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The subjective experience of PMS: A sociological analysis of women's narratives

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The Subjective Experience of PMS: A Sociological Analysis of Women's Narratives

by

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A thesis submitted in partial fulfillment
Of the requirements for the degree of
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Dedication

This thesis is dedicated to all women all over the world, may you be happy and may you be strong. I would also like to dedicate this to my late brother, Alexander M.

Chekoudjian, love-ya Al.

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This work could not have been completed without each faculty member on my committee, especially Dr. Sara Green for her continuous encouragement. It could also not be completed without the love and support of all of my dear friends and my wonderful family including; Michael Chekoudjian, Pamela Chekoudjian, Vanessa Crocker, Natasha Chekoudjian, and Dominic Chekoudjian. Thank you all, and thanks to everyone I know in my hometown of Saint Louis, Missouri as well as my friends in Tampa, Florida.

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ABSTRACT

The phenomenon known as premenstrual syndrome (PMS) has been researched across many disciplines including Psychology, Women's Health, Women's Studies and Sociology. It has been researched as a personal issue, a health issue, a psychological issue, and a political issue. Underlying these approaches to the study of PMS are two basic paradigms: the medical model and the social constructionist model. A rather polarized debate has emerged between the two. While both approaches have contributed to research on PMS, neither paradigm has focused particular attention on what PMS is and what it means from the perspective of the women who experience it. In this project, I have examined narrative accounts of PMS as told by eight women who identify themselves as women who report experiencing the phenomenon. Findings suggest that these women view PMS as a complex phenomenon. They seem to view this phenomenon as both a "thing," something that has a bodily nature and bodily symptoms, and also as a label. They also seem to view the label as something that can be beneficial because it gives this "thing" a name that is used and accepted in their

social worlds. These findings confirm some aspects of previous research while also yielding some new insights into the lived experience of the phenomenon known as PMS.

Chapter One: Introduction

The purpose of this study is to examine narrative accounts of the subjective/lived experience of women who identify with the phenomenon known as premenstrual syndrome (PMS). The goal is to add to, and fill a gap in, the academic scholarship on the topic as well as to help eradicate prevalent myths in society about the experience of PMS. PMS has been defined as premenstrual changes that are physical and psychological. They include: fluid retention, acne, cravings for sweet or salty foods, aches and pains in the muscles or joints, fatigue, irritability, tension, anxiety, sadness, moodiness, feeling out of control, insomnia, and alterations in sex drive (Chrisler & Caplan 2002). While not all women have any experience with these symptoms, some women do and report that these experiences have an effect on their daily lives and their identities. Of those women who do report experience with this phenomenon, both the frequency and severity of symptoms vary widely.

Narrative analysis of the subjective experience of women who report having PMS is an important and fruitful area of research that falls between the two dominant paradigms from which PMS and other bodily experiences have generally been examined by. PMS has been researched across many disciplines: including Psychology, Women's Health, Women's Studies and Sociology. It has been researched as a personal issue, a health issue, a psychological issue and a political issue. Underlying these approaches to

the study of PMS are two basic paradigms: the medical model and the social constructionist approach. A rather polarized debate has emerged between these two approaches. This dialectical discourse is also found in the more general literature on the Sociology of Disability. I have used this discourse to frame my project.

In the next chapter, I discuss the dual models of disability in general and of PMS in particular – giving examples of literature within each tradition. I then propose the use of a third approach which examines the “embodied” experience of PMS through narrative accounts of women’s subjective experience. I review the literature that has taken this approach and discuss the need for further research in this area.

In Chapter Three, I discuss the methods I used in my project and describe the characteristics of my research participants. I then describe the results of my analysis and examine the physical, emotional and social components of the PMS experience from the vantage point of my interviewees in Chapter Four. In the final chapter, I summarize my findings, discuss the contributions and limitations of my project and make suggestions for future research on the lived experience of PMS.

Chapter Two: Literature Review

Models of Disability

The medical model views disability as an individual problem based on some kind of bodily impairment. It sees the disability experience as one that is based entirely on biology and individual differences (Priestly 2003). The medical model suggests that the negative impact of disability lies in the bodily impairments and can result in emotional distress. This model of disability views these impairments as the main problem to be ameliorated (Green 2007).

In the social model, social scientists have come to see disability as a product of many complex social processes and structures, not simply a result of differences of biology and impairments. They question the idea that having some kind of impairment automatically leads to being disabled (Priestly 2003). They request a shift in focus away from individual bodily impairments as problems to instead examine the social and cultural factors that prevent individuals who live with bodily differences from total social participation (Green 2007). This model argues that individuals' impairments are not the reason they are disabled, but, rather, that disability results from negative social constructions and structural and attitudinal barriers (Green 2007).

Many people with disabilities have felt that both of these approaches, while important, have failed to give a voice to their "embodied" experience of living with a disability. Priestley (2003) says,

There has been a significant 'biographical turn' in social-scientific writing that emphasizes the importance of thinking about the life course and individual life projects. Here, the emphasis has been to examine the unique-ness of lived experience within its social and cultural context (5).

He goes on to suggest that there are fruitful areas of research in the intersections between the medical and social models that can give voice to the embodied lived experience of individuals without losing sight of the powerful impact of social constructions of their experiences on their lives.

Approaches to the Study of PMS

Historically, the medical model has also dominated the scholarly literature on PMS. From the vantage point of this model (which is particularly prevalent in the psychological literature), PMS is viewed as a biological issue that has physical, emotional, and cognitive effects on women who experience it (Strine et al. 2005). This body of research suggests that PMS can cause psychological distress, and those who get PMS may suffer from such feelings as depression or anxiety (Strine et al. 2005). Psychological researchers also seem to find that among women, who suffer from PMS, many feel more stress than others and their quality of life may suffer because of it (Lustyk et al. 2004).

Researchers who approach the study of PMS from the vantage point of the medical model examine what the symptoms are, how PMS can be diagnosed, and the different factors that may have an effect on it. They also see it as having certain characteristics that are associated with other psychological problems such as depression, anxiety, and stress. The emotions they have found to be parts of this

phenomenon include: sadness, nervousness, hopelessness, worthlessness, and feeling that everything in life was an extra effort during the time they are having PMS (Strine et al. 2005). PMS is viewed as a mental health issue by these researchers, and they see a need to help women who are having problems and suffering mentally, physically, and/or emotionally from it. Strine et al. (2005), for example, conclude:

Potentially, by assessing menstrual-related problems, providers may be further alerted to also gauge the presence of health risk behaviors and affective disturbance. This practice may in turn improve quality of life of women affected by menstrual-related problems (322).

