Premenstrual Syndrome as Scientific and Cultural Artifact

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Premenstrual Syndrome (PMS) has been defined in a variety of scientific and cultural ways over the years, but there is no consistent or agreed upon definition. For some women, the public legitimization of PMS and its symptoms as a real and natural part of the female body have led to a positive sense of vindication. However, a more negative image of PMS as something that controls women once a month, that makes them "crazy" and subject to their hormones, is much more pervasive in our contemporary Western culture. In this essay, the author explores the various definitions: PMS as a medical condition, as a social scientific and feminist issue, as an explanation for women's behavior and moods in the popular culture, and, finally, as something bought or sold in a market. The author shows how PMS is real because, if for no other reason, various people in different situations choose to define it as such.

Is PREMENSTRUAL SYNDROME (PMS) "REAL"? If the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM) includes a PMS-related diagnosis, then are all or most premenstrual women mentally ill? These are questions that I am often asked. I am not always sure how to reply. I think that most people who ask these questions (usually women) want a medical opinion or validation that I am not comfortable (or qualified) to give. In my mind, any answers to these questions are political answers. My usual answers are yes, PMS is real; and no, all menstruating women are not mentally ill. The longer version of my answer implies that there are many variations and versions of what and how something is "real." An old axiom in sociology (paraphrased and based upon work by W.I. and Dorothy Swaine Thomas) suggests that if people define things as real, then they are real in their consequences (1928:572).

In this essay, I show how PMS is real because various people in different situations choose to define it as such. For example, when I first started investigating this topic in 1989, I clipped a three-sentence news item from the local newspaper, the Bloomington (IN) *Herald-Telephone.* The headline read: "School may change its PMS initials," and the item began: "Officials are considering changing the name of Pendelton Middle School or at least removing its initials from athletic uniforms to avoid embarrassment for its girls' teams." When and why did the initials PMS become such a source of embarrassment that people would actually consider changing a school's name or buying new uniforms? Who was more embarrassed? School officials or the girl's athletic teams? I never found out, but I knew that I had to understand the history and cultural meanings attached to PMS in my attempt to

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Reprinted from Figert, Anne E. *Women and the Ownership of PMS: The Structuring of a Psychiatric Disorder.* AldineTransaction.

Integrative Physiological & Behavioral Science, April-June 2005, Vol. 40, No. 2, 102-113.

understand why late luteal phase dysphoric disorder (LLPDD) was so controversial. So, my question was, how is PMS "real" and why?

In this essay I explore the various definitions: PMS as a medical condition, as a social scientific and feminist issue, as an explanation for women's behavior and moods in the popular culture, and, finally, as something bought or sold in a market. The first answer to these questions takes us into the realm of science and medicine and how PMS came to be a twentieth-century (and particularly) Western notion of a treatable disease. A second set of explanations comes mostly from academic studies of how menstruation and PMS are firmly rooted in cultural notions and ideas about women and their role in society. A third way to explain PMS explores how its shape and image construct women's bodies and minds in Western popular culture. Part of the force behind this cultural portrayal of women and PMS comes from a fourth way in which PMS obtains definition—the PMS industry, which has tried to shape and explain PMS in a certain way (as something that makes women "crazy" and uncomfortable) to sell products.

What does this discussion have to do with whether or not premenstrual women are mentally ill? The image of women and how PMS is defined sets the stage for the discussion of how and why the American Psychiatric Association (APA) began to consider the inclusion of a PMS-related diagnosis in the DSM. Each of the ways that defines PMS as real helped to define the debate and controversy over whether PMS (as defined in LLPDD) is a psychiatric disorder. The discussion that follows does not attempt to provide the reader with a cultural history of PMS. There are several good articles and books that do this (Golub, 1992; Delaney et al., 1988; Martin, 1987; Buckley and Gottlieb, 1988). However, it is important to provide evidence for my argument that PMS has become an important part of current Western culture and society's definition of women.

The Science of PMS

The primary way in which new ideas or diseases achieve legitimacy or recognition in modem society is for scientists or physicians to call them real. Scientists and physicians have the "cognitive authority" in society to "define, describe or explain bounded realms of reality" (Gieryn and Figert, 1986; see also Starr, 1982 for a discussion of "cultural authority"). When M.D.s or Ph.D.s in chemistry or biology believe something is real, people usually go along with them. This is what happened to PMS in its various forms and incarnations in the twentieth century: PMS became real as a medical diagnosis and condition.

