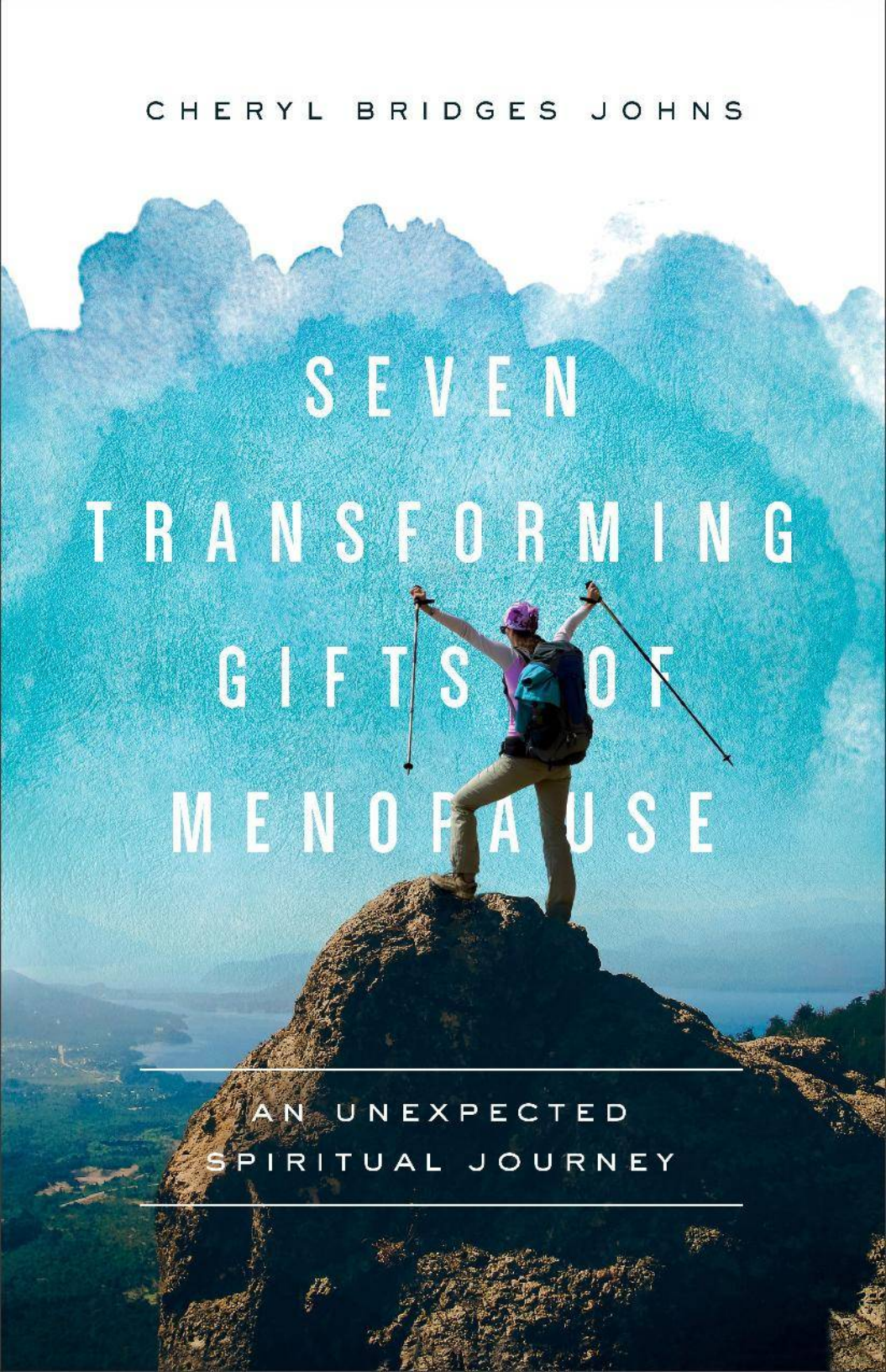


CHERYL BRIDGES JOHNS

A hiker wearing a purple cap, a backpack, and trekking poles stands triumphantly on a rocky peak. The background is a vast landscape with mountains and a lake, overlaid with a large, textured blue shape that frames the title text.

