Premenstrual Syndrome: The Dual Nature of a Lived Experience

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Abstract: *Premenstrual Syndrome was widely defined, analysed, and researched based on the medical model prior to the British murder trials in 1980 where the court reduced the sentences of two women on the grounds that "severe PMS reduced their capacity to control their behaviour." This led to a new dawn in the studies of PMS: feminist discourses emerged to challenge the negative aspects of PMS (e.g., it has been referred to as "the worst thing about being a woman") and they began to create their own definitions of premenstrual changes contrary to those in biomedical and popular literature. The feminist literature placed the discussion of the syndrome within a sociocultural context, claimed the disorder to be 'culture specific', and examined its effects on social relations. Keeping in mind that PMS 'reflects pre-occupations of the culture', this study aims to study women's subjective experience of PMS, the social and cultural factors that influence women's perception of PMS as they experience it, with specific reference to the impact of PMS on relationships with family, friends, and co-workers.*

Keywords: *PMS, Gender, Social Construction, Subjectivity, Relationships.*

1. Methodology

1.1 Objectives of the Study

The aim of this study was to probe deeper into women's subjective experience of Premenstrual Syndrome, the social and cultural factors that influence women's perception of Premenstrual Syndrome as they experience it, with specific reference to the impact of Premenstrual Syndrome on relationships with family members, friends, and co-workers.

1.2 The Research Method

A qualitative approach was used to collect information. A qualitative approach was deemed most appropriate to gather data and analyse it as the clarification of the foundations of knowledge in everyday experience requires the use of a descriptive methodology (Berger and Luckmann, 1967). Qualitative methods are most beneficial in exploring areas such as the nature of one's own experience with a particular phenomenon, and especially when one knows little or nothing about the phenomenon. Because this was an exploratory study that focuses on narrative accounts of subjective experience, data was gathered through in-depth oral interviews. The interview sessions were semi-structured, informal, and confidential.

Questions and probes were designed to encourage narrative accounts that illustrate how these women made sense of the Premenstrual Syndrome experience.

The qualitative methodology which involves personal interviews emphasizes intersubjectivity, the actual contribution of the women as knowledgeable experts of their own experience. It also provides a critical reflection on the social context within which their experience becomes shaped, defined, and labelled. An emphasis on intersubjectivity and critical reflection was the overall aim of the entire research process.

1.3 Selection of Informants

The sample of my study included 8 women who described themselves as sufferers of Premenstrual Syndrome, and who volunteered to participate in the study. This group constituted a non-probability sample, which means there is no certainty that those who participated accurately represent the situation of other women who suffer from Premenstrual Syndrome (Babbie, 1986).

1.4 Interview

At the beginning of each interview, the researcher explained my study in detail to ensure that the woman understood what the researcher would be doing, what the purpose of the study was, and how the researcher would be using the information she provided. I attempted to convey that my major interest was her personal experience with Premenstrual Syndrome and that although her experience was unique, there were similarities of experience that could often be seen among women.

1.5 Data Analysis

In order to analyse the data, the details obtained in the interview were scrutinized to grasp the main points and categorize them into themes. Particular attention was paid to themes of awareness, symptoms of Premenstrual Syndrome, how they were perceived by the respondent, how others viewed their Premenstrual Syndrome, the effect of relationships with others, etc.

2. What is Premenstrual Syndrome?

A woman undergoes several psychological and physiological changes during the time between ovulation and menstruation and this has been labelled as premenstrual syndrome. Despite the fact that there is little consensus regarding the definition of premenstrual syndrome, the symptoms cited are numerous- fluid retention, acne, cravings for sweet or salty meals, aches and pains in the muscles or joints, weariness, impatience, tension, anxiety, depression, moodiness, lethargy or bursts of energy, feeling out of control, sleeplessness, changes in sex drive are examples of these changes- and almost all the definitions available focus on how premenstrual syndrome leads to role disruptions.

Since the early medical writings of Hippocrates and Soranus of Ephesus, one could see the existence of the notion that women are volatile, fragile, emotional, and largely "swayed by their ovaries." The premenstrual syndrome was seen as having harmful repercussions for a woman because it upheld the idea that women, prone to numerous changes while undergoing the reproductive cycle, were easiest to handle if kept at home and out of the workforce.

