



Society for Menstrual Cycle Research

FALL, 2010
NEWSLETTER

In Memoriam: Gracie James Foundation

As most of you know by now, Chris Bobel's precious daughter, Gracie James, was killed in a car accident in October. She had just turned 17 years old. The family invites donations in lieu of flowers to the newly-established Gracie James Foundation which will focus on closing the gaps in systems of support for local teens.

The foundation is still in early stages of development, and may end up providing additional resources to underfunded programs, or develop its own programming, such as providing peer training for teens about issues they face such as drug abuse, sexual assault, and so on. The larger goal for the foundation is to find ways to help girls who are struggling to succeed, in as many ways as possible.

Donations can be sent to:

The Gracie James Foundation
76 Paul Revere Road
Arlington, MA 02476

President's Message

by Elizabeth Kissling
October 2010

It's that time of year again! There's a chill in the air and brightly colored leaves are falling and swirling around our feet here in the northern hemisphere. There's mulled cider to drink, and if you're lucky, tasty baked goods. And every other autumn, it's time to prepare a submission for the biennial conference of the Society for Menstrual Cycle Research.

[continued on p. 2](#)

in this issue:

In Memoriam	1
President's Message	1-2
Notes from the Editor	2
By and About our Members	2-4
SMCR 2011 Conference	4-6
An Invitation	6-7
New Book Challenges Old Cycle Ideas	7-10

SAVE THE DATES:

**JUNE 2-4
2011**

SMCR RETURNS TO PITTSBURGH IN 2011

**Embodied Consciousness, Informed Choices:
Critical Perspectives on the Menstrual Cycle.**

President's Message cont. from page 1

by Elizabeth Kissling

Peggy Stubbs, the coordinator of the 2011 meeting, has much more to say about the details of this conference elsewhere in this issue, so I'll leave that to her and simply encourage everyone to submit their work by December 1, 2010. I look forward to seeing all of you again and to hearing the latest research on the menstrual cycle in Pittsburgh, in June, 2011.

Some of the best work from our 2009 meeting will probably be in print by then. Ingrid Johnston-Robledo and Peggy Stubbs are finalizing a special collection of papers about menstruation and social context in *Sex Roles*, entitled "Positioning Periods". Chris Bobel and I just sent off the final manuscripts for a special issue of *Women's Studies: An Interdisciplinary Journal* on representations of the menstrual cycle, which is scheduled for publication in February, 2011. Keep an eye our website for more details about both of these publications.

Elizabeth Kissling, Ph.D.
October 2010

Submission Deadline for next edition of
the SMCR Newsletter:

MARCH 1, 2011

Notes from the editor

David Linton

Readers will notice that this edition of the SMCR Newsletter is a good bit shorter than the last one and later than we anticipated. There are several reasons for this, but they can probably be summed up simply by saying that everyone seems extraordinarily busy. In part this is a good thing in that we all are deeply immersed in our work and leading productive lives. As a result, we've had fewer submissions this time around and my own schedule has bogged down the production as well. However, the most exciting detail for the Society is the upcoming conference in Pittsburgh. Once again, the planners have laid out stimulating plans and I'm sure we're all looking forward to returning to Pittsburgh.

Looking ahead, it's not clear if we'll put out the next edition of the newsletter before or after the conference in June. That will depend in part on how many submissions we receive. So don't wait to be asked. If you're doing something now that you'd like to share with other members of the SMCR, write it up and send it in while it's fresh in your mind. Our work is important; let's share it.

By and About our Members - What We're Up To

◆ Greg Derry and Paula Derry's paper "Characterization of chaotic dynamics in the human menstrual cycle" has been accepted for publication in the journal *Nonlinear Biomedical Physics*.