SEVEN
TRANSFORMING
GIFTS OF
MENOPAUSE

AN UNEXPECTED
SPIRITUAL JOURNEY

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PREFACE

SEVEN TRANSFORMING GIFTS OF MENOPAUSE is not meant to be an exhaustive treatment of menopause or a medical textbook. It serves as a developmental and spiritual guide, pointing out some major landmarks for your menopausal journey. Consider it the *Lonely Planet* version of menopause, taking you down some roads less traveled so that you can discover the hidden sweet spots.

Seven Transforming Gifts of Menopause is an encouraging work, designed to help you take note of the gifts in the rich ecology in the land of menopause. It is not another impossible standard for women to reach. There is no pressure to receive all the gifts. Feel free to take what you wish. Leave the rest. You may be at a place in life where you are ready for only one or two gifts. Don't worry. Years from now you can revisit the gifts, perhaps finding it possible to receive a couple more. You are free to disregard things that have little relevance to your life as you use this guide to blaze your own trail. While women face common challenges, there is no one-size-fits-all journey through menopause.

Seven Transforming Gifts of Menopause is a gentle space. I write as an older woman desiring to take you by the hand to lead you

through the rough terrain toward the wonderland of menopause. Along the way, I will ask you to consider things about yourself, your past, your present, and your future. If at any time these questions become too difficult or painful, feel free to move to another section.

Seven Transforming Gifts of Menopause is designed to be a safe place where you can read, ponder, remember, pray, and cry. It provides space to express regret. It gives you permission to speak the unspoken. It provides nonjudgmental space for anger and tears. In other words, it is perfectly okay to be a hot mess while exploring this book.

Seven Transforming Gifts of Menopause is a deeply personal space. At the end of each chapter, you will find questions designed to help you reflect on your journey. These questions will assist you in probing your psyche to find healing and experience growth. They offer an opportunity for you to place your unique experiences in dialogue with the material.

Seven Transforming Gifts of Menopause is a communal space. If you so choose, you can participate in a reading/discussion group for this book. At the end of each chapter, I have provided group activities and questions designed to facilitate open and honest dialogue. You may find that traveling in the company of women will help make the menopausal journey more beneficial. It is hard to travel alone. You are more likely to make it through to the other side if others are encouraging you along your journey.

Seven Transforming Gifts of Menopause is a sacred space where you can discover a deeper, more mature relationship with God. I am writing as a Christian, but you do not have to be a Christian to benefit from this book. Women of all faith traditions are welcome along on this journey. There is no “Christian menopause” or “Jewish menopause” or “Muslim menopause,” but our faith traditions color and shape the developmental tasks of menopause. Some

faith traditions hold to a more traditional view of “a woman’s place.” For that reason, women from more conservative religions may find some sections of this book to be especially challenging. I encourage you, whatever your faith tradition, to look for opportunities to discover a deeper, more mysterious, more loving God.

Throughout this book you will discover personal stories about women. When only first names are given, I have used pseudonyms in order to protect anonymity. In many cases, I have altered the stories, changing dates and locations.

A word of warning: the journey into the land of menopause is not for the faint of heart. The gifts found in this land are not easily claimed. As you travel, people will try to convince you that the transformation you are undergoing is not for the good. They will tell you that it is selfish to desire the gifts of menopause. They will tell you that the ideas, the feelings, and the desires you are experiencing are products of your overactive hormonal system. People will suggest that the fruit you find in this wonderland is forbidden for “nice girls.” These people are everywhere: communities, family systems, places of worship, and the media. You know these people well, but don’t let them override the truth emerging from deep within you.

I invite you to take and read. Forge ahead into the gift-filled land of menopause. Taste the fruit. Drink from the springs. Travel all the way to the seventh gift, the gift of your courageous, adventurous self. If you make it there, you will become a person no one, including yourself, ever imagined you could be. That person lies in wait in the dragon’s den.

INTRODUCTION

A FEW YEARS AGO, I set out on a journey into the strange and frightening land called menopause. Looking back, I realize how woefully unprepared I was for the trip. I had no map. I had not read any books that would help me on my way. No one volunteered to serve as my travel guide.