The following definition embodying all the aforementioned notions is exemplary:

Premenstrual Tension Syndrome is a symptom complex occurring during the luteal phase of the menstrual cycle, becoming progressively worse, interfering with familial, social, and work-related activities, and improving after the onset of menses. (Abraham, 1983)

3. Explaining Premenstrual Syndrome

Initially, it was assumed by nearly all of those conducting research on the premenstrual syndrome that its aetiology is biology (Abplanap, 1983). Whereas there was a lack of consensus about what premenstrual syndrome is, there

was a very strong consensus regarding its causal factors. It had mainly been attributed to the hormones, especially, progesterone and oestrogen. These two hormones were said to bring about most of the emotional symptoms. However, these explanations are also of a doubtful standing.

O'Brien (O'Brien, 1985) concludes, "The aetiology of the syndrome is no closer to being understood than when it was first described by Frank in 1931, and there remain no consistent data on the physiologic, biochemical, and endocrine changes in the syndrome."

4. Discarding the Biomedical Model - The Murder Trial of 1981 and the Rise of Premenstrual Syndrome as a Culture-Bound Syndrome

Biomedical research on premenstrual syndrome mostly focused on aetiologies, prevalence and incidence of premenstrual syndrome. Biomedical research believed that once the cause of premenstrual syndrome is determined, a cure for it was soon to follow. However, this has been a pipe dream, for the cause, and treatment for this syndrome is yet to be determined. Biomedical research also refuted the influence of sociocultural factors on how a person experiences premenstrual syndrome.

The biomedical model persisted until the sensational murder trials of 1981 when the courts reduced the sentence of a British woman Christian English (she ran down her lover with a car) on the grounds that severe premenstrual syndrome impaired her capability to control her behaviour. This incident proved to be a watershed in the understanding of premenstrual syndrome.

These trials sparked a public debate in the popular and feminist spheres, ushering in a new era in the conception of PMS and, more broadly, women's bodies. Marsali Edwards, an Ontario woman, won a reduced sentence for assaulting her estranged husband in 1987 when Premenstrual Syndrome was utilised as a defence. The solicitor representing one of the accused ladies characterised his client as "Jekyll and Hyde," claiming that if she did not get progesterone injections to regulate her PMS, the "hidden animal" in his client would emerge. This decision was opposed on the grounds that if Premenstrual Syndrome became a legal defence, it would divert attention away from the social and economic reasons for criminal behaviour. Regardless of this criticism, the legal recognition of Premenstrual Syndrome has been supported by the recent inclusion of Premenstrual Syndrome in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) of the American Psychiatric Association (APA) (1994).

After this, social science researchers and behavioural scientists began to pay more attention to premenstrual syndrome and began to analyse the sociocultural influences that make premenstrual syndrome a culture-bound syndrome.

Joan C. Chrisler in her article *"Premenstrual Syndrome as a Culture-Bound Syndrome"* wrote that Premenstrual Syndrome cannot be understood apart from its specific cultural or subcultural context. Emily Martin has argued that, in order to understand Premenstrual Syndrome, one must live in an industrialised society. Before the industrial revolution, individuals worked according to natural rhythms—seasonal for farmers, and circadian for skilled labourers. Today that most individuals work in offices and industries that need continuous labour throughout the year and reward mental and physical discipline, breakdowns in such discipline are observed.

Industrialisation may lead to the assumption in many countries that self-control can and should be exercised in order to feel and behave consistently. People are encouraged to feel that they have greater control over their lives and bodies than is truly achievable. Premenstrual women frequently complain of feeling "out of control" because they are irritable, furious at someone, crave chocolate, or do not want to work as hard as usual—experiences that are "natural" in children or men but "pathological" in menstruation women.

Popular culture is significant in generating and reinforcing notions, such as the notion that all women behave erratically or are highly emotional soon before their menstrual cycles. Images that promote premenstrual women's beliefs can be found in publications, films, television shows, greeting cards, calendars, music, self-help books, comic strips, advertising, and other forms of media.