American gynecologist Robert Frank was the first to publish scientific studies about a condition he called "premenstrual tension" (1931). Frank identified excess estrogen as the cause of observed symptoms of this "medical" condition, which he described as hormonal in origin:

> These patients complain of unrest, irritability, 'like jumping out of their skin' and a desire to find relief by foolish and ill considered actions. Their personal suffering is intense and manifests itself in many reckless and sometimes reprehensible actions. Not only do they realize their own suffering, but they feel conscience-stricken toward their husbands and families, knowing well that they are unbearable in their attitude and reactions. Within an hour or two after the onset of the menstrual flow complete relief from both physical and mental tension occurs (1931:1054).

What is more interesting in this article are his published comments about particular case studies. Under a list of patient complaints, Frank's notations include "husband to be pitied," "psychoneurotic," "suicidal desire," and "sexual tension" (Frank, 1931:1055). Frank's prescription for severe cases of premenstrual tension was either complete removal of or

radiation therapy ("X-ray 'toning'") upon the ovaries to decrease estrogen production in the body and thus to restore order in both the home and the workplace.

Between 1931 and 1980 there were steady references to premenstrual issues in the medical literature. In her review of the PMS literature, Rittenhouse states: "[a]uthors generally constructed PMS as a medical phenomenon requiring management and treatment by a physician or a psychiatrist/psychologist. However, PMS was not seen as a major problem for the majority of women" (Rittenhouse, 1991:416). Nor was PMS seen as a *major* research problem for most scientists.

PMS as a medical disorder received steady but relatively little attention until an English doctor, Katharina Dalton, began to investigate it. In 1953, Dalton co-authored an important article on PMS in the *British Medical Journal* (Greene and Dalton, 1953). This article first introduced the term "Premenstrual Syndrome," emphasizing that women need not accept the physical and emotional discomfort of PMS every month, and that modern medicine could help them.

Dalton has conducted research and written articles and books on PMS for over 40 years. She defines PMS as "any symptoms or complaints that regularly come just before or during early menstruation but are absent at other times of the cycle. It is the absence of symptoms after menstruation which is so important in this definition" (1983:12). According to Dalton's research, PMS is responsible for decreased worker productivity (in both the sufferer and "her husband"), increased divorce rates, and even murder. Dalton presents cases for her theory using vignettes of PMS sufferers and displays of medical/biological charts of women's hormonal cycles. She continues to argue for the medical control of women's hormones through progesterone therapy, prescribed by general practitioners and assisted by psychiatrists and gynecologists (1983:191).[1]

Dalton's own popularity, notoriety, and authority as a PMS "expert" heightened when she served as the chief defense medical expert in a 1981 murder trial in London, in which she successfully argued that the defendant was not responsible for murdering her lover because she suffered from a severe form of PMS (see Laws et al., 1985 for an account of this trial). The publicity generated from this trial and Dalton's claims of successful progesterone treatments found many different audiences in the United States and brought publicity to PMS.

Due in part to the publicity generated by these trials, PMS and related diagnoses have been called the "disease of the 1980s." As one science writer stated, PMS had "arrived." A disease that thousands of women had been told did not exist suddenly become a media event (Heneson, 1984:67). More importantly, Heneson points out that PMS acquired medical legitimacy: "After years of telling women their problems were 'all in the head,' the proportion of doctors who accepted PMS as a real disease reached critical mass" (1984:67).

A specifically bio-medical orientation to PMS defines it as a medical problem requiring a specific type of scientific research, diagnosis, and intervention. Scientific research has been conducted on premenstrual issues since the 1930s and the term "premenstrual syndrome" was coined in 1953. The result is that PMS is real in the scientific and medical sense. The way that PMS was constructed as a medical artifact and public interest in the 1980s strongly influenced the exploration and development of what became LLPDD.

PMS as a Feminist Scientific Artifact

Feminist writers are quick to assert that the very use of the term "premenstrual syndrome" is an attempt by scientists to make premenstrual "tension" a more scientific term, and takes the control of women's bodies out of their own hands (Laws et al., 1985:17). The use of the

word "syndrome" instead of "symptoms" itself suggests that there is an underlying disease process in women's bodies (Ussher, 1989:73).