Research within the medical model has also examined women's emotions and attitudes towards menstruation and how this has affected how they dealt with and managed their personal issues surrounding menstruation (Roberts 2004). Researchers working within the medical model have tried to understand the effects of PMS on quality of life and have attempted to find treatment for psychological and physical symptoms of PMS (Lustyk et al. 2004). It seems that within the framework of the medical model, the questions researchers seek to answer include what effects PMS has on women's lives and what kinds of treatments may be beneficial for women who suffer from PMS. They also hope to improve the overall quality of life of women suffering from PMS.

In contrast to the medical model, social constructionists argue that PMS 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). Like proponents of the medical model of disability, such researchers see PMS as a social construction which has historical, cultural, and political implications for women. They examine the label of PMS and point to the damage this label has done to women in general, as well as to those who receive the diagnosis of having PMS. The medicalization of PMS is viewed as another form of managing women's bodies and experiences. Chrisler and Caplan (2002), for example, write:

The cultural belief that premenstrual women are erratic and even dangerous legitimates the restriction of women's opportunities in society...PMS isolates women from social, cultural, and environmental context of their lives by defining their experience as a medical problem (301).

Social constructionist discourse on this topic continues to describe the term PMS as a label used in society to keep women's status lower than men's. After all, who wants to hire someone to work as the president of a corporation or to hold a political office if once a month they will be erratic and emotional? This is the problem many feminists see with the medical label of PMS. Some social constructionist researchers also note that women themselves may be partly responsible for this label, and some say that women have been active participants in constructing PMS as a medical disease (Markens 1996). Women's accounts of PMS symptoms seem to figure prominently in the rhetorical legitimization of PMS as an actual medical problem in the popular press as well as in self help books (Markens 1996).

Social constructionists discourse on the topic of PMS challenges the medical and psychological diagnosis of PMS. In an article in the journal, *Social Problems*, for example,

Rittenhouse (1991) examines the response by feminists to this label: "In response to this, feminists mounted a challenge to popularized medical construct and attempted to link the emergence social and cultural factors, including but not limited to increased demands for equality" (481).

Despite the social constructionist discourse on the topic and strong criticism against the label and medicalization of PMS, controversy about what it is and its prevalence still exist. Rittenhouse (1991) writes, "there is still evidence of the persistence of a cultural context in which 'deep mythic themes' persist - the persisting theme being the deterministic quality of a woman's menstrual cycle" (419).

The Experience of PMS

There does not seem to be an adequate amount of research on the lived experience of what has come to be called PMS, the emotions that come with it, and the effects it may have on the daily lives of women. Much of the research that has been done concerning the lived experience of PMS has concluded that more research in this realm should be done.

Cosgrove and Riddle (2003) suggest that future research should conceptualize menstrual distress and other related PMS issues not only as a social construction, but also as a lived experience in which the "PMS Self" can become lived as an identity position in contrast to the "real self."

Lee (2002) conducted intensive, semi-structured interviews with 43 participants. The women were asked about their attitudes towards the experience of menstruation

as well as PMS. They were interviewed and also were asked to rate their attitudes from 1-10 concerning menstrual related issues. Themes and patterns were discovered after close examination of the transcriptions. Lee found that the small group of women she researched was able to reframe their experience with PMS by conceptualizing their cyclic changes in a positive way. Lee's article concludes that more attention should be placed on examining women's subjective experience of premenstrual change. Lee (2002) also states that, "The sharing of women's stories can be a powerful element in the resistance of negative concepts of menstruation in society" (33).

Anson (1999) used a structured questionnaire to examine 229 Israeli students' attitudes toward menstruation and premenstrual experiences. Anson also used data from previous studies which had examined attitudes towards menstruation with several other ethnic groups (North America, India, and Australia) to compare data. Anson found that attitudes toward menstruation and premenstrual symptoms seemed to differ based on women's experiences as well as their social/cultural environment. The article focused on researching the bio-psycho-social approach to examining women's premenstrual experiences. It was suggested that further research which uses the bio-psycho-social approach to the study of women's experiences with PMS be more attentive to the corresponding relationship between pre-menstrual experiences and attitudes towards menstruation (Anson 1999). The article focused on what aspects may have an effect on women's attitudes towards PMS and menstruation in general as well as what should be taken into account when researching a topic like this.

Perz and Ussher (2006) examined women's experience of PMS, but more specifically the case of women "silencing the self." They did a quantitative analysis, as well as interviews with women who experience PMS, to try to find out if and how self silencing is related to women's experience with PMS (Perz and Ussher 2006). They found that women who positioned their emotions as important and worthy of being taken seriously without worrying about other's judgments' were associated with higher levels of premenstrual coping and lower premenstrual distress (Perz & Ussher 2006). They also discussed how being in a relationship can affect women's experiences with PMS. Their research suggests that a woman's premenstrual distress needs to be taken seriously to ensure that she feels heard, and to protect the quality of the relationship (Perz and Ussher 2006). These findings convey the importance of understanding how women experience PMS. They also point to the considerable progress that could be made for women by helping others understand how PMS feels. It also points to the importance of understanding PMS in personal relationships and how this can help lower the distress of women experiencing PMS.

A few years later Perz and Ussher teamed up again to write an article named, "Empathy, Egalitarianism and Emotion Work in the Relational Negotiation of PMS: The Experience of Women in Lesbian Relationships," which examined the construction and experience of PMS within lesbian rather than heterosexual relationships (Ussher and Perz 2008). The authors conducted one-on-one semi-structured interviews with 15 women who are currently in a lesbian relationship and 10 of their partners. The women had self identified as having experience with PMS. Special attention was paid to the

discussion and negotiation of PMS in the context of relationships. From the findings of this article it was concluded that the view of PMS, “needs to be understood within a framework of inter-subjectivity” (Ussher and Perz 2008:87). The researchers found that in lesbian relationships PMS was not understood as a medical illness or a dysfunction. Instead, the term PMS was just used to make sense of what they experienced pre-menstrually, and was used to communicate changes to their partner (Ussher & Perz 2008). In previous research on the topic of PMS, women in heterosexual relationships had positioned PMS as an illness or dysfunction and had also used derogatory terms such as “bitch” in their accounts about PMS. This was not the case for these women in lesbian relationships. This is intriguing and the research suggests the need for further research on the social aspect and lived experience of PMS. Within this research there were also seldom accounts of the women feeling that they were out of control during PMS mainly because any pre-menstrual changes were taken as part of a woman’s experience, even if it wasn’t a pleasurable experience for the woman or her partner (Ussher and Perz 2008). This research is quite interesting and speaks to the importance of further examining women’s subjective experiences with PMS as well as how personal relationships may affect that experience.