I had heard a few stories about the place to which I was going. It had a climate that could get very hot. It was hard to sleep there. It was, at times, a place of trauma and suffering. In my family, there were tales about “the crazy aunt” who, after having gone there, was never the same. There was even a frightening story of my great-aunt who bled to death in the land of menopause.

Before setting out on the journey, I tried to talk to a couple of women who had gone to the same place; perhaps they would give me some pointers. They only stared at me in stony silence as if to make it clear that I had broken some unspoken rule by asking about their sojourn.

Knowing that this quest was a fate coded in my DNA did little to curb my fears. I feared I would come out on the other side mentally damaged like those traumatized travelers many whispered

about. Or maybe, like my great-aunt—the one whose face in faded photographs was the most beautiful I had ever seen—I would simply bleed to death.

In addition to not knowing what to expect, I did not know when my menopausal journey would begin. For certain, there would be no letter informing me to show up at the borderland of menopause on such and such day in such and such month. I knew there would be warning signs. So I waited for the signs.

I waited for years, until I was well past the age of fifty, with no notice of the impending trip. People began telling me that it was rare to wait so long to travel to this land. Sometimes they spoke as if I were somehow to blame for the delay. My physician wondered if I was “normal.” I tried to explain the delay: “I think my mother waited a long time.”

One day in my mid-fifties, I found myself standing at the borderland between my home and this new land. My time had come. The signs were certain. I had to leave the comforts of my earlier life and walk alone into the great unknown.

As soon as I set foot into the new terrain, it became clear that my fears were legitimate. I learned quickly that menopause was a place that made up its own rules. Life skills from my prior existence had no effect here. The harder I tried to adapt, the worse things became. For the first few months of the journey, I was a complete mess. I did not know how to think. I did not know how to sleep. I did not know how to live.

There should have been a warning sign at the border of this land of menopause that read, “Beware! You are about to enter a haunted landscape!” I believe such a notice would have prepared me for the ghosts of my past who, as I made my way along, rose from their graves and demanded my attention. Had there been such a sign, I might have braced myself for the appearance of the vivid images of events long forgotten. Past injustice, hurt,

and shame that I once thought were buried came back with a vengeance.

Remembering caused me to become angry. I do not mean a mild annoyance but an intense, deep anger. It seemed that the more I remembered, the more I saw people for how they really were and the angrier I became. Truthfully, the remembering and the anger overcame me. I could not get over things as I once did.

The anger and the remembering brought on tears. My eyes became red from weeping. I wept over the pain, the injustice, and the unfairness in my life. I wept over my marriage. I wept over my children. I wept over the world. I wept over my anger. I wept in frustration over my inability to control my tears.

One day the bleeding started. It did not trickle out. It came in great gushes, leaving my body weak and my clothing soaked. I bled so much that I became anemic. My hair became brittle. Dark circles appeared under my tear-soaked eyes. I thought of my great-aunt. Did she die from anemia? Did her beautiful face become discolored like mine? Did she simply not wake up one morning after bleeding out?

As I went deeper into this land, I began to believe I had entered hell itself. At times, especially at night, it felt as hot as hell. It seemed the life I had once known—the one characterized by control, accomplishment, and the ability to let things go—would never return. I feared I would always be an angry, teary, hot, and bleeding person living in this godforsaken land of menopause.

When I say “godforsaken,” I mean it literally. It felt as if God had stood at the borderland of menopause and waved good-bye—leaving me to face the anger, tears, and bleeding alone. To be honest, at times my tears and anger were directed at God. I would not have blamed God for not wanting to be around me. My husband often looked as if he wanted to escape.

During my sojourn in this desolate wilderness, I had one recurring fantasy. I imagined lying down and wrapping myself in a shroud. Here in the midst of the wilderness, the winds would cover me in sand, creating a silent tomb where the pain, anger, and bleeding would disappear. Strangely, this image held great comfort—so much so that it became my safe place when things became unbearable.

Then, just as I resigned myself to this hell, I began to realize that this land wasn't all that I had feared it to be. Certainly, it was a place of my undoing. But, if I was being honest, there were things in my life in need of undoing. It was a place of anger, but anger is, at times, a good thing. It was a haunted land, but on occasion, the ghosts of the past return to give us a second chance.