Ironically, it was feminist researchers (especially in nursing and psychology) who were responsible for conducting a significant portion of the scientific research done on PMS during the 1970s and 1980s. Since the 1970s, feminist scientists have actively worked within the field of science to study PMS and to make sure that the research was conducted. Feminist critics of menstrual and premenstrual studies have long argued for different and better scientific methodologies, more appropriate research designs, and nonstigmatizing labels and assumptions (Koeske, 1983). So, feminist scientists took responsibility for the majority of scientific research on menstruation in the 1970s and 1980s because they believed otherwise it would not be conducted (Parlee, 1992; Tavris, 1992). For example, professor Alice Dan states that she helped found the Society for Menstrual Cycle Research in 1979 to fill in the "gaps" left by scientific research and its distortion of women's experiences (Dan and Lewis, 1992). Fausto-Sterling identifies researchers such as Parlee, Dan, Koeske, and Golub as "a new wave" of menstrual-cycle scientists who have a "full respect for women" and do not reduce "human behavior to some simple biological variable" (1985:108). Feminist scholars "had to press for research funds and scientific attention to be given to a bodily process that only women experience. Many women themselves have responded positively to the language of PMS, feeling validated at last by the attention being paid to menstrual changes" (Tavris, 1992:133).

In the eyes of many early feminist researchers, PMS was initially a "woman's topic" and, therefore, not considered an important area of research for mainstream scientists and medical researchers. Psychiatrist Jean Hamilton (who was actively involved in fighting the inclusion of LLPDD) believes that another reason why PMS research was done primarily by women was that male researchers did not take seriously studies of menstruation and menstrual disorders: 'It's funny because I think originally some women were doing research on the menstrual cycles, particularly women in psychology, were doing it primarily because, I mean, no man was going to do it. It was neglected" (personal interview, Jean Hamilton, June 1990).

Another PMS scientist (Parlee) states that this research by feminist scientists also had a political purpose:

> In the early and mid '70s some social scientists, mostly feminist psychologists, began focusing on menstruation as a 'new' research topic, one about which academic psychology had been silent for more than 25 years. They did this in response to an antifeminist political rhetoric in the public domain which argued that social relations of gender in the family and workplace ... are justified by objective scientific facts about women's bodies and minds. Psychologists took this rhetoric at face value as being about science and scientific truth, and sought to contest claims about 'raging hormonal influences' within the scientific domain with logical reasoning and empirical data (Parlee 1992a).

Thus, these early feminist researchers sought to "demystify" the negative stereotypical images of women and PMS by conducting "good" and "sound" science.

So, what scientifically constitutes PMS-and how PMS research should be legitimately carried out-were questions raised by feminists within the scientific profession in the 1970s and 1980s. The aim (and possibly its result as well) of feminist scientific work on menstruation was to refute negative images of PMS using the tools and rhetoric of science. These feminists believed that changes in public perception and attitudes about the previously understudied topic of menstruation and PMS were achievable from within science.

Scholarly and Social Science Explanations of PMS and Menstruation

While physicians and scientists studied and tried to define PMS and other menstrual disorders in terms of biology, mainly feminist anthropologists, sociologists, and other scholars tried to place and account for PMS in its social and cultured context. The second wave of feminism in the 1960s and 1970s was the impetus not only for studying PMS scientifically, but also for studying how PMS was portrayed as debilitating to women's bodies and minds. Studies of the history of menstruation in human society point out that menstrually related disorders are often associated with the practice of labeling women and their behaviors crazy (dating back to ancient Greek writings) (see Delaney et al., 1988; Martin, 1987; Olesen and Woods, 1986). Scholars have linked PMS to ancient descriptions of hysteria and other modem characteristics (lethargy, moodiness, and depression) previously attached to menstruation itself (Gottlieb, 1988; Rodin, 1992).

For example, in some cultures, menstruation has been portrayed as an evil spirit that invades women of childbearing age once a month (for reviews of this historical association see Weideger, 1976; Delaney et al., 1988; and Fausto-Sterling, 1985). Cultural taboos and negative stereotypes—such as not touching a menstruating woman and physically separating her have also existed. For example, in their book, *The Curse,* Delaney et al. point out:

> Eskimo believe that contact with a menstruating woman can lead to bad luck in hunting; the contamination takes the form of an invisible vapor which attaches itself to the hunter so that he is more visible to game and therefore unable to catch it. Among the Habbe of the western Sudan, a man whose wife is menstruating does not undertake any hunting. Bukka women may not go into the sea to bathe for fear of spoiling the fishing (1988:10-11).

The ancient Greeks believed that "the wanderings of the uterus in women's bodies were thought to cause all sorts of unusual behaviors—behaviors that bear a striking resemblance to those attributed to PMS today" (Rodin, 1992:50).