Research in the realm of examining the lived experience, identity, and emotions of women who identify themselves as having PMS is not yet sufficient and has only recently begun to be examined in sociological research. In discussing the contributions of *The Society for Menstrual Research or PMS*, Taylor (2006) writes:

Historically, biomedical classification dominated the definitions of women's premenstrual experiences with little attention paid to alternative perspectives from other disciplines and, more importantly, from women's perspectives (386)

While PMS has a socially constructed, a cultural, and a psychological/medical component, the subjective experience or individual lived experience component is quite important and this approach has been underdeveloped in the study of PMS. By further exploring women's narratives about PMS I am able to contribute to previous research from the medical and social models by adding to it the individual experience of women.

In David Karp's book, *Speaking of Sadness* (1996) he examines the subjective experience of depression to better explain and understand it in sociological and emotional terms. Karp conducted semi-structured interviews with fifty men and women who were suffering from depression. He also included narratives from his own personal struggle with depression and his journey in making sense of it. In his book Karp says:

My view is that to really understand a human experience, it must be appreciated from the subjective view of the person undergoing it. To use the language of social psychology, it is necessary to take the role of those whose behaviors and feelings we want to fathom. Underneath the rates, correlations, and presumed causes of behavior are real human beings who are trying to make sense of their lives (11).

Karp's work is an example of taking a particular "disorder" which has a medical and/or psychological label, and examining it through sociological terms in order to understand the social, personal, and societal implications it may have on an individual or a group.

In another article by Karp (1992) he examines the search for meaning individuals go through who have been diagnosed with affective depressive disorders. He does this

by observing a self-help group for such people. He found this group useful to study in order to examine how people search for meaning about the reason and progression of a life situation that is still unclear in spite of the knowledge and efforts of experts (Karp 1992).

In the article, (Karp 1992) he concludes:

A key idea of the symbolic interaction perspective (Blumer 1969; Hewitt 1986; Karp and Yoels 1986) is that persons' feelings and behaviors arise from their "definition of the situation": that to appreciate people's thoughts, feelings, and actions, we need to inquire into how they arrive at definitions of the situations in their lives. However, we need to acknowledge that some life situations require more extensive definitional efforts than others (166).

I believe that the phenomenon we know as PMS fits into this category of a life situation which may require individuals to try to understand, define, and make sense of their bodily experiences. In this project I have examined how eight women defined PMS within their own lives and how they were able to make sense their experiences through their own personal narratives. As discussed earlier, Priestly (2003) suggests something similar in researching disability by exploring the "embodied experience" of people with disabilities within the socially constructed definitions of disability with which they must contend.

Chapter Three: Methodology

Data Collection

Because this is an exploratory study that focuses on narrative accounts of subjective experience, I conducted semi-structured interactive interviews and recruited participants through snow ball sampling (snowballing). I began the recruitment process with women I knew who identified themselves as having PMS. At the end of each interview, I asked the woman if she knew anyone else who may be interested in participating. Women often seemed to know a family member or friend who had discussed issues surrounding PMS with them. The research protocol was reviewed and approved by the USF IRB and the Letter of Approval is included in Appendix A.

Semi-structured interactive interviews allowed me to ask general questions about the PMS experience. I also used probes to encourage participants to tell their own stories in their own way. Questions and probes were designed to encourage narrative accounts that illustrate how these women made sense of the PMS experience. Through my questions I explored how it affects their sense of who they are and how they feel about living with PMS.

Interactive interviewing allowed me as the interviewer to engage in shared narrative exchange of the PMS experience, and, therefore, allowed the women interviewed to feel comfortable and on a more equal level with me as someone who shares the experience of PMS. In some cases, researchers can be seen as “judgmental experts” because of their lack of personal experience with the topic - resulting in those

who are interviewed being more careful of their presentation of self (Green et al. 2005). By sharing that I have personal experience with PMS, open disclosure was easier to get from my interviewees. Since PMS may be a sensitive topic for women to discuss, interactive interviewing helped set the interviewees at ease because the interviews involved the give and take that occurs in regular conversations (Ellis, Kiesinger & Tillman-Healy 1997). Interactive interviewing can, however, have pitfalls as well. I made sure to briefly let the interviewee know that I also experience PMS towards the beginning of the interview, without giving them too much information. I wanted to make sure that the interview stayed focused on their experiences rather than reacting to mine. Once I explained that I do have experience with PMS, it seemed to allow them to open up honestly about their experiences. The interview guide is included in Appendix C.

The first few interviews seemed to be the shortest. As I got more used to interviewing on this topic, I began to probe more and also give the women more time between questions so they could thoroughly answer them. I also asked for specific examples. The interview experience seemed to be a positive one overall. A few of the women thanked me for listening to them talk about their experiences.

Another interesting aspect of the interview process was that many of the women interviewed used humor in describing their experience of PMS. Many laughed during the interview and others explained how the experience itself is sometimes humorous to them in one way or another. There was sometimes a hint of sarcasm evident in their

descriptions. It may be that the use of humor is related to the fact that I disclosed that I too experience PMS. My disclosure seemed to create a certain level of comfort that may have allowed them to express humor in their accounts.

Sample

I interviewed a total of eight women. I requested retro-active informed consent from the three women I had already interviewed on this topic for a graduate seminar. I conducted five additional interviews for this project and obtained informed consent from each participant. Both letters of informed consent are included in Appendix B. My interviewees were students, employees that I work with, as well as women in the community. The ages of the women I interviewed ranged from 23 to 59. Their years of education ranged from 16-25. Several racial and ethnic categories are represented in my group of interviewees. A summary description of the characteristics of the participants is included in Appendix D. This small sample clearly does not represent all women who identify themselves as having experience with PMS and generalizations cannot be made about the general population of women or to all those who say that they have experience with PMS.

In the descriptions that follow and throughout this manuscript, I have used pseudonyms to protect each woman's identity. Anna was a 27 year old Hispanic woman who was engaged with no children. Anna was in the process of completing a Master's degree and worked part time. Barbara was a 26 year old white woman who was married with no children. She worked full time. Carrie was a 25 year old Middle Eastern woman

who is a U.S Citizen and was single. She worked part time and attended graduate school part time. Diana was a 38 year old married woman with one child. She holds a Master's degree and works full time. Farrah was a 23 year old white woman who worked part time and attended school full time. Emily was a 25 year old white woman who worked full time and attended school full time. Gina was a 29 year old black woman; she had a boyfriend and a full time job. Jenny was a 59 year old white woman; she has five grown children and was retired at the time of the interview.

The interviews took place wherever the women were most comfortable. Some were conducted on campus, a few at a coffee shop and a few at the women's homes. The interviews were all taped and transcribed. All of the names were changed to pseudonyms in the transcriptions. The typical length of each transcription was about 5 pages or more. In accordance with the IRB approved research protocol, after transcription, the tapes were destroyed in order to protect confidentiality.