5. A Sociological Perspective on Premenstrual Syndrome: Gender, Emotion, and Social Construction of a Disorder

5.1 Social Construction of a Disorder

The sociology of knowledge framework defined by Berger and Luckmann in The Social Construction of Reality (1967) has been used in several studies of Premenstrual Syndrome in the social sciences. Their major premise is that what we know as reality is developed by us in interaction with the individuals, products, and institutions of our society. Reality, therefore, is not a product

of nature, nor does it exist independently from human activity. Rather, what we know to be real and true is formed and refined as we learn how life works and how best to relate to different people and diverse situations. The key concepts within this perspective are reality and knowledge.

Berger and Luckmann define reality as those characteristics of things (objects, ideas, beliefs, etc.) that are commonly believed to exist independently from ourselves. For example, we believe in the reality of 'home'. For some this may convey an image of a particular building or place; but it may also suggest attributes such as shelter, love, harmony, and security. At the same time that we understand the reality of the ideal of home, however, we tend to forget the impact of our culture and social organization on the formation and relevance of this idea. In other words, things, the objects of our reality, may have both material and immaterial qualities, the significance of which can only be understood within a particular time, space, and culture.

The social constructionist approach to the study of reality is to inquire how knowledge is obtained and becomes entrenched in everyday life, and how our realities are maintained or changed (Berger & Luckmann, 1967).

Social constructionists argue that Premenstrual Syndrome represents a medicalization and problematization of women's bodies and women's lives. This medicalization has hampered women's status in society and is just another thing keeping women from being equal to men (Rittenhouse, 1991). They argue that Premenstrual Syndrome is a social construction that has historical, cultural, and political implications for women. They examine the label of Premenstrual Syndrome and point to the damage this label has done to women in general, as well as to those who receive the diagnosis of having Premenstrual Syndrome. The medicalization of Premenstrual Syndrome is viewed as another form of managing women's bodies and experiences. Chrisler and Caplan, for example, write:

The cultural belief that premenstrual women are erratic and even dangerous legitimates the restriction of women's opportunities in society...Premenstrual Syndrome isolates women from the social, cultural, and environmental context of their lives by defining their experience as a medical problem (Chrisler & Caplan, 2002).

Social constructionist discourse on this topic continues to describe the term Premenstrual Syndrome as a label used in society to keep women's status

lower than men. Social constructionists' discourse on the topic of Premenstrual Syndrome challenges the medical and psychological diagnosis of Premenstrual Syndrome.

5.2 Emotions

The emotional dimension plays a crucial role in the study of premenstrual syndrome because most of the associated symptoms are primarily emotional. The respondents of the present study and most of the reports from secondary sources of data show that women and their partners or family members are most concerned about their emotional symptoms (Rome, 1986). It is clear that women and their family members, spouses, or colleagues become more concerned when their emotional experiences and conduct violate normative expectations of behaviour in a woman and disrupt the fulfilment of various roles by the concerned women. Sometimes these transgressions in behaviour might be caused by stressful personal situations and problems and other concomitant factors. However, the availability of the label and concept of PMS encourages a medical interpretation of these normative transgressions: the medicalization of emotion. Premenstrual syndrome as an explanation would therefore appear to alleviate suspicions of mental illness and moral depravity- even a women's genuine anger was attributed to premenstrual syndrome because medicalization of emotion would label them as ill and not bad. When badness becomes illness, social order remains unchallenged. In other words, "deviance is stabilized by the labelling process." (Scheff, 1966)

5.3 Gender

Women have always been punished for expressing anger. As early as the 19th century, anger in women was attributed to menstrual cycles and nothing else. Emotional deviation in women is always defined as problematic because emotions have always been intricately attached to the role of enactment among women. Women's social roles frequently involve emotion-focused activities such as nurturance or provision of support. To this extent, we would then expect that transgressions of emotional norms would be more disruptive to the relationships of women than of men. A double standard operates here: men's mood changes do not require any explanation, whereas women's mood fluctuations are seen as problematic (Jackson, 1985). This is because women are expected to accommodate the emotional needs of men and other family members. Sophie Laws (1985) suggests that PMS is

considered a problem not because of the discomfort or distress it causes women, but because of its potentially disruptive effect on others, especially men.