Yes, I was in a godforsaken place, but a God more mysterious, more open to paradox replaced the God who forsook me. My previous God was one of order, green pastures, and still waters. This God seemed to relish the fierce storms that arose without warning in the land of menopause. The God of my past seemed to stand afar, looking down on my life. The God I discovered in the midst of the wind and darkness of the godforsaken land called menopause did not stand far off, repulsed by the hot mess I had become. Instead, this God drew close, surrounding me with gentle wings. In the midst of the darkness, I then understood that my longing to be wrapped in a shroud was actually a deep desire to be wrapped in a cocoon. Hidden under the Spirit's wings, I waited to be reborn. I could sense that what was waiting to be born was good, very good.

I had reached a point where I saw the land of menopause for what it was: a special space wherein I could rewrite the story of my life. I was passing through a portal into a richer and fuller way of being in the world. I knew then that if given the opportunity

to turn back, I would not do so. I had found the crucible of my remaking.

What Is Menopause?

Like most women, I entered “the change” unprepared. I was well educated, living in the twenty-first century, yet no one had prepared me for what to expect during menopause. As was the experience of millions of others before me, I faced a great unknown. I knew there were drugs available should things become rough, but for the most part, I had little knowledge about what would become a significant part of my life journey. I was both unaware and fearful.

What is menopause? What happens to women’s bodies during this time? Technically, menopause is the cessation of menstruation. It is the culmination of complex hormonal changes that began ten to fifteen years earlier. Often these changes are so subtle that women never notice. For instance, during our twenties, our monthly cycles probably lasted about thirty-two days. By the time we reached our mid-thirties, the length had probably decreased to twenty-eight days. This change is due to maturing follicles producing less progesterone during each cycle, shortening the period of time when the uterine lining is thickened in preparation for a fertilized egg.

As women move into their forties, the time between their periods may become erratic, ranging from twenty-one days to twenty-eight days. Eventually, the intervals begin to lengthen and menstruation stops altogether. Every woman’s journey into menopause is different. Some women, such as myself, take the long route, reaching menopause in their late-fifties. Other women take the short route, reaching menopause during their mid-forties. The

average age of the onset of natural menopause in the industrialized world is 51.4 years.¹

Perimenopause

The journey into menopause begins with a transitional phase known as perimenopause. The typical age when this transition begins is 47.5 years. The length of the transition can be as short as one year and as long as twelve years. The typical length of transition is 5.8 years.² Perimenopause is when the most dramatic brain and hormonal changes occur in the female body. Perimenopause begins with changes in a woman's brain chemistry caused by alterations in the delicate interaction between the hypothalamus, the pituitary gland, the ovaries, and the key hormones that are produced in these areas. During perimenopause, the body attempts to navigate the upheaval of the delicate balance of estrogen, progesterone, and androgens.

As a woman's body struggles to adapt to new hormone levels, it can move between what is known as estrogen dominance and estrogen deficiency. Estrogen dominance occurs when progesterone levels drop, upsetting the counterbalance between estrogen and progesterone. Estrogen dominance can cause breast tenderness and fibroid tumors in the breasts and uterus. Women may gain weight and experience water retention and excessive menstrual bleeding. Estrogen deficiency causes some of the more classic menopausal symptoms—such as hot flashes and night sweats. Depression and anxiety are often by-products of estrogen deficiency. Many women report mental fuzziness and headaches.³

Some women seem to breeze through perimenopause, reporting few of the above symptoms of either estrogen dominance or estrogen deficiency. Others, like myself, can check off many of the items on both lists. Research points to a correlation between the

experiences of PMS, postpartum depression, and depression during perimenopause. Factors such as sensitivity to hormone levels, a family history of depression, and experiences of chronic stress or abuse during childhood play into this correlation.⁴

Induced Menopause

Induced, or artificial, menopause happens when women undergo chemotherapy or radiation in their pelvic area or when the ovaries are removed. When this happens, the body does not have time to adjust. Women are abruptly thrown into menopause. It is estimated that one out of every four American women will experience induced menopause.⁵

The shock of dramatic hormonal changes makes the symptoms of induced menopause extreme, to the point of debilitation. Women experiencing induced menopause need the support of a competent physician and closely monitored hormone replacement therapy.