Chapter Four: Analysis

In order to analyze the data I collected from the interviews, I categorized words and statements related to themes that emerged in the interviews (Stenner 1993). I paid particular attention to themes related to types of emotions, the impact of emotions and behaviors on identity, as well as the women's general feelings about what PMS is and the role it plays in their lives.

Physical and Emotional Symptoms

When I asked my interviewees to tell me what they feel like in the days preceding the onset of their menstrual cycles (without using the term PMS), they reported physical symptoms such as:

I get headaches, bloating; I also crave anything sweet and salty to eat... -Anna

Physically, It's like I'm more tired or fatigued. -Barbara

Physically, um I have cramps and sometimes headaches.. -Carrie

Um...for me it's exhaustion...definitely the day before. I am totally exhausted...I can't get up in the morning, it hits me like a brick.-Diana

Bloating..., nausea, cramps. -Farrah

These women's descriptions of what PMS feels like to them seem to echo the research on physical symptoms of PMS which comes from the medical model (Strine et al. 2005).

In addition to physical symptoms, many of the women I interviewed were able to discuss specific emotions that seem to come out more during the time they believe they are experiencing PMS. Some would just mention one emotion, while others mentioned

several emotions. Most of the women named emotions that they felt strongly during this time that they normally did not feel at all or only felt in a milder way.

There seems to be a heightened state of emotions during this time for some of these women. They describe it as if it was uncontrollable and they are able to compare and identify a difference in how they act or react during this time and during the rest of the month.

Feelings wise, I'm just extra emotional you know? The slightest little thing can hurt my feelings; um I'm not necessarily on the happy end you know? But, it's right before my period, one wrong thing and it's like you have just broke meltdown and beaten with an emotional stick, so I will cry for no reason. So....it's not fun to be around me. -Anna

I remember before I got my last period...I felt, well I got extra emotional, I get very sensitive, anything can bother me, trigger me...I'm really quick to cry or you know, I'm just extra sensitive or get pissed off at people much easier, whereas when I'm not having PMS I probably have a lot more patience. -Barara

Anna and Barbara describe the level their emotions at this time as both quite separate from and much more intense than what their emotions are on a regular basis..

Not only do emotions seem more intense, but they also may be more erratic.

Carrie, for example, describes an uncontrolled state of emotions that includes dramatic swings from almost manic highs to dramatic lows.

I mostly get emotional, like over-excited-ness and mood swings definitely. It's emotional more than anything else. I know when my emotions become erratic, that means I'm getting my period soon. I get very high highs and very low lows. -Carrie

I found it interesting that she said that she knows when her emotions get to that level, menstruation will soon follow.

Diana and Emily both describe a feeling of having less patience for things that they can normally handle with ease. They also seem to have a certain amount of sadness involved with their emotions at this time.

That's the sadness and the feeling like things are emergencies. Usually everybody thinks that I can handle things pretty calmly, and then for some reason, even maybe outwardly I look ok, inside the sky's falling! -Diana

Yeah, I feel overly emotional...crying...anger is heightened...less patience...I barely have any patience then. -Emily

These findings were also similar to some of the previous research on PMS (Lustyk et al 2004). Diana describes that things are emergencies to her that she can usually handle on a daily basis. Both seem to share this lack of patience during this time. I wonder if the lack of patience leads to the heightened feeling of anger that Emily describes.

Again, these findings tend to confirm the findings of studies using the medical/psychological approach to the study of PMS (Strine et al 2005). Findings of this study also seem to suggest however, that the experience of what has been labeled PMS is more than just a medical/psychological conditions. There is a social side to the experience as well. Themes related to the social experience of PMS will be examined below.

The Social Experience of PMS

Six themes related to the social experience of PMS emerged from my analysis of these interviews: 1. Finding Benefits; 2. Giving Fair Warning; 3. Using PMS as a Control Mechanism in Relationships with Men; 4. The Benefit of Narrative Exchange with Other Women; 5. Reactions to the Label; and 6. Changes in the Experience of PMS Over Time.

Finding Benefits

While the interviewees clearly noted negative emotional effects, some were also able to find some benefits in their experience with PMS.

Carrie, for example, used this time of heightened emotions as a type of cathartic experience in order to express emotions she had been keeping in.

It (PMS) just makes me more aware of my own feelings, because a lot of times I'll be going through something and I won't realize it until I get PMS because that's when my emotions are at their peak and that's when I start to actually feel things.-Carrie

For Carrie, it was not always a bad thing to experience PMS, and as she explains above seemed to make her more in touch with her true feelings that she may have been putting off for whatever reason. Carrie was able to frame her experience with PMS in a way that seemed to conceptualize her emotional changes in a positive or beneficial way. This seems to be similar to the participants in the previous research from Lee's 2002 article discussed in my literature review.

In the interviews, it was also apparent that PMS was something that not only involved each individual woman interviewed, but also seemed to have an effect on their

relationships with others - especially their close relationships. Several interviewees noticed that their symptoms were visible to those who were closest to them and also that the way they reacted to their own symptoms had an effect on their relationships. Although some of the effects were negative, some women were able to find relief from their symptoms in relationships or found that by properly communicating with others about their PMS symptoms they were able to bypass negative effects and even strengthen relationships. Anna and Carrie, for example, explained how they were able to eventually communicate with the people in their lives about their PMS. It seemed that once they were able to explain in words how they were feeling; their relationships were able to benefit from that open communication.

I talk about it, with my boyfriend. Not at the beginning, but eventually I talked to him about it um....after many arguments once a month.-Anna

Um, a few friends will notice when I'm feeling more down, and we talk about it. But, I just let them know, hey, this is what it is, don't take it personal.-Carrie

It seems that for some of these women, while there were negative effects on their personal relationships at the time they had PMS symptoms, they were able to communicate with family members, friends, and significant others in ways that reduced negative consequences in their relationships. Anna, for example, has found that communicating with her boyfriend about her experiences has had a positive on their relationship.

He (my boyfriend) knows what to expect and it's kind of helpful too in a sense because now...our communicating about it has helped because it's not necessarily what he's saying...it's me overreacting. -Anna

Giving Fair Warning

Several of the women warned the people close to them that they would be acting differently and basically that they'd better be ready to deal with it or not take it the wrong way.

It can be really bad sometimes so that's why I try to forewarn them so they can be prepared and so they won't feed my anger. -Anna

I definitely have learned that I have these days and just to try to work through them and let some people know that are close to me, look don't be offended, if I say something mean I'll think about it in a second and apologize I swear. -Diana

Emily also explains how she would warn her previous boyfriend to "look out" because she was likely to act in a negative way - whether he did anything or not.

