PART II – What We Call Premenstrual Syndrome (PMS)

Please read, Loshny, "From Birth Control to Menstrual Control: The Launch of the Extended Oral Contraceptive, *Seasonale."*

Whether it is Dolly Parton belting out "I've Got the PMS Blues," a television talk show or an article in a popular woman's magazine PMS has entered the cultural landscape, at least in western countries. An informal definition of PMS refers to the cluster of changes, feelings and sensations that some woman experience in the days before the onset of menstruation and that usually disappear when menstruation begins.

When discussing any of the discomforts that for many women are a part of their monthly cycle, women usually refer to all of the various signs (cramps, bloating, irritability, weepiness, and so on) as PMS. While we do not have an agreed upon definition of premenstrual syndrome Davis separates dysmenorrhea, the abdominal cramping, backache and bloating, associated with elevated levels of prostaglandins, from premenstrual syndrome which she argues is primarily the mood swings and alterations in behaviour such as irritability, weepiness and so on that often accompany menstruation. These mood swings and so on are usually associated with fluctuations in hormone levels (Davis 59). Davis argues that unlike dysmenorrhea, which is clearly tied to the start of menstruation, "there has been a failure to actually document the mood fluctuations attributed to PMS over the menstrual cycle." However, when used in this section of the unit the term PMS will refer to the physical and emotional changes that are associated with the onset of menstruation.

Feminist health activists and many others working in the field of women's health, challenge many of the assumptions that shape society's beliefs about what signs, feelings, and sensations make up what is commonly referred to as PMS. They contend that our understanding of PMS is based on unproven assumptions. There is confusion about how many women are affected by PMS, exactly what sensations are experienced, how severe they are and what causes them. Davis cites Fausto-Sterling who claims, "never have so many for so long, done such poor research" (58). As noted already, researchers do not even agree upon a definition of PMS (Lee 20). Some of the issues that will be pursued below are the lack of a standard definition for PMS, how incapacitating the signs are, whether the changes that occur are the result of fluctuating hormones. Finally, an attempt to formulate a feminist view of what we call PMS will conclude the section.

Problems with the definition: Lee (20) argues that a review of the research on PMS shows that there are fundamental problems on the impact of menstruation on women. Researchers have found that as few as 5% and as many as 95% of women claim to experience PMS suggesting that the definitions they are using vary widely. She goes as far as to say that the lack of a definition means that we know little about what the actual signs are that make up the so-called syndrome, how many women are afflicted with it, how it impacts women's lives, how long it lasts, or what part of the menstrual cycle is associated with it. If researchers are unable to define PMS it raises questions about whether it really exists. There is no doubt that women experience discomfort, usually prior to menstruation, but does this indicate a syndrome, a disorder or an illness that needs medical treatment? It may be that only a very few women have signs so severe that treatment is necessary. But a definition of what is occurring is necessary before the labelling process should begin.

Women's reduced ability to perform tasks: Since its publication in 1969 Katharina Dalton's book *The Menstrual Cycle* has been used to support the negative impact of menstruation on women's daily lives. She argued that women's efficiency at work is reduced during menstruation and that women have higher rates of absenteeism from employment during this time of the month. She also claimed that the signs associated with the onset of menstruation strain marriages because of women's bad housekeeping during this time and their irritability and ill temper (Walker 75). In fact there is no evidence to support the claim that women perform below what is normal in either their domestic or employment duties. American statistics show that women are absent no more often from their work than are men, which would refute the claim of high absenteeism among menstruating women. Lee reports on a literature review which revealed that there are no changes in examination performance or in a comprehensive range of experimental tasks that tested cognitive abilities during menstruation (Lee 19; Walker 90). The notion, as proposed by Dalton, that during menstruation women should be barred from doing complex tasks and given only light duties is unsupportable and "may be better understood as arising from negative social myths about women and about menstruation than as having any basis in fact" (Lee 23).

What we call PMS is based on hormonal changes: One of the questions that still requires an answer, despite decades of research, is whether or not what we call PMS occurs because of hormonal changes in a woman's body prior to menstruation. Some writers, such as Dalton, who follow the "biology is destiny" line of thinking, argue that insufficient levels of the hormone progesterone cause premenstrual problems. She suggests that women take progesterone to ward off the sensations associated with PMS. However, Lee cites research that shows that in randomized controlled studies no difference in levels of PMS was found between women given hormone treatments and those given a placebo, that is, fake treatments. In fact there appears to be a large placebo effect, that is, even women on the placebo think they feel better which may suggest that there are psychological and social factors at play (Lee 23).

One of the answers to dealing with the discomforts of PMS is to simply do away with periods altogether or significantly reduce them. Having a monthly period is increasingly becoming a lifestyle choice. Some women choose to use menstrual suppression to deal with a holiday, a honeymoon, the examination period, a job interview or a high pressure period at work. Menstrual suppression is also used to deal with medical problems such as endometriosis or menstrual migraines. Others see it as a way of ending what is for some women is a debilitating time of the month, a time when they have to miss work or school because of the pain they experience. Menstrual suppression drugs such as *Depo-Provera* and *Seasonale* receive high praise from some medical practitioners who use the drug themselves. Using menstrual suppression for its convenience factor is a newer concept and one that is catching on among women.