Chaos theory is perhaps unfortunately named, since in common English chaos means disordered. Chaos theory, on the other hand, pertains to certain systems that seem on the surface to be disordered or random, but there is a hidden order that can be uncovered with certain mathematical techniques. Chaotic systems are deterministic but not predictable. The result of Derrys' analysis of the variability between successive menstrual cycles in 20-40 year olds, using the Tremin research data set, was that there was variability between one cycle and the next, and this variability was the outcome of a chaotic system rather than random. There are many implications for the conceptualization of the menstrual cycle and its dynamics. For example, it suggests that the underlying physiology is best conceptualized as a system that works as a whole. It also suggests that a small amount of variability, rather than regularly recurring cycles, is intrinsic to the system. Greg Derry is professor of physics at Loyola University, Maryland. Paula Derry is a health psychologist and member of the board of directors of SMCR who specialized in menopause for over ten years.

For more details on Paula and Greg's work, visit their web site:

<http://www.nonlinearbiomedphys.com/content/4/1/5>

◆ Ingrid Johnston-Robledo and Peggy Stubbs are working together as guest editors on a special issue of *Sex Roles*, entitled *Positioning Periods: Menstruation in a Social Context*. This collection consists of both articles based on presentations at the last SMCR meeting in Spokane, WA as well as submissions from a general Call for Papers sent out by Irene Frieze, the editor of *Sex Roles*. Authors of articles in this special issue explore and position menstruation in a broad

sociocultural and political context. Specific topics include the social stigma of menstruation, perceptions of women as a function of their menstrual and reproductive status, representations of menstruation and menstruating women in popular culture, and the influence of women's social location (e.g., sexual orientation, religion, ethnicity, ability) on their experiences with menarche, menstruation, and menopause. We are also including several book and film reviews. We hope the issue is ready by our next SMCR meeting in Pittsburgh, PA. They would like to extend thanks to everyone who is assisting with the review process and to authors who submitted manuscripts.

◆ Giovanna Chesler coauthored an article on her project *Tune in HPV* titled "Re-presenting Choice: Tune in HPV" in *Three Shots at Prevention: The HPV Vaccine & the Politics of Medicine's Simple Solutions*. Edited by Keith Wailoo et. al. (Johns Hopkins UP, 2010). The book is a cross-disciplinary interrogation of the HPV vaccine controversy of late. Her new film, "Bye Bi Love," has begun screening at film festivals and is a fictional melodrama on the poetics of marriage and space.

◆ Hello all, I am happy to announce that we are ready to accept submissions for the 19th Biennial SMCR conference which will be held June 2-4, 2010 at Chatham University in Pittsburgh, PA June 2-4, 2011, Chatham University, Pittsburgh, PA.

A detailed CFP is attached but briefly, this year's conference theme, **Embodied Consciousness, Informed Choices: Critical Perspectives on the Menstrual Cycle**, offers a stimulating opportunity to explore a variety of menstrual cycle. Submissions addressing the conference theme, broadly interpreted, are encouraged.

We welcome submissions that involve research, theory, public policy, healthcare, clinical applications, media representations, educational materials, and art related to the physiological, sociocultural, psychological, or cross-cultural aspects of the menstrual cycle and are interested in a variety of presentation formats. In addition to traditional paper and poster presentations, and panels/symposia, we are interested in proposals for workshops, structured discussions, wellness activities, and artistic presentations (exhibits, films).

For submission details: <http://menstruationresearch.org/2011conference/>

Submissions will be accepted via the website only.

To receive full consideration for the June 2011 meeting, please submit a proposal by January 15, 2011.

For more information about the Society for Menstrual Cycle Research, please visit www.menstruationresearch.org

Conference Coordinator: Dr. Peggy Stubbs
mstubbs@chatham.edu

SMCR 19th Biennial Meeting June 2-4, 2011 Chatham University, Pittsburgh, PA,

The Society for Menstrual Cycle Research (SMCR) offers a multidisciplinary conference for scholars, health care providers, public policy advocates, writers, students, artists, and others interested in the menstrual cycle and women's health across the lifespan.

This year's conference theme, **Embodied Consciousness, Informed Choices: Critical Perspectives on the Menstrual Cycle**, offers a stimulating opportunity to explore a variety

of perspectives on the menstrual cycle. Submissions addressing the conference theme, broadly interpreted, are encouraged. We welcome submissions that involve research, theory, public policy, health care, clinical applications, media representations, educational materials, and art related to the physiological, sociocultural, psychological, or cross-cultural aspects of the menstrual cycle.