Premature Menopause

When menopause begins before the age of forty, it is referred to as premature menopause. Premature menopause is caused by early ovarian failure, which may be the result of chronic illnesses, nutritional deficiency, or high levels of stress. The duration of premature menopause is usually shorter than that of natural menopause, lasting from one to three years. The symptoms of premature menopause include mood swings, vaginal dryness, cognitive changes, hot flashes, decreased sexual drive, and sleep disturbances.⁶ Currently, there is no treatment to reverse or prevent premature menopause. Because the changes happen so rapidly, women experiencing premature menopause need good medical care along with the support of hormone replacement therapy.

Menopause: A History of Fear

Perhaps you are as I once was—both vaguely aware and fearful of menopause. You may know women who ventured into menopause only to fall apart. You watched in horror as their perfectly orchestrated lives unraveled amid anger, tears, and rage. *You fear you may be one of these women.*

Or you may know women who seemed to breeze through menopause. They deny ever having hot flashes, night sweats, and intense mood swings. *You fear you will not be one of these women.*

As women look ahead toward the land of menopause, we experience a vague sense of foreboding doom. Something tells us it is not going to be pretty. Deep down in our corporate psyche is an encoded message: Be afraid. Be very afraid. This message was left there from the trauma of our foremothers, many of whom endured unbelievable prejudice.

Throughout the centuries, women have endured a great deal of superstition surrounding their bodies in general and menopause in particular. In 1710, the physician Simon David Titius defined menopause as “the worst of all the calamities to beset a sex that seems destined to support the largest share of human misery.”⁷

In 1857, the renowned physician Edward Tilt published one of the first medical books devoted entirely to menopause. Tilt was the first person to define menopause as *Climacteric*, or “Change of Life.” He defined this period of time as the transformation occurring from “irregularities which precede the last menstrual flow, and [ending] with the re-settlement of health.”⁸ For Tilt, *Climacteric* conveyed what was going on within women—crisis and resettling of life—better than did the word *menopause*.

Tilt believed menopause was a time of suffering and pathology. The uterus, according to Tilt, was “the keystone of mental pathology.” He compiled a list of 120 infirmities common to women

during the change. Excitement in women was to be avoided at all costs. Tilt made it his aim to keep women calm, even if doing so meant drugging them into a stupor. Sexual urges in menopausal women were signs of what Tilt described as “anomalous if not morbid impulse, depending on either neuralgic or inflammatory affections of the genital organs.” Some women, he noted, were “driven to the verge of insanity by ovario-uterine excitement.”⁹

During the Victorian era (1837–1901), the word *hysteria* became the catchall for many menopausal infirmities, including but not limited to depression, bloating, ill temper, and a “tendency to cause trouble.”¹⁰ One physician, writing in 1859, claimed that a quarter of all women suffered from hysteria.¹¹ Another physician developed a catalog of seventy-five pages listing symptoms of hysteria. He pointed out that his list was incomplete!¹²

The saga of “women’s hysteria” is a sad tale, culminating in the early twentieth-century practice of placing women diagnosed with the malady in mental asylums. Here they were forced into submitting to treatments such as electric shock and ice baths. Because the ovaries were considered the source of hysteria, women underwent unnecessary and dangerous surgery to remove their ovaries. By 1906, more than 150,000 women had undergone an ovariectomy.¹³

In 1895, Alexander Skene, in *Medical Gynecology: A Treatise on the Diseases of Women from the Standpoint of the Physician*, described menopause as “the death of the woman in the woman.”¹⁴ This phrase became popular not only among physicians but also among the general population. It aptly put into words everyone’s opinion of postmenopausal women. They were the walking dead.

During the early twentieth century, menopause was further medicalized. Research concerning the human endocrine system gave physicians new ways of treating women with menopausal symptoms. Estrogen, in particular, became the hormone that

most aptly defined femininity. With the development of synthetic estrogen, it became possible for women to maintain high levels of this hormone through what became known as hormone replacement therapy (HRT). HRT (now referred to as hormone therapy or HT) became the magic pill that cured “the disease” of menopause.