With my boyfriend I would say something, and I'd be like you didn't do anything...but, look out. -Emily

Anna reports that she warns those who she is in close relationships with that she is going to act a certain way and for them to "walk on eggshells."

People that I am very close to...so my boyfriend, my mother, my grandmother; they are unfortunately the ones who get to experience me..hahaha..before my period. So I try to warn them..kind of so they can walk on eggshells because they know I will go schizophrenic on them. -Anna

I found it interesting that instead of trying to diminish the symptoms or get control of them, she just warns them to be careful because her PMS was coming. I also took notice that she used a psychological disorder to describe how she may act towards those closest to her, giving the medical label of PMS yet another label.

Using PMS as a Control Mechanism in Relationships with Men

There was a definitive difference in the way these women's relationships with men were effected during the time they had PMS when compared to the way they described relationships with women. While some feminists argue that the label of PMS has had overwhelmingly negative consequences for women, (Chrisler & Kaplan 2002) (Markens 1996) (Rittenhouse 1991), some of the women I interviewed actually used the label of PMS as a way to try to gain control over the reactions of others, especially the men in their personal lives.

It is interesting that in many heterosexual couples, women are often blamed as taking things the wrong way. Some women who experience the symptoms we call PMS tell the men in their lives not to do this – thereby attempting to exert control over the reactions of the men in their lives. Emily gives an example of this below:

I literally always had to put a disclaimer on it with my boyfriend that if I turn my phone off it probably isn't because of you, because like my phone would always be on but like, you know it's just that thing where when we first started dating I actually wrote him an email saying I'm turning off my phone, it's not b/c of you, it's not that I don't want to talk to you, I'm just really out of it right now so I'm turning it off. -Emily

It's interesting that while these women accept and use the medical term PMS, they do not shut themselves completely out or stay out of social situations. Instead, these particular women forewarned those around them, especially significant others about the behaviors they might possibly display. These women did not discuss that they will try to stop themselves from acting a particular way because of their symptoms, instead they tell those around them to be careful or not to take things they do or say

seriously during that time. Some women even discussed refusing sex during this time, and not feeling bad about it, just basically telling the men to “deal with it!” Diana, for example, says:

Um I still get my tired spells and that will irritate him a little bit because you know he'll want to get intimate and I'm like, I'm just too tired! So yeah it happens and I just have to explain to him you know, no I'm not having my actual period but my body still feels strange. So, he's pretty good, like if I say that out loud then he's like oh, ok, I'll help you. -Diana

From a sociological standpoint I wonder if this gives these women a sense of power or control over men because they are able to just say, this is what is happening and there is nothing you can do to stop it. This aspect is quite interesting and I think further research could look at this specific action from women with PMS to those around them. It is interesting that these women are aware of it, and that they chose to warn others in advance or during their symptoms of PMS.

The Benefit of Narrative Exchange with Other Women

It seemed that one of the common coping mechanisms for these women was to talk about the experience of PMS with other women. I found that most of the women interviewed said that they talked to other women about PMS. It seems that it was helpful for most of the women I interviewed to vent and let other women vent about their symptoms. They seemed to find it easier to discuss issues surrounding PMS with other women who identified with it. Below are some examples of this process of narrative exchange. Diana, for example, is able to relate to important women in her life about PMS such as her best friend and her mother. By exchanging stories with the about

her experience with PMS she is able to realize that it affects their lives too. Although she says she feels like she has a “mental disorder” once a month, by talking to other women in her life about it, it seems she is better able to make sense of it in her own life.

Um, my mom and my best friend, we definitely will talk about it because it affects all of our lives so it makes me feel a little better about it because I'm like, ok, I'm not the only one suffering from this. Hahaha. And to hear things that my mom may have done or things that my best friends may have done, where she is like ohhh I got in a fight with my boyfriend last night and it really was not for anything there was no reason except for I was all emotional from PMS. And, my mom will tell me things and being that she's my mom it's like, well ok I guess so it's like we all make stupid mistakes during that time..hahaha. It definitely can make me feel like once a month, or once every once in a while I have a mental disorder.-Diana

Farrah not only has a narrative exchange of the experience with other women about PMS, but she also does her own research on PMS on the internet. By examining other's experiences with PMS, it seems to help relieve any anxiety she has about it by helping her to realize there are others who experience it as well. With everything available online for her, at the touch of a button she was able to have a different kind of your classic narrative exchange, but it seemed to give her some solace.

I talk to other women who are experiencing something similar..or I go on the internet and look up symptoms I may be feeling...and it makes me feel like it's not just me, that there's other people experiencing this and that they have problems too and that there might be things that can be done for it.-Farrah

By sharing her experiences with other women and offering them advice, Anna was able to better cope with her PMS. It seemed to make her feel better about it if she was able to help a friend with it.

My friends do ask me advice because they know how bad I've had things, so they'll ask me a lot of questions. I've started to learn to talk to my friends about stuff like that (PMS) because that way maybe they can learn from my experiences. -Anna

Barbara and Hannah also found benefits in talking to other women about their experiences.

My mom and I can relate on it because she's very similar to me. Um, friends, of course I can relate to them as well as with some of my women co-workers. It feels good to know that I'm not the only person that has to deal with this problem. - Barbara

I have talked to many women about it over the years and it's always very validating. -Hannah

As Hannah put it, exchanging stories about PMS with other women seems to “validate” the experience for some women, making it something that not only has a bodily component, but a social component as well. Discussing the social aspect and exchanging narratives with each other seemed to help these women cope with their PMS. It is possible that in this study the finding that women engage in narrative exchange about their PMS experience is due to the fact that I used snow-balling as method of finding interviewees. I asked the women that I interviewed if they knew any other women who might be willing to participate. Naturally, they identified women to whom they had previously talked about the experience.

Other studies have, however, also found that women talk about their experience and seem to benefit from this discussion. Lee (2002), for example suggests, based on previous research that such conversations may act as an element of opposition to negative concepts of menstruation in our society. Ussher and Perz (2008) also found

that women are easily able to relate to other women about PMS, and this allows women to have a comfortable environment in which to discuss and, importantly, to make sense of PMS in their lives. The authors found that women in lesbian relationships were more easily able to cope with premenstrual change and “avoid the spirals of guilt, self-blame and pathologization that often pre-empt women seeking help” (Ussher and Perz 2008:106).