Other authors have tried to combat negative stereotypes of madness and PMS by tracing the diagnosis (as a cultural and political artifact) to capitalist patriarchal society. Martin argues that PMS is historically located within the stresses of modem capitalism in western culture (1987). For Martin, PMS is a natural site for rebellion by women due to their oppressed situation, but that science and industry have colluded in subverting menstruation and generating the need for artificial hormone and psychiatric treatment of women. Martin asks how is it that "a clear majority of all women are afflicted with a physically abnormal hormonal cycle"? (1987: 114). Her answer is that it is no accident that the initial interest in what is now called PMS emerged during the 1930s: "It strikes me as exceedingly significant that Frank was writing immediately after the Depression, at a time when the gains women had made in the paid labor market because of World War I were slipping away. Pressure was placed on women from many sides to give up waged work and allow men to take the jobs" (1987:118).

Katharina Dalton's and other post-World War II studies that emerged in the 1950s also appear to fit into this pattern of medical claims to diagnose and treat problems in the home and workplace. These medical studies have a distinct focus on the effect of a woman's PMS on her social roles of wife, mother, and worker. As Bell (1987) points out, this early scientific work on PMS stressed how disruptive it is in the home, factory, and social order. By focusing on this "disruption," Bell is able to show how the medical community has attempted to claim ownership over PMS and to medicalize women's bodies:

> This perspective assumes that 'normal' families are happy and that women are responsible for preserving happiness of the individual family members. In this respect, the medical literature attributes problems in families (unhappiness, arguments, and violence) to women in general and PMS in particular, and recommends that they can be solved medically. This locates the problems and solutions within the family. A specific individual—the woman—is then identified as the source of her behavior. This kind of reasoning mitigates against the possibility of exploring men's contributions or other social roots and social solutions to these problems (1987:167).

Another author identifies the specifically male composition of the medical profession as the source of control and power over women's bodies and PMS. In the introduction to *Seeing Red: The Politics of Pre-Menstrual Tension,* Jackson writes that women need to "suspect that the possibility of diagnosing PMT [PMS] increases the power of the medical profession over our minds and bodies, enabling them to redefine real conflicts and tensions in our lives as sickness, and put pressure on us to conform" (as quoted in Laws et al. 1985:7).

Other feminist writers and health care providers have tried to communicate the need for every woman to take control over her body and its byproducts, such as menstruation and PMS (Rome 1983). In an article in *Ms.* magazine, members of the Boston Women's Health Book Collective continue their advocacy by claiming that "the cure for PMS may lie in resocialization and societal change, not medicine" (1992b:76). Other examples of more "popular" health care explorations of PMS include pamphlets by the National Women's Health Network and a plethora of books on PMS and menstruation.

Sociologists and anthropologists have suggested that in fact PMS is a "culture bound syndrome." Johnson states that it

> involves bizarre behavior which is recognized, defined, and treated as a specific syndrome only by biomedical healers in Western, industrial cultures, and can be only understood in this specific cultural context (1987:347).

Johnson argues that in western culture PMS serves as a symbolic mechanism for both the structural maintenance of society and for its social change due to the role conflict in which women find themselves. In this role conflict, women are expected to be productive (have a job/career outside the home) and to be reproductive (to have a family/children). Thus, PMS simultaneously and symbolically denies the possibility of each because "in menstruating, one is potentially fertile but obviously nonpregnant; in having incapacitating symptomatology one is exempted from normal work role expectations. With PMS, women can be seen as 'victims' who did not 'choose' to be sick" (Johnson, 1987:349).

This theme of role strain/conflict among western women is echoed by Pugliesi (1992), who proposes that "what is labeled as PMS is actually deviation from normative expectations regarding emotion" (1992:132). The pressure on a woman to "have it all" (career and family) gets symbolically released once a month in her PMS. Rodin explains how the PMS category and its explanation are consistent with western cultural themes about women's reproductive systems, "abnormal behaviors," and the gendered roles of wife and mother (1992:50). Gottlieb takes "as a given" that PMS fits into late industrial society in the ways described above. Yet, she believes that women's subversion of "normally expected" gendered traits during the premenstrual time (and calling this PMS) is ultimately harmful because it allows people (including the woman herself) to trivialize and dismiss these feelings and anger (1988).

The social, scientific, and feminist analyses in this section suggest that the diversity of meanings assigned to PMS in contemporary Western culture (e.g., bitchy, moody, not responsible for behaviors, and uncontrolled emotional states) is related to the societies in

which they are developed and is also indicative of the movement in modem society to assign a medical label or explanation for human behaviors.