In spite of advancements in science and research, deep-rooted prejudices against older women remained. Medicine provided new weapons of discrimination. At an address to the American College of Surgeons in 1964, gynecologist Robert Kistner used shock effect to gain attention by saying, “We are keeping women around too long—they should all be dead soon after age 45.” He went on to explain: “Women are the only mammalian females to live beyond their reproductive usefulness. So it is, by that evolutionary standard that they live too long. But since we do keep them around, we should recognize that during menopause they are living in a state of hormonal imbalance, and we should treat it. We should give them ‘the pills’ to control the uncomfortable symptoms that women have complained about for centuries.”¹⁵

In 1966, Robert Wilson, a Manhattan gynecologist, published *Feminine Forever*. His book became wildly popular and helped set the stage for the belief that HRT could help women remain “fully feminine—physically and emotionally—for as long as they live.”¹⁶ “At age 50,” wrote Wilson in 1963 for the *Journal of the American Geriatric Society*, “there are no ova, no follicles, no theca, no estrogen—truly a galloping catastrophe.” But with continued estrogen, “breasts and genital organs will not shrivel. Such women will be much more pleasant to live with and will not become dull and unattractive.”¹⁷

During most of the latter part of the twentieth century, a great deal of shame continued to surround the topic of menopause. Menopause was viewed as a medical condition, and women qui-

etly discussed their symptoms with their physicians, most of whom were male. Many women were given large doses of hormone therapy only to learn later of the potential dangers of high levels of estrogen. These dangers include higher risk of heart attack, stroke, and other serious health problems.¹⁸

The Good News: Times Are Changing

It wasn't too long ago that menopausal women lived in shame and fear. Even now, in some segments of society, a stigma is still attached to the topic of menopause. But there is good news! Since the early 1990s, remarkable strides have been made in research on menopause and women's midlife transition. This research is available to us in very accessible forms and holds promise for our menopausal journeys to be very different from the ones experienced by our foremothers.

In particular, two developments have helped advance both the understanding and the treatment of menopause: the development of bioidentical hormone replacement therapy and a more holistic view of menopause as a time of transformation.

Bioidentical Hormone Replacement Therapy

At the dawn of the twenty-first century, bioidentical hormone replacement therapy came at the right time for many women caught in the dilemma of making a decision regarding HT. Bioidentical hormones are synthesized in labs but are made from hormone precursors found in soybeans or yams. Their molecular structure is more closely identical to the hormones found in the human body. Studies have shown that women experience fewer side effects with bioidentical hormone replacement therapy than with traditional therapies.

In recent years, women have become more involved in decisions regarding HT. They research the differences between traditional HT, such as Premarin, and bioidentical HT. They seek out physicians willing to work in tandem with them to find the best, customized approach to HT. They make decisions as to the strength of their HT regime. Some choose a dusting of hormones, while others go for a more robust treatment. And they make decisions regarding the length of their HT. Some opt for a temporary fix, while others choose the long haul.

Menopause as Transformation

In 1991, Gail Sheehy published her groundbreaking book *Menopause: The Silent Passage*.¹⁹ While integrating the medical aspects of menopause, the book opened the door to discussions of menopause as a time of transformation and explored how menopause can be “a gateway to the second half of life.” The book hit a nerve with aging baby boomers looking for ways to continue a rich and full life beyond menopause. “As the pacesetters among baby boom generation women discover menopause on their horizon, they are bringing it out of the closet.”²⁰

Sheehy offered the idea that women can “become masters of their own menopause,” freeing themselves of a one-size-fits-all approach to this time of life.²¹ Women no longer needed to blindly follow the prescriptive advice of male physicians. Instead, they could educate themselves regarding the transformation going on within their bodies and the treatments available for menopausal symptoms. They could custom design their menopausal journey.

Ten years after the publication of Sheehy’s book, Christiane Northrup, a medical doctor specializing in women’s health, helped to advance the understanding of menopause as a time of trans-

formation. Her book *The Wisdom of Menopause*²² quickly became a *New York Times* bestseller. Northrup's research continues to help women approach menopause as a transition involving physical, social, emotional, and spiritual aspects of life. Today, *The Wisdom of Menopause* is the bible for information on menopause.