As shown above many of the women interviewed were able to relate to other women about PMS. Some of the women interviewed would say that they wouldn't talk too much about it in detail to other women, but that it was reassuring to know that other women at least understood and could relate to how she may be feeling during PMS. It seems to “validate” their experience as something real and relatable instead of just some stereotypical ideology. Some women were able to openly discuss PMS in depth with other women. Many just appreciated the chance to vent to other women and for other women to relate, understand, or at least have an idea of what it feels like. Some women were able to give advice to other women based on their personal experiences. Others felt comfortable seeking advice from other women who may have experience with PMS. After the conclusions found in the Ussher & Perz, article I think it would be interesting to further examine lesbian relationships as they relate to PMS research, especially in comparison to heterosexual couples and how they deal with it. One of the issues in making sense of PMS and dealing with it may be that women in heterosexual couples may find it more difficult to cope with PMS because they may feel a lack of understanding from their partners. It may be a difficult thing to explain to

someone who has never experienced it. There may be no reason for women in lesbian relationships to use PMS as a sense of empowerment within their relationships because their partner is already understanding of PMS, and may also have personal experience with it. Possibly, since men do not experience PMS and other related issues with menstruation, women may find this as a way to feel empowered by simply warning them to get ready and deal with however they may act. The subjective experience in lesbian relationships should be a topic for further examination and research. It would be interesting to see if there is still a sense of empowerment in these relationships regarding PMS, or if this is something that is only present in some heterosexual relationships.

Reactions to the Label

I asked the women what they thought and how they felt about the term PMS. It was interesting to listen as women described what they thought about and how they felt about the term as well as how they encountered it in their daily lives. The context for the term may be different and it may change depending on who is using the term and who their audience is. The term PMS was often turned into a verb in many interviews such as, "I'm PMSing," or "she's PMSing."

Diana, for example, explains that while it has been part of her vocabulary for a while, she has manipulated that vocabulary and started using it as a verb to describe when she is actually feeling or experiencing PMS. She does have negative connotations

with some of the other terms used to describe menstrual issues, which are other examples of social constructions used in our cultural context.

Um..I guess it's been part of our vocabulary for so long, um, I don't really use it very much but um I think I use it more as a verb, I'm PMSing..hahaha. So I guess I'm pretty neutral about the term. It's the other terms like on the Rag...that I don't think of PMS as derogatory while I think on the Rag or Aunt Flo came, those terms I get a little more irritated with -Diana

Emily recognized that the term can be used in a negative way, but says she avoids doing this. She sees the term as a neutral description for what she experiences.

I just think that it's something that exists...I don't...I wouldn't stigmatize somebody on it and be like, oh you're on PMS, or you're such a bad PMS-er...bla bla bla. I never thought of it like, oh its PMS you know? Any time it comes up, if anything it's me joking, you know? But, I know it's serious, but it's just like whatever. It's just a term I guess.-Emily

Farrah demonstrates the dual nature of PMS that parallels previous literature in disability studies. First, she seems to think that it is a term used as an excuse and that it is a stereotype.

Umm. I think it's over used...almost as an excuse...by both genders, I think it's a gender stereotype ...but it's also a thing too. I don't know what I'm trying to say...it's also like a beneficial word because it (PMS) gives it a name. -Farrah

This observation seems to go along with the social constructionist view point that PMS is a medical label that may have a negative connotation for women. However, she goes on to say that, stereotype or not, it is also a thing, and maybe what she means is that PMS is a name or a term that helps her to make sense socially of a bodily process. The dual relationship is exhibited here in her explanation meaning that yes it is a bodily thing, but it is also something that has a social aspect to it.

Changes in the PMS Experience over Time

It seemed that many of the women I interviewed seemed to become more self aware over time. As they became more self aware, they also became more self aware about their PMS. Many of the women explained how, over time, they were able to better identify their symptoms and/or feelings as well as better associate certain symptoms with a certain time of the month.

Farrah was able to not only make the connection after experiencing PMS for several years or make a connection with the timing during the month, but she also did research to connect what she was feeling with a term.

Um..as I got older I got more emotional..or I feel it more now and I understood more what I was going through, I read up and did some research on it. Um...before it didn't really occur to me that that is what was going on, or make a connection to the timing, but I have over the past several years. –Farrah

Although the timing of when they became more self aware varied, many of the women did say that this awareness emerged as they got older and made it a little easier to deal with. Here are a few examples.

When I first started feeling it I didn't realize that that's what it was until I was older. I would start freaking out and get headaches and, I was like, what's going on? I didn't realize that it was PMS. And so later, by my senior year of high school I started to grasp on and know that this is a forewarning that I'm about to get my period, and that is what would happen. -Anna

I never really thought about it when I was younger, but now that I'm older I'm like, oh yeah, I definitely have the symptoms.-Barbara

I have more self-awareness now so it is helping now, where-as before when I was in my teens and early twenties my emotions were all over the place. It gets better I think.-Diana

I was in college. Sometime in college before I really started to associate it. And I think it's because that's when I started being in relationships. Because you know

when you're with friends or at school, you're focusing on other stuff. But, then when you're actually in a relationship with somebody and you get that intimate communication and it breaks down once a month on a regular basis after a while it's like, wow, maybe I am kind of affected by this. -Diana

It seems that as these women became more aware of their PMS symptoms as well as having the realization that PMS is what was occurring they were better able to handle it. Although, they may not be completely free of symptoms, they may be able to better be aware of them as well as know what to expect. I believe an understanding of the body and mind that comes with this self awareness may have a positive effect on PMS symptoms and the quality of life for these women. Also, as the women become more aware of their PMS symptoms, they may be able to better communicate with others about it.

Chapter Five: Conclusion

While the medical and social models have both contributed to research on the topic of PMS, I believe that these findings are an example of why more research on the subjective experience of PMS should be examined. Through my interviews, I was able to see PMS through the eyes of eight women who experience symptoms associated with the term PMS. Through their explanations I found some contradictions and some confirmations of previous research. Findings suggest that while these women experience physical and emotional symptoms similar to those noted in research with the medical model of PMS, they also describe PMS as a social experience. Six themes related to the social experience of PMS emerged in my analysis: Finding benefits within the experience, giving fair warning, using PMS as a control mechanism in relationships with men, the benefit of narrative exchange with other women, reactions to the label, and changes in the PMS experience over time.

Some of the women were able to frame the experience of PMS in a way that was beneficial to them for either their own personal well being, such as expressing emotions they may have been avoiding, or in a way that ended up being beneficial within in their relationships with others. Some women explained giving those around them a fair warning before or during their experience with PMS so that others could know what to expect, without necessarily blaming the woman for any negative behavior. A few women described using PMS as a form of control within their relationships with men,

specifically by exerting control over the men's reactions to their behavior during the PMS experience.

There was a benefit found for most of the women interviewed in sharing their narratives about PMS with other women who also experience it. This seemed to be a type of coping mechanism for some women as well as a way to help them make sense of their individual experiences with PMS. I also found reactions to the label of PMS, and an acceptance of that label. These women thought of the label as a name to use socially to explain a bodily and personal experience. I also found that many of the women interviewed seemed to notice a change in the PMS experience over time. Some women found that as time went on they were better able to understand their PMS symptoms during that time, know better what to expect, and examine ways of coping during that time in order to maintain a good quality of life. These themes emerged in this project after intensive reading of the transcripts from the interviews and seem to shed some light on the subjective experience of PMS from these women's perspectives.