Popular Images of Women, Menstruation, and PMS

PMS also has a very real image in the popular culture of something that drives women crazy once a month. Both women and men have tried to explain women's unusual behaviors or bad moods as the result of the impending occurrence of the "monthly visitor." How PMS is portrayed and used in everyday life is yet another aspect of how PMS is real. I have a collection of PMS "artifacts" that I have been accumulating over the years. Friends and colleagues have provided me with a wide range of PMS jokes, anecdotes, shirts, buttons, and coffee cups. If (as the section above argues) PMS is firmly ensconced in modern, western industrialized society and its values, what exactly does this image consist of?

I looked to my PMS archive to see how women and PMS fit together and tried to find some common themes. These themes are at the same time shocking and funny or not shocking and not funny. What did I find? A wide variety of images of women as subject to their raging hormones, engaging in "abnormal" behaviors, and jokes that portray women as "bitchy," "mean," and "illogical." On the other hand, I also found images of women that were powerful and that try to "harness the energy" of PMS.

The most commonly cited example of cultural attitudes about PMS is the "Woman in Authority with Raging Hormones scenarios." We can probably trace the "raging hormones" idea to a public statement by Edgar Berman, Hubert Humphrey's physician during the 1968 Presidential campaign. Berman stated that he did not want a woman in a position of power because she would be subject to "raging hormonal influences" each month (as cited in Corea, 1985; Fausto-Sterling, 1985). Berman clarified his views on the subject in a 1976 interview with journalist Gena Corea: "'Menstruation may very well affect the ability of these women to hold certain jobs,' he told me. 'Take a woman surgeon. If she had premenstrual tension—and people with this frequently wind up in a psychiatrist's office—I wouldn't want her operating on me'" (as quoted in Corea, 1985: 106-107).

Even Hollywood romances are not safe from PMS attacks. *People* magazine reported in 1994 that when Melanie Griffith filed for divorce from Don Johnson (and then withdrew the petition a day later) that it was "an impulsive act that occurred during a moment of frustration and anger" and attributed to Griffith's PMS. According to the article, Griffith "told an interviewer, 'I have terrible PMS, so I just went a little crazy'" (March 28, 1994:43). Griffith later divorced Johnson (for reasons presumably other than PMS), but the PMS-made-me-crazy excuse offered a convenient account for what was seen at the time as an "impulsive" or "crazy" action. This negative image of women is also evident in the jokes, greeting cards, television shows, and even the advertisements for over-the-counter medications for PMS (Chrisler and Levy, 1990; Pugliesi, 1992).

The most common site for this attribution of "women subject to their raging hormones" is PMS humor. PMS jokes or humor themes have become common on television and in movies, often used as interpretations of women's "abnormal" or "deviant" behavior. A couple of years ago, an episode of the popular show *Roseanne* depicted a day in the life of the entire family affected by Roseanne's (the wife and mother) rapid mood swings, emotional outbursts, and unpredictable behaviors. Even an American icon of womanhood is not immune to PMS. Patricia Kadel's "PMS Barbi" is tragically transformed and warns the reader "Don't toy with me!"

Some jokes about PMS have been particularly vicious. The following joke appeared in the 1980s during the time in which pit bulls became popular as attack dogs and there were

numerous public reports of these animals mauling young children: "What is the difference between a pit bull and a woman with PMS?" The answer to this question is that" A pit bull doesn't wear lipstick." Another joke appeared during the Gulf War crisis in 1989-1990: "Did you hear that they pulled 15,000 soldiers out of Saudi Arabia? They replaced them with 5,000 women with PMS because they're three times meaner and they retain water better." PMS also has its own "screw in a light bulb" joke contained in the following greeting card: Why does it take three women with PMS to change a light bulb? Answer: It just does!! I have two different versions of greeting cards to send people with this joke: What is the difference between a woman with PMS and a terrorist? Answer: You can negotiate with a terrorist.

I also have a button that warns the reader: "I've got PMS. Stay the Hell Away!" On the other hand, my coffee cup queries: "I've got PMS. What's Your Excuse?" This suggestion that somehow women might be excused from their normal roles and sanity during the premenstrual phase is taken even further in a humor book about PMS called *Raging Hormones: The Unofficial PMS Survival Guide.* The authors define a "hormone hostage" as "Any Woman who for Two to Fourteen Days Each Month Becomes a Prisoner of Her Own 'Raging Hormones' and Plummets Her Life and the Lives of Those around Her into an Unholy Premenstrual Netherworld" (Williamson and Sheets, 1989:10). This book goes on to describe and portray various ways in which "hormone hostages" act and are affected by PMS such as "Do's and Don'ts of the Premenstrual Workplace," "How to Tell PMS From Your Own Stupid Character Flaws Quiz," and "The PMS-Elvis Connection."