While Sheehy wanted to help women master their menopause, Northrup desires to help women work in tandem with menopausal transformation. In her estimation, menopause is a natural process, and the more we learn its secrets and rhythms, the better off our journey through menopause will be.

Thanks to researchers such as Sheehy and Northrup, people are beginning to understand that menopause is not “the death of the woman in the woman.” Medical professionals and psychologists are gaining a better understanding of menopause as a time of transformation, “the birth of the woman in the woman.” What was once a dead-end street is now being seen as the doorway into the second half of life, a period that can be filled with energy, wisdom, and personal power.

Like Sheehy and Northrup, I write with the assumption that menopause is a time of remarkable transformation. I believe the change offers what James Loder describes as a “transforming moment.”²³ Transforming moments are those experiences that radically alter our perceptions of reality. As we encounter transforming moments, we are changed from one way of existing to another. Life is a journey of transforming moments—a time in which things break apart—followed by repatterning and putting things back together.

Menopause is much more than a time of biological change. It is more than a time for focusing on hormones and our physical bodies. It is a crisis containing multiple dimensions, including the psychological and the spiritual. Menopause is a time of life that is ripe with Holy Spirit moments—events initiated and maintained

by God's transforming grace. The goal of the menopausal journey is not that we merely adapt but that we are transformed into a new way of being in the world. These moments can be frightening. We are prone to say, "Better to live in the world we know than the one we don't know." It is normal to be afraid of the crisis that is menopause. But know that resisting transformation leads to stagnation. Moreover, we are not alone in this journey. Writes Loder, "The appearance of the Holy One in Scripture is repeatedly accompanied by words of assurance, 'Be not afraid.' The Holy intends to renew and restore."²⁴

Developmental Tasks of Menopause

Menopause is a time not only of multidimensional transformation but also of significant developmental tasks. Developmental tasks are simply the accommodations we need to make in order to facilitate further growth. At certain points in life, our psyches begin signaling that things need to change, and either we accommodate to make way for the new and to grow or we resist change and stagnate. Each stage of life has its own set of developmental tasks. For instance, babies face the developmental tasks of learning to crawl, walk, and talk. Adolescents face the tasks of individuating from family and finding their identity. Young adulthood is a time for establishing intimacy, independence, and a career.

Menopause offers its own unique set of developmental tasks. Sue Monk Kidd describes midlife as a time of "developmental transitions." These transitions "are like the tapered neck of an hour glass—difficult but necessary passages that we have to navigate in order to emerge into the next era of life."²⁵

I offer *Seven Transforming Gifts of Menopause* as a guide for claiming the opportunities for transformation during menopause.

In this transforming season, you will face seven developmental tasks:

- ✦ Uncovering the repressed and hidden parts of your life
- ✦ Getting in touch with your anger
- ✦ Recovering your authentic self
- ✦ Living in expanded time
- ✦ Claiming your spiritual freedom
- ✦ Embracing a holy vision (calling)
- ✦ Returning to your courageous dragon self

I refer to these developmental tasks as gifts because each task, once accomplished, moves you closer to becoming more mature, courageous, and wise.

Each gift (developmental task) opens the door for others to follow. For instance, the gift of uncovering sets the stage for you to claim the gift of anger. The gift of anger makes it easier to identify your authentic self. The gift of the authentic self makes it easier to move into a world of expanded time. The gift of expanded time opens the way for the gift of spiritual freedom. After finding the gift of spiritual freedom, you will be ready to embrace a holy vision—calling—for the second half of life. All these gifts make way for you to enter the dragon's den, where you can find your dragon self and claim your gift of courage.

You may be one of those lucky women who breeze through menopause without some of the more distressing symptoms. It is still important for you to achieve menopause's developmental tasks. Successful achievement of these tasks means you will be more fully able to face the challenges of the second half of life.

One of the strengths of human development is its fluidity. If we miss critical developmental windows or fully achieving some

of life's developmental tasks, we can always return to those issues. If you are a woman past the age of menopause, there is still time to revisit the opportunities hidden in this phase of life. Being past menopause will make achieving the tasks more difficult because your body was primed for transformation during menopause. But don't despair; you can still take advantage of the gifts of menopause!