How Do I Submit a Proposal?

To submit a proposal, register at <http://menstruationresearch.org/2011conference/> by creating a username and password. This costs nothing, and your email address will be used only to share conference-related information with you. **To receive full consideration for the June 2011 conference, please submit a proposal by January 15, 2011.**

Submission Guidelines

We welcome a variety of proposals for the 2011 conference. Presentation formats and specific submission guidelines are detailed below.

Paper Presentations

Paper presentations are formal, oral presentations related to theoretical issues, methodological issues, research data, clinical case material, review or critique of health care practices, treatment methods, teaching methods, content analyses of media or pharmaceutical portrayals of menstruation, etc. Each presentation will be 15 minutes in length with 5 minutes for discussion. More interactive presentations are preferred. Individual papers will be organized by themes into sessions by the program committee. Chairpersons will be appointed by the program committee. There will be no discussants. **All submissions for paper presentations must include a 300-500 word abstract to be used for anonymous review**

and a 50-word abstract to be included in the program booklet, if accepted. The abstract should include a brief statement of purpose, background, sample, methodology and results.

Poster Presentations

Poster presentations are formats that allow for extended discussion of the presentation with the author(s). Presenters must be available for discussion of their work during the poster session. Posters are prepared with information that can be read from a short distance (two to three feet). **All submissions for poster presentations must include a 300-500 word abstract to be used for anonymous review and a 50-word abstract to be included in the program booklet, if accepted.** The abstract should include a brief statement of purpose, background, sample, methodology and results.

Panels/Symposia

Panel presentations are held by a small number of participants (typically 3) and are designed to inform about a topic of interest. Presentations should be related by a common theme, but offer different perspectives. Each presentation will be 15 minutes in length followed by 30 minutes of discussion with the audience. Individuals proposing these symposia or panels should have contacted potential panel members to secure interest before they submit their ideas via the submission portal. These proposals should specify the theme or topic, the presenters, a chairperson/discussant to introduce the presenters and encourage discussion between the presenters and the audience, and the order of the talks. **All submissions for panel presentations must also include a 300-500-word general description and a 50-word abstract for each presenter to be used for anonymous review.** These materials will also appear in the program booklet, if accepted.

OTHER POSSIBLE FORMATS:

Facilitation of a Structured Discussion

Facilitated group discussions are designed to bring together those working on similar problems, issues, or concepts to discuss new ideas, and to engage in problem-solving and/or community-building. Presenters briefly introduce their ideas and facilitate audience participation. We would like to encourage this presentation format this year to ensure that active dialogue occurs among presenters. For instance, interactive discussion sessions could be organized around things such as methodological issues that occur during research on the menstrual cycle, teaching issues, the use of internet technology, or art/film. **All submissions for structured discussions must include a 300-word abstract to be used for anonymous review and a 50-word abstract to be included in the program booklet.**

Workshops

Workshops are intended as interactive training and/or information sessions for a specific audience (e.g., undergraduate professors) or about a specific topic (e.g., methods of teaching about the menstrual cycle). Submissions should consist of the workshop title, the problem or expertise addressed, an outline of the proposed content, and specific “takeaways” participants should expect, and the time allotted desired. **All workshop submissions should also include a 300-word abstract to be used for anonymous review and a 50-word abstract to be included in the program booklet.**

Art Exhibits/Film Showings

Film showings and art exhibits often occur as part of SMCR’s conference. We would like to encourage individual artists and filmmakers to propose a showing of their work. Film

showings and art exhibitions are often followed by a structured discussion so that the artists and filmmakers can discuss their work. Artists and filmmakers must be present at the SMCR conference in order to showcase their work. Artists and filmmakers should submit 150-word abstract to be used for anonymous review and a 50 word abstract to be included in the program booklet. Filmmakers should specify the length of their film, or film clips, in their submission.

