Emory University. Senior knew these traits well. But Berga points out that most of the women with FHA in her research didn’t think they were particularly stressed, even though their cortisol levels were abnormally high.

Treatment for this problem can be straightforward. In some cases, merely getting women to resume their periods with birth control pills is reassuring enough that it eliminates the stress behind the problem. Senior started feeling more like herself, and her periods resumed, just 6 weeks after going on the Pill.

Yet as researchers gain a deeper understanding of stress-induced amenorrhea and possible complications like heart disease, osteoporosis, and dementia, there is a push to treat the root cause instead of the symptoms. In her research, Berga found 5 months of cognitive behavioral therapy (CBT), which teaches people to shed negative thought patterns, to be remarkably useful. Six of seven women who underwent CBT recovered fully, one was starting to have irregular periods, and all saw their cortisol levels drop. In a control group that didn’t get therapy, only one of seven women recovered even partially.

For at least one patient involved in Berga’s research, therapy was a life-changing event. When Carol Harkleroad turned 35, she was concerned enough about her 7-year stretch of amenorrhea that she agreed to the weekend of blood tests required by the study. Every 15 minutes the tests measured her cortisol levels, as well as the pulsing of her luteinizing hormone, a pituitary chemical that stimulates ovulation. Her elevated cortisol levels came as a surprise to her. But in retrospect she realized she’d been eating irregularly; working long, unpredictable hours while running a catering business; and exercising too much—not at the level of a professional athlete, but enough to cut into time she could have spent relaxing profitably in other ways. After that grueling weekend of tests, Harkleroad underwent the 16-week cognitive-therapy regime, and was amazed that her periods quickly resumed. She went on to have two children within 7 years.

“Sometimes I fall back into that mode of wanting to be the best wife and worker and athlete,” Harkleroad says. “But I think my body was trying to tell me it was time to stop. Sometimes that’s what you have to do—make yourself stop and slow down.” ©

Susan Dominus is a frequent contributor to The New York Times Magazine.

Help him measure up

Is your partner a little too concerned with how he measures up? He may be overestimating just how big his “mini me” should be. An Egyptian researcher recently measured the penises of 92 men who believed theirs were smaller than normal. Checked were the men’s lengths and girths when flaccid and when fully stretched (a method for sizing up an erection without getting too personal). Turns out all 92 were normal—except when compared with their own preconceptions of normal. Most men, including everyone in this group, are 3 to 4 inches when flaccid and around 5 inches when erect. After the researchers corrected the patients’ misunderstanding, nearly all felt better about their size.

If a man has size issues, he’s probably been the victim of silly locker-room taunts or has watched a little too much supersized porn, says study author Rany Shamloul, MD, a physiology researcher at the University of Saskatchewan. Shamloul thinks sex education can help. So can you: Whip out a ruler and set your partner straight. —Amanda Storey

Stature check:
He needs to know what’s normal with “mini me’s.”
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