The question is – is menstrual suppression good for women's health? One argument put forward is that any woman on oral contraceptives is already having their period manipulated. Birth control pills block ovulation; women then begin to bleed when hormone levels drop during the week they take the placebo pills. It is then that the lining of the uterus breaks down and bleeding begins.

Those in favour of menstrual suppression point to a generally good safety profile for oral contraceptives which, they argue, have been studies since the 1960s. They also argue that these drugs have been shown to cut the risk of endometrial and ovarian cancers and anemia. However, the long term effects of the drugs are not fully known and many of those who support menstrual

suppression have to admit that women who use menstrual suppression are a part of an experiment and no one knows how it will end (webmd.com).

One person who is against the experiment is Dr. Jerilynn Prior a professor of endocrinology at the University of British Columbia. Prior believes that a normal menstrual cycle is crucial to women's health, and that women experience a menstrual cycle for reasons other than its reproductive purpose. She argues that "normal menstruation has beneficial effects on women's bone and cardiovascular health" (webmd.com). To suggest, Prior argues, that "periods don't matter" is simply unscientific. Prior gets some support for her ideas from the Society for Menstrual Cycle Research which acknowledges that menstrual suppression may help some women with severe menstrual problems but the association says "We do not believe that continuous oral contraception should be prescribed to all menstruating women out of a rejection of normal, healthy menstrual cycle" (menstruationresearch.org).

The Society points out that there is not enough data to suggest that menstrual suppression is safe and argues for more research into the health effects of menstrual suppression particularly its effects on bone health, particularly for adolescent girls whose bones are still growing, risks for blood clots and strokes, and effects on fertility as well as on other aspects of women's health.

✍ IDEAS TO REFLECT ON

As you read the article by Loshny on *Seasonal* consider the following points:

1.On what basis do researchers cited in this article support the idea of menstrual suppression?
2.Why is it that menstruation and menopause are being viewed as problems that need to be fixed?
3. What role does the pharmaceutical industry play in the medicalization of both menstruation and menopause?

Feminist view of what we call PMS

The feminist view of PMS challenges the notion that PMS is either a disease or a psychiatric illness or anything other than a natural monthly occurrence for women, albeit one that causes some women various levels of discomfort. Feminists ask women to think about the positive aspects of menstruation (Davis 61). Both the popular media and the medical community persist in infusing menstruation with myth and mystery and pay little attention to women's experience of menstruation. A number of research studies have documented that in the time before the onset of menstruation many women experience a heightened sensitivity and creativity. For others it is a time for self-reflection and insight (Davis 61). Lee reports that in one study two-thirds of the women reported at least one positive change during the week before menstruation (Lee 19). These included increased sexual interest and enjoyment, renewed energy, a tendency to get things done, and a perception of increased attractiveness, and yet this is a point that researchers have largely ignored (Lee 20).

In attempting to explore the extent to which women experience positive physical changes prior to and during menstruation, Chrisler, Johnston, Champagn, and Preston (1994) devised the Menstrual Joy Questionnaire and reported their findings in "Menstrual Joy: The Construct and Its Consequences." These researchers were curious about women's experience of menstruation. They were familiar with literature from many sources reporting women's positive and negative feelings but were aware that negative imagery far outweighed the positive images. They found in

their literature review that boys and premenstrual girls held more negative ideas about menstruation that did girls who were actually menstruating (375). They argue that negative attitudes about menstruation have permeated our society and are reinforced by popular culture. For example, articles in American magazines during the 1980s revealed a strong bias in reporting on negative and even exaggerated physiological changes that women were supposed to experience during menstruation (376). Not only were the articles negative in tone, but also they presented a confusing array of symptoms and the treatments suggested were often contradictory. More often that not these accounts supported stereotypes of women's erratic behaviour and even suggested that premenstrual women needed psychiatric care. Some of the titles of magazine articles, as cited by Chrisler et al., were "Dr. Jekyll and Ms. Hyde," "Coping with Eve's Curse," and "The Taming of the Shrew Inside of You" (377).

Chrisler et al. were also aware that there was a body of research that showed that women also had positive experiences during menstruation particularly increased productivity and creativity as mentioned above. It was from this notion that one researcher devised the Menstrual Joy Questionnaire. Those who have used this research tool realize that its very name could bias responses. In fact, many researchers who have used the questionnaire have avoided using its title. The results of the study done by Chrisler et al. and others that have used the Menstrual Joy Questionnaire are inconclusive but do suggest that many women have negative attitudes about menstruation. However, Chrisler et al. argue that menstruation could be a joyful experience [and the questionnaire] "stimulated the participants to think about positive menstrual cycle-related events as well as the affirming aspects of menstruation on their personal lives (Chrisler, et al. 382).