Wellness Activities

For the first time, we are proposing that the SMCR conference include some health and wellness activities, broadly interpreted. We encourage SMCR members to help us organize sessions that emphasize menstrual health and wellness, and look forward to proposals that help us integrate wellness more fully into our conference. We envision wellness activities in the mornings and evenings, perhaps before and after other conferences activities. If individuals have ideas for a health and wellness activities, they should submit a proposal through the normal submission portal on the SMCR website. **All wellness activity submission should consist of a 300-word abstract to be used for anonymous review and a 50-word abstract to be included in the program booklet.**

◆ An invitation to use my space from Alexandra Jacoby

As many of you know, I have been working on a book of vulva portraits for women, an exploration of our relationships with our vaginas, with our bodies, via documentary-style images—so that we can see ourselves for ourselves. Earlier this year, I completed photography, at 112 v-portraits.

When I began work on the project, vagina vérité®, back in 2000, I established vaginaverite.com, the companion website: a repository for the stories that spiraled out of the photography project. The site is organized primarily as a series of questionnaires. There are currently over 1200 pages of responses published. I've listed the questionnaires at the bottom for your reference.

I am in the process of revising the site. My intention is to widen and deepen the topic range. **Perhaps this space can also be helpful to your work.**

I am opening it up to the SMCR membership and invite you to “use my space” in these two ways:

1. **What questions would you like to see responded to by women and/or men that relate to your research or practice, artwork or writing?** I will post questionnaires and their responses on the site, and can also send the responses directly to you for use in your work, if you like.
2. **What do you wish women and/or men knew about any aspect of menstruation and/or women's health and body-experience?** I imagine a gynecologist, for example, answering the same questions over and over, or correcting the same misconceptions, and I'd love to receive and publish FAQs, diagrams and essays of your experiences where you keep repeating yourself and/or think if-only...and make these available online.

I have not been working on the site much the last few years; the visit rates used to be double what they are today. I am confident that by returning to a routine of updating the site as I had been, as well as (and this is new) promoting the site via Twitter and Facebook and through organizations and websites doing

work related to women's bodies, that I will increase activity over the next months. Questionnaires stay up indefinitely and I publish responses received weekly.

The current site visit stats are:

- Total # of visitors: 2,965,487
- Daily average # of visitors: 463
- Average visit length [minutes:seconds]: 1:34

Contact me at alexandra@leavethecastle.com regarding any aspect of this project and how we might work together. Your ideas are very welcome.

These are the questionnaires [and the number of responses published] at vaginaverite.com:

- contraception review [8]
- designer vaginas [85]
- do you like the way your vagina looks? [88]
- gyno review [33]
- masturbation [71]
- menstruation review [78]
- men's vagina first times [178]
- vagina names: what do you call it? [203]
- vagina style [75]
- vagina taste and feel [149]
- virginity [161]
- women's vagina first times [244]

NEW BOOK CHALLENGES OLD CYCLE IDEAS

The Estrogen Errors” why progesterone is better for women’s health, by Susan Baxter and Jerilyn Prior, MD - A book review by Dr. Katherine Dale, ND

Medicine has moved towards a “focus on the paradigm of curing [the disease] rather than ‘caring’ [for the patient]” (p.112).

In the book, *The Estrogen Errors, Why Progesterone is Better for Women’s Health*, Dr. Jerilyn Prior and Susan Baxter present the “truth” behind the research on women’s health. They are taking a courageous risk to speak in opposition to the status quo that is presented by a conventional medical profession. Baxter and Prior have presented a detailed history of the discovery, use and ensuing miss-use of estrogen, the much-heralded elixir of femininity and youth. Dr. Jerilyn Prior is an endocrinologist researcher and lecturer at the Center for Menstrual Cycle and Ovulation Research (CEMCOR) at the University of British Columbia. Susan Baxter is a lecturer and writer in British Columbia. This collaboration combines Dr. Prior’s *depth of research* and Baxter *breadth of knowledge* of the health care profession. This is Dr. Prior’s second book on the topic of women’s hormone health, her first book *Estrogen Storm* was written for the layperson. Prior and Baxter present the research that shows the dangers of using estrogen and the direct benefits of using progesterone for women’s health for perimenopause symptoms; bone-loss; and preventing some cancers. *Estrogen Errors* is a comprehensive analysis of the research into the “estrogen debacle” presenting solid scientific evidence to support both medical industry professionals considering providing alternate treatment for female patients and for the informed and curious patient.