One of the most popular and influential PMS cartoonists is Steve Phillips. He has drawn a variety of PMS postcards, calendars, and greeting cards. His series of "PMS Attacks in Literature" include a Juliet screaming "Romeo, oh Romeo.... WHERE THE HELL ARE YA!!" and a very bloated Snow White surrounded by her dwarfs. His "PMS Attacks in History" characters include a crying Joan of Arc and a Marie Antoinette that was so bloated that she could not quite fit her head through the hole of the guillotine. But it is Phillips's contemporary female character Melinda who faces a variety of "PMS attacks" at work and at home.

Melinda's life and her PMS attacks often reflect the previously discussed scholarship on the relationship between role/gender conflict and modem society. Melinda falls asleep at work during an important meeting; she sits at her desk wanting to kill everyone in sight; she impulsively hacks off most of her hair. In a series of cartoons, Melinda's PMS affects her relationship with her boyfriend Barney in a variety of ways. In one cartoon, Barney arrives for his date with Melinda in a full suit of armor; in another, he looks uncomfortable when she starts crying in the middle of a movie; and finally Barney is scared (mouth and eyes wide open) when Melinda drives the car in an erratic manner "to take her mind off her PMS."

PMS humor has also gone "high tech." I found a PMS Cartoon Gallery on the Internet at a World Wide Web site on women's health created by a physician. Mark Perloe states:

> PMS is a serious problem that can be debilitating for those suffering from its effects. The loss of control, mood swings and depression often impairs one's function within the family and at work. The cartoons displayed here are not meant to offend, or belittle the seriousness of the problems PMS sufferers have to face. Humor can often serve as an introduction to discuss a sensitive subject. That is the sole purpose wherein this material is provided (1995:http://www.mindspring.com/-mperloe).

Perloe's introduction to his PMS gallery suggests an important point with which I found myself struggling. At what point does PMS humor belittle or harm women with PMS and at what point is something "funny"? This is something that I became aware of as I analyzed my

PMS artifact collection. The images and humor are contradictory and ambivalent. Granted some of the jokes (e.g., the pit bull joke) are in bad taste and do promote an extremely negative image of women. On the other hand, "PMS Barbi" seems like a perfect and ironic inversion of the stereotype of the perfect American woman.

Laws makes a similar point in her study of British men's attitudes toward menstruation. As schoolboys, their use of humor to talk about menstruation was different than the way in which schoolgirls used slang and made jokes about their periods. While growing up, boy's humor was more derogatory, and usually contained sexual references and a way to "get at girls." But, Laws points out the dilemma: "I certainly do not want to imply that taking an entirely solemn attitude to periods would do girls any good. Laughing at one's own bodily functions and the inconveniences they bring with them is a healthy sign and is quite different from the 'them and us' joking of the boys" (Laws, 1990:72). The authors of *Hormone Hostage* take on their critics in their Authors' Note:

> Some will say that a humorous book about PMS will set women back a hundred years. We say that no one can ever move forward without confronting and controlling the obstacles that threaten to impede her progress.
>
> And, we say that sometimes the best way to start taking something seriously is with a sense of humor. We may mock the syndrome and its symptoms, but never the women who struggle with them (Williamson and Sheets 1989).

Humor and other popular images of women and PMS that appear on the surface to promote a negative image of women might instead also be suggesting alternative (and even positive) images for women. For example, an alternative rock band from Austin, Texas called *Girls in the Nose* have a song called "Menstrual Hut" on their album (Girls in the Nose, 1987). This song starts out with the following words:

> I'm bleeding down below
> I'm bleeding from my brain
> My hormones kick in
> They're driving me insane.
> (Words by K. Turner, Copyright 1987 by Peterson/Turner)
> Band: Girls in the Nose. (Reprinted with permission)

However, this song goes on to explain that modem science and medicine will not in help in women's experiences with the menstrual cycle. What is really needed is the return to a menstrual hut (used in other cultures) and its monthly release from traditional women's roles of cooking, cleaning, and family duties. This thought is echoed in a cartoon that I saw that portrayed an obviously worn out woman holding a screaming child and telling her husband (sitting in a lounge chair and reading the paper) that "this is stress, not PMS."