While some women who participated in the various studies thought that the idea of a Menstrual Joy Questionnaire must be a joke, other "seemed delighted by the idea that menstruation could be joyful and that researchers would take an interest in its positive aspects" (382). Chrisler, et al., feel that their research contributes to a growing interest in finding out more about women's experience of menstruation, particularly its positive side. They insist, however, that their work provides evidence for what many researchers have noted for some time: the portrayal of the menstrual cycle in popular culture affects the way women think about this event (386). The problem with any research on menstruation and PMS specifically is that the negative images of menstruation are so pervasive in our society it is difficult to get anyone, men or women, to think about this event in a new and positive way. Chrisler et al. are convinced that simply suggesting to women that there are positive aspects to menstruation had an impact on the women who participated in their study. "This underscores the need for better menstrual education and more openness, in general, about the diversity of menstrual experience" (386).

The research of Chrisler et al. supports the idea that what we call PMS is a culturally defined and largely invented concept. Lee cites Ussher who goes as far to say that PMS as a concept is not valid. PMS, Ussher claims, is a political, not a medical category. It controls women. It ties women to their biology. It dismisses women's anger (Lee 27). One researcher has traced the emergence of PMS to women's entry into the labour force (Lee 22). The way that authors such as Katherina Dalton have constructed menstruation, that is, as an illness that will hinder women from being effective employees, justifies relegating them to low paid, part-time employment, which is, in fact, exactly where most women are in the labour force. Much of the discussion around PMS concerns reports that women experience considerable irritability around this time of the month which one medical doctor said caused the "husbands and families of these women to be pitied" (Davis 76 note 3). This would suggest that the doctor's treatment of women,

which could include drugs and surgery, i.e., the removal of the uterus, would be done for the comfort of men and not for the benefit of women. In fact, the image of the angry, irritable woman is one that we reject in our culture. Women are supposed to be long suffering, placid, and kind not subject to mood swings or bad temper. Women who become irritated and angry are viewed as being out of control. Therefore the search for a medication to "cure" the feelings that women experience at menstruation becomes an ongoing process.

The problem with the feminist position is that it can lead some to think that feminists are saying that women's discomfort at menstruation is not real. In fact, all of the feminist health activists cited here such as Lee, Davis and Walker acknowledge women's premenstrual health concerns but argue that they are not as widespread or as debilitating as some would suggest and should not be seen as a medical problem. Feminists do ask women to look at menstruation differently and to see if they can turn this time of the month to their advantage. The problem with accepting theories such as the one that says that the signs of menstruation are caused by an imbalance of hormones suggests that the addition of hormones would balance everything out.

Semler argues that even though we cannot explain what it is, we do know that many women experience some discomfort around the time of menstruation. We also know that the degree of discomfort ranges from mild to severe. However, only a very small minority of women, (about 5%), find the changes incapacitating (142). Semler claims that the only real definition is the one that an individual woman can formulate to reflect her own experience. In most instances what we call PMS is a group of signs, or changes that occur about a week before menstruation. When most people refer to PMS they are overlapping it with dysmenorrhea, the cramping, and bloating that occurs prior to menstruation, and include the emotional signs of weepiness and irritability (142).

It is thought that young women, those just beginning their menstrual experience, and those women who are heading into menopause, have more menstrual disruptions than do women generally. It appears that the largest group of women who attend PMS clinics are women in their 30s and 40s who have two or more children. Others have found that what we call PMS increases as women age. This could suggest that as the pressure of domestic work coupled with employment outside the home, relationship problems, the responsibilities of caring for aging parents can create stresses on women that exacerbate the signs that women experience at menstruation. Semler is quick to point out, however, that it has not been shown that stress causes PMS, but stress may accentuate the signs that are present and anything that can be done to reduce stress at this time of the month could help. There are a number of other things that women can do to get relief from the signs of PMS:

- Let those closest to you know that you are menstruating or that this is your time of the month. Let them know that you may be more energetic or in a more adventurous or creative mind set than usual; or that you may be more emotional or irritable than normal. Let them be aware that you may be more demanding, or that you may need more help than usual.
- Take time for yourself. Go for a long walk or do some other kind of exercise that you enjoy. This can help to release endorphins that can boost mood and reduce pain.
- Get extra sleep. This way your body will be able to handle some discomfort.
- Take a warm bath. If possible, have a massage.

- Pay attention to your diet. Eat lots of fruits and vegetables and consume less sugar, and foods high in caffeine.
- Limiting salt intake and drinking lots of water can reduce the discomfort that comes with bloating (American Medical Association 209).

What is telling about some of the general discussions on menstruation is that we actually know little about one of the most common health issues that face women today. PMS has not been clearly defined; we do not know which of the signs are most common to women nor do we know how many women are affected either mildly or severely. One area that needs more study is cross-culture comparisons of women's experience with menstruation. Such knowledge would provide valuable insights into this phenomenon (Davis 64). We do know that much more work needs to be done before we fully understand women's health concerns when they are menstruating.