The evidence supporting progesterone use is often suppressed, due to the great advocacy power of the Medical Industry. Due to the powerful force of the health industry to define **reality** the estrogen debacle became a “reality”. The medical industry, including medical doctors, pharmaceutical companies, and research and development companies, has the power to: define and create disease from symptoms; develop the diagnostic tools to identify disease; and manufacture the

medicines to cure the diseases. Thus the disease itself becomes animated providing opportunities for commerce through the manufacturing of pharmaceutical drugs; development and promotion of diagnostic testing; and advocacy campaigns to further fund research and development. The health industry is involved in disease mongering: creating, locating, and curing disease rather than caring for people. Women's bodies and women's health have been fodder for this mongering for years as our bodies have been medicalized and compromised for the benefit of business.

The health industry has been focused on the use of estrogen for women's health issues for over 40 years. Despite the history of estrogen errors with DES in the 1940s, estrogen use continued to be supported. In the 1990s the HERS studies found the estrogen had not been preventative for cardiovascular health but in fact resulted in net harm for the female subjects. The health industry continues to advocate for the use of estrogen. Dr. Robert Wilson wrote a book, in 1966, entitled "Feminine Forever", wherein he explained to women that menopause caused an estrogen deficiency and resulted in "genital atrophy and castration". These changes to a woman's body stole away her femininity and her purpose in "modern society" (p.16). This "purpose" was to act as a housewife and mother (p.17). Dr. Wilson proposed the miraculous benefits of the use of estrogen for the treatment and cure of menopause. Thus Wilson established menopause as a disease that needed curing. Along with Dr. Wilson's creation of a disease called menopause, he also promoted the pharmaceutical cure of estrogen for the ailment. The pharmaceutical business benefited for many years from the promotion of estrogen as a cure-all for women's health. Eventually it was discovered that in the years leading up to the publishing of *Feminine Forever*, the Wilson's Trust

Foundation had received funds from three pharmaceutical companies who were manufacturers of the medical hormone estrogen. With the discovery of an inexpensive way to manufacture the hormone estrogen the pharmaceutical industry needed a market and Dr. Wilson provided the public advocacy required. The trend towards estrogen use started by Wilson continued into the next century until 2002, when the results of study showed the problems with estrogen. The Women's Health Initiative (WHI) study began as a study of 160,000 women between the ages of 59 and 79: two controlled placebo studies were studying estrogen use as compared to placebo. However, the study was stopped early, in 2002 due to an increase in the number of cases of breast cancer, blood clots and strokes found in the study participants who were prescribed estrogen. With the increased use of HRT, the rate of breast cancer diagnosis increased by 60-85% (p.154). In studies of infertile women with Anovulatory Androgen Excess (an excess of estrogen), the risks of cancers were 360 times the normal. The results are clear, women are not benefitting from estrogen - it causes harm.

Not only are perimenopausal women being prescribed the wrong treatment protocol, often the diagnosis is incorrect as well. Menopause is define as starting "one year from the last menstrual period", thus many medical doctors do not have a diagnosis for the time leading up to menopause. As well because the symptoms of perimenopause are "as unique as the woman experiencing it", including: "insulin resistance, weight gain, and irrational food binges" medical practitioners often overlook the actual cause and treat women for other diseases (p.69). And because the diagnostic markers are so varied (FSH can be up or down and estrogen is often high rather than low) perimenopause has not been given the proper treatment and attention. The high ratio of estrogen to

progesterone causes the symptoms, from vasomotor symptoms, such as hot flashes; to mood changes and anxiety; to aches and pains. Even the authors themselves profess that progesterone “reduced those disabling and onerous perimenopausal symptoms, as both authors discovered” (p. 23). What medical doctors are not realising is women need progesterone during perimenopause.

