significantly more severe symptoms. Distance that begins as self-protection can make things measurably worse for the person you love.

Many women describe staying silent about how much they're struggling because they don't want to add to the pressure at home. If your partner seems fine, it might be she is protecting you.
ment for fewer demands, not more. Afternoons off. Rest when she can get it. The chores can wait.
.

ONE HONEST QUESTION

→ Which of the above do you recognise in yourself? Pick one — just one — and decide to do it differently this week. Small, real change truly matters.

SECTION FIVE · PRACTICAL SHIFTS

What to start doing.

None of this requires you to become someone else. Just a more attentive and willing version of who you already are. Honestly, I am still working on this myself.

Be a partner, not a bystander

A bystander waits to be directed. A bystander helps when asked and stops when the task is done. A partner notices. Moves toward what's needed before being told. Takes things on and keeps them — not as a small gesture, but as a genuine shift in how things run.

Notice agreeability — and name it gently

One of the changes in perimenopause is that women begin to lose the reflex of automatic agreement — the lifelong habit of saying "yes" when they actually mean "no." This is healthy. But the old patterns die hard on both sides. Learning to not take it personally helps.

Have the intimacy conversation

This is the conversation most men avoid, and I understand why. There's fear in it — fear of rejection, of getting it wrong, of making things worse by naming them. But silence tends to create more distance than the conversation itself.

What worked for years in the bedroom, may not work now. Some women want less sex during perimenopause and menopause. Some want more. Some want to redefine intimacy entirely — toward closeness, warmth, and physical connection that isn't goal-oriented. Vaginal dryness and sexual discomfort are real, common, and navigable — but left unaddressed they can lead to the avoidance of all physical contact. Ask her what would feel good. Define new terms together.

Audit the household honestly

How are responsibilities divided — including the invisible ones? The planning, the anticipating, the remembering, the organising — the labour that takes real energy but rarely appears on any list. Perimenopause and menopause are a natural moment to look at this honestly and redistribute it permanently, not as a temporary role.

On HRT — ask, don't advise

Hormone Replacement Therapy can be an effective treatment for managing perimenopause and menopause symptoms. Evidence shows it is significantly safer than older research suggested. Whether your partner uses it is entirely her decision. If she does, finding the right type and dose can take time — this is normal. Your role is to observe and ask, not to manage or conclude. 'I've noticed you seem more tired lately — is it worth checking in with your doctor?' Might be a helpful question. On the flip side starting that 'your HRT is not working' is not helpful.

Research found that when partners became genuinely informed and engaged, their wives reported a significant increase in marital satisfaction. Not solving everything. Simply learning more — and showing up differently because of it.

START HERE

→ Pick one thing from this section and do it this week. Not all of it. One thing, done properly, matters more than five things gestured at.

→ If intimacy has become difficult or absent: name it gently, without pressure or agenda. The conversation you've been avoiding is probably the one that matters most.

SECTION SIX · THE LONGER GAME

She is not who she was.
That's not a loss.
That's the point.

Your partner is not going to simply get through this' and 'return' to her former self. Something is emerging in her. Something new. Something beautiful, powerful and remarkable. She is entering into her "second spring."

The women who speak most clearly about life after menopause don't speak the language of loss. They speak about clarification — of knowing what they want. Of being less willing to accept what doesn't serve them. Of feeling, often for the first time, genuinely themselves. Hilary, who has worked with women through this transition for decades, puts it simply: "the process sheds what no longer serves, and reveals something more essential underneath."

The woman who comes through perimenopause and menopause is not diminished. She is, in many cases, more honest — with herself and with the people around her. That can feel destabilising from the outside, especially if you've been used to a particular version of her.

Some couples lose each other in this season. The pressures converging at midlife are real and significant. If there is no shared language for what is happening — if one partner is navigating it alone while the other waits for it to pass — the drift can become permanent.

Some couples find each other again. Not in spite of this. Because of it. The stripping away of performance — the relentless competence, the "everything's fine" — leaves something more honest underneath. More exposed, and more genuine.

The relationship built in your thirties cannot carry you through your forties and fifties unchanged. That's not a problem. It is an invitation. Perimenopause and menopause often force the conversation that was needed anyway. It may be uncomfortable. But we might view it is as an opportunity.

To the women reading this: The aim of this guide is for you to feel seen and to feel heard. You are in the middle of something profound. And you deserve to be accompanied through it — by someone who is choosing compassion and understanding over distancing and blaming.

My wife and I are still very much in this period of transition. I am still learning (as is she.) It is not perfect, and I don't expect it to be. I am trying to be more present. To be more honest than I have been. And I am curious and open about where this takes us.

Stay open. Stay present. Keep learning. The man who does that — imperfectly but genuinely — is exactly the partner this season asks for.

BEFORE YOU CLOSE THIS

→ When did you last ask her how she's really doing — and stayed with the answer, rather than moving to fix it?

REFERENCES

Arnot, M., Emmott, E.H. and Mace, R. (2021) 'The relationship between social support, stressful events, and menopause symptoms', PLOS ONE, 16(1), e0245444. doi: 10.1371/journal.pone.0245444.

Currie, H. and Moger, S.J. (2019) 'Menopause — understanding the impact on women and their partners', Post Reproductive Health, 25(4), pp. 183–190. doi: 10.1177/2053369119895413.

Hamoda, H., Mukherjee, A., Morris, E., Baldeweg, S.E., Jayasena, C.N., Briggs, P. and Moger, S. (2022) 'Joint position statement by the British Menopause Society, Royal College of Obstetricians and Gynaecologists and Society for Endocrinology on best practice recommendations for the care of women experiencing the menopause', Post Reproductive Health, 28(3), pp. 123–129. doi: 10.1177/20533691221104879.

Rouhbakhsh, M., Kermansaravi, F., Shakiba, M. and Navidian, A. (2019) 'The effect of couples education on marital satisfaction in menopausal women', Journal of Women and Aging, 31(5), pp. 432–445. doi: 10.1080/08952841.2018.1510244.

Yoshany, N., Morowatisharifabad, M.A., Mihanpour, H., Bahri, N. and Jadgal, K.M. (2017) 'The effect of husbands' education regarding menopausal health on marital satisfaction of their wives', Journal of Menopausal Medicine, 23(1), pp. 15–24. doi: 10.6118/jmm.2017.23.1.15.

ABOUT THE CLEARING

The Clearing is a space for men navigating the harder questions of midlife — identity, relationships, purpose, and what comes next. Offering gatherings, workshops, retreats, and one-to-one mentoring for men who are ready to look honestly at where they are and where they want to go. Midlife is not a crisis to manage but a clearing to walk into. With the right company, the right questions, and enough honesty, it is one of the most interesting seasons of a man's life.

Karl Monahan is a men's health specialist, educator, and co-founder of The Clearing. With over two decades of clinical experience supporting men through chronic pain, physical, emotional, and mental strain. He is the director of the Pelvic Pain Clinic. He is a husband, a father of two boys. His mission is to walk alongside men as they untangle life's burdens.

Matt Bagwell is a co-founder of The Clearing and the author of The Midlife Code. He is a husband and father to two daughters. Matt coaches men through midlife transition and leads gatherings and retreats as part of The Clearing. Matt is also a Master Oxygen Advantage Instructor and you'll find him teaching people how to breath very weekend on Shoreham-by-Sea beach.

THE CLEARING