Other attempts to subvert the dominant thinking and image of women in PMS is contained in a favorite button and expression around my house: "PMS—Harness the Energy." Another expression found on a t-shirt defines PMS as: Putting Up with Men's Shit! Dena Taylor wrote *Red Flower: Rethinking Menstruation* (1988) as a response to women's negative comments about menstruation and as a vehicle to elicit more positive associations among

women. The book contains poetry, stories, and other positive expressions about PMS and the menstrual cycle. The author states: "My goal is to show that women do celebrate and honor menstruation. I want to help dispel the idea that menstruation is shameful, that it should be kept hidden. We need to recognize this part of our cycle—to be aware of its subtle and powerful effects on us, and to see these in a way that enriches our lives" (Taylor, 1988:1). This book is consistent with other attempts such as the song "Menstrual Hut" to elucidate the overlooked positive changes that occur with women's menstrual cycle such as vivid dreams, more creativity, and energy.

How does this conflicting image of women and PMS (as both negative and positive) in the popular culture address the question of whether or not PMS is real? I think that it does more to solidify the image of women being ruled by their hormones. For better or worse, women's actions, moods, and feelings are being portrayed (by men and ourselves) as subject to influence of their menstrual cycle. This cycle "makes" them "go crazy," "be bitchy," and "be irresponsible." Furthermore, this excuse is seen as "legitimate" because it is based upon scientific and medical research. Since PMS seems to change women's moods and mental state, one next logical step would be to legitimate PMS as a psychiatric disorder.

The PMS Industry

The discussion of PMS humor and artifacts brings us to the important consideration that one very significant way in PMS is "real"—that PMS is an industry. The PMS industry consists of what I call the 3 P's (products, pills, and prescriptions). Most of the PMS humor and artifacts are found as products that are bought and sold in the economic marketplace. The postcards, greeting cards, calendars, cartoon and humor books, and songs all come with a price tag attached. Greeting cards currently cost anywhere from $1.25 to $3.00; books, calendars, and t-shirts run in the $10 to $15 range. PMS products will be available as long as people are buying these and other PMS-related products.

Another set of PMS products are pills. In her examination of the creation and proliferation of PMS as a disorder, Eagan argues that there is a strong connection to the drug companies and treatment options (Eagan, 1983). The drive for profits by drug companies exploits women:

> Often when a drug suddenly makes the news, or when a new 'disease,' for which there is a patented cure is discovered, it is fairly easy to find the public relations work of the drug manufacturers behind the story (Eagan, 1983:81).

Over-the-counter remedies for PMS symptoms are available at local drugstores or through the mail for those times when you cannot "control the witch in you" (Heneson and Strain, 1984). For those women that can afford it, more sophisticated hormone and antibiotic treatments are available at specialized PMS clinics or from your family physician to "tame the shrew in you" (Lehrman, 1988; Payer and Gross, 1989; Sneed and McIlhaney, 1989).

In the early 1980s, the pharmaceutical industry began to offer specific over-the-counter PMS drugs and more PMS-related products (Willis, 1983). According to a cover story in *Drug Topics* on menstrual products:

> Much of the growth of menstrual pain relievers could be traced to the premenstrual syndrome segment. While PMS products accounted for only 5% of total menstrual pain reliever sales in 1983, they moved up to 20% in 1984 (Ehrlich, 1985:45).

A marketing consultant quoted in the same article attributed this surge in PMS over-the-counter products both to manufacturers' marketing of new products and to increased media attention of PMS. He stated that "[b]oth have raised women's awareness of the need to take a PMS product in addition to taking a product during menstruation" (as quoted in Ehrlich 1985:45).

The market for over-the-counter PMS products was so great that the Food and Drug Administration (FDA) came up with its own definition of PMS in 1982. Its Advisory Review Panel on Miscellaneous Over the Counter Internal Drug Products defined PMS as

> A recurrent symptom complex that begins during the week prior to menstruation and usually disappears soon after the onset of the menstrual flow. This symptom complex consists predominantly of edema, lower abdominal pain (including cramps), breast tenderness, headache, abdominal bloating, fatigue, and the feelings of depression, irritability, tension and anxiety (as quoted in Golub, 1992:182).

In 1983, this Advisory Review Panel released a review of over-the-counter PMS products. The panel recommended that various combinations of analgesics, diuretics, and antihistamines be considered effective PMS products (see Willis 1983 for a full report). They maintained that analgesics provide relief for pain, cramping, and headaches; diuretics give relief of water retention and bloating; and antihistamines relieve a variety of symptoms such as depression, irritability, weight gain, swelling, and backache. These over-the-counter treatments are considered safe and effective for mild to moderate symptoms of PMS.