In summary, the women interviewed for this study seem to define PMS as a phenomenon with a dual nature. There is a bodily component that comes with the subjective experience of PMS, but there is also a social part of the experience. To them, PMS 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 PMS, they were also able to use the term to make sense of their experiences and to communicate

with others about those experiences. I think one of Farrah's quotes speaks well to the dual nature of PMS perceived by these women.

Umm. I think it's over used...almost as an excuse...by both genders, I think it's a gender stereotype ...but it's also a thing too. I don't know what I'm trying to say...it's also like a beneficial word because it (PMS) gives it a name. -Farrah

Farrah understands her experience with PMS to be a "thing," something that has a bodily nature and bodily symptoms, but she also explains that the term PMS can be beneficial because it gives this thing (PMS) a name that is used and accepted in her social world. It is a way to communicate with others in a social atmosphere as a way to describe how she is feeling or what she is dealing with on a personal level. These women were able to relate to the label PMS, manipulate this label as needed and use the label to give themselves, as well as others, a better understanding as to what this bodily experience is. I found it interesting that the women I interviewed really seemed to take ownership of the label of PMS, and some, such as Farrah, saw the label as a positive thing because it gave a name to their experience.

This idea of the dual nature of PMS for these women as both a bodily experience as well as a social phenomenon which they find ways to make sense of in their lives, partly by using the term PMS to give it a name to be understood by others. While previous research on the subjective experience of PMS has been helpful in understanding the phenomenon of PMS through a social viewpoint, the findings in this project help to fill the gap that exists in the previous literature while also adding to what has already been found through research.

Cosgrove and Riddle (2003) proposed that further research on the topic of menstrual distress and PMS should be conceptualized as not only a social construction but also a lived experience; my project examines PMS in such a way. They also discussed how research of the lived experience may conceptualize the lived experience in which the “PMS self” becomes a separate identity than the “real self.” Through examining my interviews I found that many of the women referred to PMS in such a way. This was especially evident in the following themes: giving fair warning, using PMS as a control mechanism in relationships with men, and the benefit of narrative exchange with other women. In these sections I found that women referred to themselves during PMS as a different person, with possibly different emotions and/or traits than that which they exhibit on a usual basis.

Lee (2002) also found a need for more research on the subjective experience of PMS. It was found that women who were able to reframe their experience with PMS by conceptualizing it in a positive way were able to have a more positive lived experience with it. One theme that I found that seems to add to this finding is the theme about women finding benefits within their PMS experience. Some of the women interviewed were also able to have a more positive outlook about their PMS experience by sharing their narratives about it with other women. This also adds to Lee’s finding (2002) that women sharing stories about their menstrual experiences could provide resistance to the negative ideas about menstruation prevalent in society.

Anson (1999) was examining PMS and still asking the question of what aspects may have an effect on women's attitudes towards PMS and what should be taken into account when researching this topic. I have found that it may be important to pay attention to how long the women being researched have been experiencing PMS, as one of my themes in the analysis is that the experience of PMS seemed to change over time, and for some women may become better and easier to cope with. Class and culture are other factors I think could be further researched when examining the subjective experience of PMS.

Perz and Ussher (2006) found that women who believed that their emotions were important and worthy of being taken seriously were associated with higher levels of pre-menstrual coping. They also mention that being heard in a relationship and exhibiting good communication in relationships can lower distress during PMS. In my interviews I was able to find that some of the women were able to better cope with PMS by communicating with their partners well about it. I also found that some women went so far as to exert control over the men in their lives by telling them what they would have to "deal with" when it came to their PMS. Some women also used communication to "warn" their partners before or during their PMS of what their behaviors might be.

Ussher and Perz (2008) examined the role of PMS in lesbian relationships, adding more information about the individual experience of PMS. They found that in lesbian relationships, PMS was not necessarily seen as a negative or derogatory thing, as it may

be in many heterosexual relationships, but instead was viewed as a part of the experience of being a woman. The term was just used to describe a bodily experience. While I did not interview lesbian couples, this research did contrast my theme examining women's relationships with the men in their lives and the experience of PMS. Further research could examine the differences in the subjective experience of PMS when comparing heterosexual and lesbian relationships. This could add more to the understanding of each individual's experience with PMS as well as what aspects may have an effect on women's attitudes towards PMS as Anson (1999) wanted to examine.

In Karp's book (1996) and in other research of his (1994) on depression he found it vitally important that in order to study the lived experience of those who we are seeking to understand, in my case women who experience PMS, we have to take the role of those individuals and realize that these are actual people trying to make sense of the experiences in their lives. This is what I have tried to do in this project and I believe it would be beneficial for further research on this topic to be done in such a way.

Through this project I was able to get a glimpse inside how these eight women experience PMS in their lives, and importantly, how they are able to make sense of it. I found that a dual nature exists in the experience of PMS as it also does in the "embodied" experience of health, illness and disability in general (Priestly 2003). Priestly discussed the intersections between the medical and social models that can give voice to the embodied lived experience of individuals, while also noting the powerful impact of social constructions and the role it also plays in individuals' lives. The

experience of PMS seems to also have a medical and a social model; it is not simply one or the other. I find this intriguing and believe this not only adds to the literature on PMS, but also calls for further research on the dual nature of PMS in women's lives.

Of course there are limitations to this research design. All of these women had at least some college education, they were not randomly selected, and they may be more inclined to discuss their PMS because of the snowballing method I used to find women to interview. Future research could use a randomly selected group of women. I also think it would be beneficial to design future research on a larger scale such as a survey. Another idea for a research design would be to observe lead group discussions of women about PMS. I also find it vitally important to keep in mind the cultural and social contexts, as well as the personal context, for each woman when researching this topic. The women who participated in this project have backgrounds and sets of experience that may or may not reflect those of women with whom previous research within the two dominant paradigms has been conducted. A multidisciplinary approach may be best in further research as we continue to understand what PMS is and what it means in the lives of women.

I believe these findings point to a need for further and more specific research on the subjective experience of PMS. Further research could examine each of the themes identified in this exploratory project in greater depth. I also believe that further examination concerning women's relationships with others, especially their significant others, would be beneficial to our understanding of how women think about and deal

with PMS. I find it especially important for further research to focus on the dual nature of PMS in women's lives. As a woman and a feminist I believe this is an important women's issue which deserves further research.