6. Women's Subjective Experience of Premenstrual Syndrome

When conceptualising premenstrual syndrome, not only as a social construction, but also as a lived experience, the dual nature of premenstrual syndrome could be identified. While conducting research on women's subjective experience of PMS, it was seen that alongside the bodily component that comes with the subjective experience of Premenstrual Syndrome, there is also a social part of the experience.

The lived experience of PMS has a direct impact on women and their social connections. Premenstrual Syndrome exacerbated the family conflict, which tended to worsen since parents had a limited understanding of menstruation and its connected concerns. Since Premenstrual Syndrome made women want to be alone, it impaired communication among family members. Women did not engage in social events, and the household's performance suffered in all areas of social life. Premenstrual Syndrome also influenced the workplace and relationships with colleagues.

However, the women realised that, while Premenstrual Syndrome had many negative consequences, both for the person experiencing it and for those around them, being able to properly communicate about Premenstrual Syndrome and its symptoms and consequences with people close to them, with people who would understand, had a positive impact. It was understandable that once they began to communicate their feelings in words, relationships benefited from that open communication. This contact, however, was confined to sisters, friends, female colleagues, and husbands. Conversation was impossible with family members of the elder generation and male co-workers.

The women had internalized through the socialisation process that a woman was expected to act in a particular way- for example, to care for others, to be calm, and take responsibility, etc. Stereotyped imagery of premenstrual syndrome as it relates to women's behaviour and roles emerges from our stock of knowledge and is reinforced in every social interaction, which could explain why women in the study expressed negative feelings about themselves in relation to how they see premenstrual syndrome affecting their relationships

with others. They felt guilty about letting others down and they suggested, however, that by knowing that premenstrual syndrome is the cause, they also know they are neither crazy nor bad. Premenstrual Syndrome as an explanation would therefore appear to alleviate suspicions of mental illness and moral depravity; it was a justification for temporary deviance from their normal, competent, gentle (good) selves. Only a few (two) looked at premenstrual syndrome in a positive light and thought of it as something temporary. The implication of the significance of stereotypical beliefs for this study is that when women's anger is seen to result from a pathological syndrome called premenstrual syndrome, they are labelled as ill, not bad. When badness becomes illness, social order remains unchallenged. In other words, deviance is stabilized by the labelling process.

The women also validate the label of premenstrual syndrome in their own use of the label in everyday language involving explanations, justifications, and apologies. The women who have adopted the label of premenstrual syndrome for themselves objectify premenstrual syndrome and its power in their lives and are able to justify their behaviour, past, present, and future, in terms of Premenstrual Syndrome. Despite the label's potentially negative implications, they are also able to utilize it to make sense of their experiences and communicate with others about those experiences.

7. Conclusion

In summary, the women interviewed for this study seem to define Premenstrual Syndrome as a phenomenon with a dual nature. Premenstrual Syndrome comprises of a bodily component that comes with the subjective experience of Premenstrual Syndrome, but there is also a social part of the experience. To them, Premenstrual Syndrome is a label used to describe a bodily experience that is a reality to them and that has an effect on their relationships with others, especially those closest to them. While they may have recognized the potentially negative connotations of the label Premenstrual Syndrome, they were also able to use the term to make sense of their experiences and to communicate with others about those experiences.

Cosgrove and Riddle (Cosgrove & Riddle, 2003) proposed that further research on the topic of menstrual distress and Premenstrual Syndrome should be conceptualized as not only a social construction but also a lived experience and this paper tries to capture the very essence of the lived experience of Premenstrual Syndrome. They also discussed how research of

the lived experience may conceptualize the lived experience in which the "Premenstrual Syndrome self" becomes a separate identity from the "real self." Through this study, it can be confirmed that "Premenstrual Syndrome self" and "real self" are separate entities because women referred to themselves during Premenstrual Syndrome as a different people, with possibly different emotions and/or traits than that which they exhibit on a usual basis. This paper gave an insight on how these eight women experience Premenstrual Syndrome in their lives, and importantly, how they are able to make sense of it. It was found that a dual nature exists in the experience of Premenstrual Syndrome and it also highlights the intersections between the medical and social models that can give voice to the lived experience of individuals, while also noting the powerful impact of social constructions and the role it also plays in individuals' lives.

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