But over-the-counter PMS pharmaceuticals were not the only product benefiting from increased attention to PMS in the early 1980s. A third part of the PMS industry is the prescriptive part. PMS treatment centers using progesterone therapy (that Katharina Dalton advocates) also became popular during the early 1980s:

> Progesterone's first big boost in America as a treatment for PMS came with the establishment in 1981 of the National Center for Premenstrual Syndrome and Menstrual Distress. Despite the imposing name, the 'national center' was actually established as a privately owned, profit-making clinic. The Manhattan office (there was also one in Boston) charged $165 for three visits, plus another $50 to $100 for lab costs (Heneson, 1984:68).

One gynecologist worried that such clinics would attract women who are desperate for help—ones who "can be easily ripped off. They're paying $5 for a 50-cent product [progesterone suppositories]. They're being told they're crazy, so they'll do anything" (as quoted in Heneson, 1984:69). According to this doctor, science and "legitimately" approved pharmaceuticals—not "rip-off" progesterone clinics—provided better, safer, and cheaper treatments for women with PMS.

Another important piece of the PMS industry is the PMS self-help books. Most of these books are soft cover, relatively inexpensive ($3-7), have been written since 1980, and are found in mainstream bookstores. Most of these books are written (solely or in joint authorship) by physicians or therapists associated with PMS or Women's Health clinics (e.g., Lark, 1984; Norris and Sullivan, 1983; Nazzaro and Lombard, 1985). They usually include short histories about PMS, and medical, nutritional, and exercise advice to overcome its symptoms.

So, according to the pharmaceutical industry, government officials, women with PMS, or authors of books, the key to defining PMS was as something that can be helped with pills, diets, and other products offered in the PMS industry. Thus, PMS is very real—complete with price tag attached to it.

What's at Stake in the Construction of PMS?

For some women, the publicity and legitimization of PMS and its symptoms as real, a natural part of their body and its processes, have led to a positive sense of control over this phenomenon. However, a more negative image of PMS as something that controls women once a month, that makes them "crazy" and subject to their hormones, is much more pervasive in our contemporary Western culture. This image has allowed women to use PMS as an excuse to express their emotions or to account for their otherwise "strange" behaviors. Other people (husbands, children, doctors, lawyers, judges, juries, co-workers) have also used PMS to explain women's behavior often within a scientific or medical framework that then gives physicians and scientists "expert' legitimacy over women's bodies and minds. PMS has been tried as a legal "insanity" defense in cases involving women accused of murder or other crimes in the United States, but with little success.[2] A book by Caplan (1995) reports cases in which the threat of using PMS in child custody cases kept women in abusive relationships. In addition, a well-publicized case involved a female physician who successfully used PMS to get off of a drunk driving charge in 1991 (*Washington Post* Editorial June 8, 1991:A20).

How PMS is defined-and who controls or owns the diagnoses related to it-has been and continues to be a matter of social, political, and economic concern. The degree to which "PMS" has become a major issue is best understood in light of current estimates that anywhere between 20% and 90% of all women would qualify as having some of the more than 150 recognized symptoms of PMS (Olesen and Woods, 1986; Adler, 1990a). According to the American College of Obstetricians and Gynecologists, it is normal for women to experience some premenstrual symptoms. This organization more conservatively estimates that some 20% to 40% of all menstruating women do experience some symptoms of PMS (see Adler, 1990a). These changes include physical symptoms such as weight gain, bloating, and aches of all kinds, as well as emotional symptoms such as irritability, mood changes, and even positive symptoms such as vivid dream cycles.

As I have shown, PMS has been defined in a variety of ways (scientific, feminist, cultural, and economic) over the years, but there is no consistent or agreed upon definition. If the estimates given above are indeed true, and if almost all menstruating women do have at least some of these symptoms, then the "stability" of women's moods and behaviors can be called into question by scientists, doctors, politicians, bosses, and lawyers. This directly links to the issue of the inclusion of a PMS-related diagnosis in the DSM. What is considered "normal" for women itself is at the heart of the debate in the PMS/LLPDD controversy.

Notes

1. The FDA does not approve of progesterone for the treatment of PMS, and there have been no scientifically proven studies documenting the efficacy of progesterone treatments.
2. The so-called PMS defense is most successfully used in England and in France. It has not had such success in American courts (Benedek, 1988; see also Chaite, 1986 and Allen, 1990).