Another need of women that is overlooked is for women to have the freedom from the continuous probing of our bodies and experimental treatments said to be for “preventative” purposes. Osteoporosis, originally considered a measurement of risk, is an example of a disease that was created, located and treated all at once. Originally used to prevent the build up of calcium on plumbing pipes, bisphosphonates were found to prevent calcium removal from bones when ingested by humans. The popularity of osteoporosis as a disease rather than a risk factor also increased with the ability to observe bone mineral density (BMD). The designation of osteoporosis as a disease also provided an opportunity to increase the sale of medical diagnostic machinery. What is disturbing about the diagnosis of osteoporosis is that studies show that doctors disagree with each other 80% of the time when reading the same BMD tests (p.145). Although fractures are considered a huge risk factor for menopausal women, the studies show that it is in fact elderly women over the age of 80 living in nursing homes that are experiencing fractures. Thus the risk of fractures is minimal for women younger than 80. However, in a recent conversation with Dr. Prior she quoted research from CEMCOR that had found “progesterone plus estrogen increase BMD [bone mineral density] 24% more than estrogen alone (in a meta-analysis of RCTs) [Randomized Control Trials. Prior suggests a more valid method to decrease fractures should include regular vision

checks, avoiding medication which causes dizziness and creating a safe, barrier-free environment in nursing homes. A second diagnostic test Baxter and Prior suggest that is used merely for the sake of giving form is the mammogram, or the ability to observe breast tissue. In *Estrogen Errors*, Prior and Baxter quote 16 year studies that have found equal numbers of deaths occur from cancer whether or not a woman has opted to have mammograms.

The evidence is in, women’s bodies are a testing ground for the disease-mongers of the medical industry through: HRT use for menopause and the ensuing rise in breast cancer cases and deaths; DES use in the 1940s; ignoring and misdiagnosing women’s premenopausal symptoms; and the forcing of women into diagnostic testing (e.g., BMD and mammograms). The needs of women are considered as secondary to the profit-making needs of the health care industry. It is time for a revolution to occur. However, perhaps it is too soon for the people of the world to accept the revolutionary ideas of Dr. Prior and Ms. Baxter as “...medicine continues to be as slow as it ever was in terms of changing its practices, beliefs, and firmly held convictions”(p 168). Most of the world is caught up in the illusion of the health care profession as having the best interests of the patient in mind, when in reality it is a business that wants to continue to grow not only new cures, but also new diseases. I admire and respect Dr. Prior for continuously taking risks to expose the reality of the dangers of estrogen treatment. Dr. Jerilynn Prior and Susan Baxter are harbingers of the truth, trying to expose the estrogen debacle and the reality to those who are willing and ready to listen. Dr. Prior and Baxter have researched independently and have interpreted existing studies on women’s hormones and now they have found a new way to bring good health and happiness to

women, through progesterone. This book presents many challenges which require the admittance of error and a losing of face for the medical profession. We cannot cure others when we are creating a false consciousness, with false words, ideas and beliefs. It is only with clarity and an acceptance of the truth that people can begin to move towards health and healing. I recommend the reading of this book for all medical doctors with female clients. The estrogen debacle has gone on too long; it is time to start helping women to help themselves. Throughout their book Prior and Baxter call for women to make informed choices and not to take “evidence - even good evidence – to necessarily mean “truth” (p. 174). It is our responsibility as women, physicians and scientists to interpret the results and the studies and to keep the true purpose of healthcare in mind: caring for the patient. In my own dealings as a Naturopathic Doctor with my patients, and with all friends and family I continuously advocate for the use of progesterone. This book is a profession of the facts without anger or resentment; and a call for the profession of truth of the dangers of estrogen, to allow healing for all of us.

Promote the SMCR blog, re:Cycling

The design of the blog makes it easy to share items. At the bottom of each post, there is a series of buttons:



Clicking allows one to share the post on the most popular social networks: Twitter, Plurk, Buzz, del.ioci.us, Digg, Facebook, MySpace, Reddit, and StumbleUpon.