References

- Anson, O. (1999). Exploring the Bio-Social Approach to Premenstrual Experiences. *Social Science and Medicine*, 49, 67-80.
- Chrisler, J.C. & Caplan, P. (2002). The Strange Case of Dr. Jekyll and Ms. Hyde: How PMS Became a Cultural Phenomenon and a Psychiatric Disorder. *Annual Review of Sex Research*, 13, 274-306.
- Chrisler, J.C. & Levy, K.B. (1990). The Media Construct a Menstrual Monster: A Content Analysis of PMS Articles in the Popular Press. *Women & Health*, 16, 89-104.
- Cosgrove, L, & Riddle, B. (2003). Constructions of Femininity and Experiences of Menstrual Distress. *Women & Health*, 38, 37-58.
- Cumming, C.E., Urion, C., & Cumming, D.C. (1994). "So Mean and Cranky, I Could Bite My Mother": An Ethnosemantic Analysis of Women's Descriptions of Premenstrual Change. *Women & Health*, 21, 21-41.
- Ellis, Kiesinger, C. & Tillman-Healy, L. (1997). Interactive Interviewing: Talking about Emotional Experience. Pp. 119-49 in *Reflexivity and Voice*, edited by R. Hertz. Thousand Oaks, CA: Sage.

- Green, S., Davis, C., Karshmer, E., Marsh, P. & Straight, B. (2005). Living Stigma: The Impact of Labeling, Stereotyping, Separation, Status Loss, and Discrimination in the Lives of Individuals with Disabilities and their Families. *Sociological Inquiry*, 75, 197-215.
- Green, S. (2007). Components of Perceived Stigma and Perceptions of Well-being Among University Students With and Without Disability Experience. *Health Sociology Review*, 16, 328-340.
- Karp, D. (1996). *Speaking of Sadness*. New York: Oxford University Press.
- Karp, D. (1992). Illness Ambiguity and the Search for Meaning. *Journal of Contemporary Ethnography*, 21, 139-170.
- Karp, D. (1994). Living With Depression: Illness and Identity Turning Points. *Qualitative Health Research*, 4, 6-30.
- Lee, S. (2002). Health and Sickness: The Meaning of Menstruation and Premenstrual Syndrome in Women's Lives. *Sex Roles*, 46, 25-35.
- Lustyk, M.K., Widman, L., Paschane, A., & Ecker, E. (2004). Stress, Quality of Life and Physical Activity in Women with Varying Degrees of Premenstrual Symptomatology. *Women & Health* 39, 35-44.
- Markens, S. (1996). The Problematic of "Experience" A Political and Cultural Critique of PMS. *Gender & Society*, 10, 42-58.

- Perz, J., & Ussher, J.M. (2006). Women's Experience of Premenstrual Syndrome: A Case of Silencing the Self. *Journal of Reproductive and Infant Psychology*, 24, 289-303.
- Priestley, M. (2003). *Disability: A Life Course Approach*. Cambridge: Polity Press.
- Rittenhouse, C.A. (1991) The Emergence of Premenstrual Syndrome as a Social Problem. *Social Problems*, 38, 412-425.
- Roberts, T.A. (2004). Female Trouble: The Menstrual Self-Evaluation Scale and Women's Self-Objectification. *Psychology of Women Quarterly*, 28 , 22-26.
- Stenner, P. (1993) 'Discoursing Jealousy' in E. Burman and I. Parker (ed.) *Discourse Analytic Research*, pp. 114-134. London: Routledge
- Strine, T.W., Chapman, D.P., & Ahluwalia, M.P.H. (2005). Menstrual-Related Problems and Psychological Distress among Women in the United States. *Journal of Women's Health*, 14, 316-323.
- Taylor, D. (2006). From "It's All in Your Head" to "Taking Back the Month": Premenstrual Syndrome (PMS) Research and the Contributions of the Society for Menstrual Cycle Research. *Sex Roles*, 10, 377-391.
- Turner, R. (1974). The Real Self: From Institution to Impulse. *American Journal of Sociology* 81, 989-1016.

Ussher, J.M. (2003). The Ongoing Silencing of Women in Families: An analysis and Rethinking of Premenstrual Syndrome and Therapy. *Journal of Family Therapy*, 25, 388-405.

Ussher, J.M. & Perz, J. (2008). Empathy, Egalitarianism and Emotion Work in the Relational negotiation of PMS: The Experience of Women in Lesbian Relationships. *Feminism and Psychology*, 18, 87-111.

Appendices

Appendix A: IRB Approval Form

DIVISION OF RESEARCH INTEGRITY AND COMPLIANCE

Institutional Review Boards, FWA No. 00001669

12901 Bruce B. Downs Blvd., MDC035 □ Tampa, FL 33612-4799

(813) 974-5638 □ FAX (813) 974-5618

November 26, 2008

Christiana Bakewell Chekoudjian

Department of Sociology

CPR 107

Attn: Sara Green

RE: **Expedited Approval** for Initial Review

IRB#: 107432

Title: *The Subjective Experience of PMS: A Sociological Analysis of Women's Narratives*

Study Approval Period: 11/21/2008 to 11/20/2009

Dear Dr. Chekoudjian:

On November 21, 2008, Institutional Review Board (IRB) reviewed and **APPROVED** the above protocol **for the period indicated above**. It was the determination of the IRB that your study qualified for expedited review based on the federal expedited category number 5,6, and 7. Also approved are the 2 informed consent forms: 1)Adult Min. Risk and 2) Retro Participant.

Please note, if applicable, the **enclosed informed consent/assent documents are valid during the period indicated by the official, IRB-Approval stamp located on page one of the form.**

Valid consent must be documented on a copy of the most recently IRB-approved consent form.

Make copies from the enclosed original.

Please reference the above IRB protocol number in all correspondence regarding this protocol with the IRB or the Division of Research Integrity and Compliance. In addition, we

Appendix A: (continued)

have enclosed an Institutional Review Board (IRB) Quick Reference Guide providing guidelines and resources to assist you in meeting your responsibilities in the conduction of human participant research. Please read this guide carefully. It is your responsibility to conduct this study in accordance with IRB policies and procedures and as approved by the IRB.

We appreciate your dedication to the ethical conduct of human subject research at the University

of South Florida and your continued commitment to human research protections. If you have any questions regarding this matter, please call 813-974-9343.

Sincerely,

Paul G. Stiles, J.D., Ph.D., Chairperson

USF Institutional Review Board

Enclosures: (If applicable) IRB-Approved, Stamped Informed Consent/Assent Documents(s)

Cc: Various Menzel, USF IRB Professional Staff

SB-IRB-Approved-EXPEDITED-0801

Appendix B: Letter of Informed Consent:

Informed Consent to Participate in Research

Information to Consider Before taking Part in this Research Study

Researchers at the University of South Florida (USF) study many topics. To do this, we need the help of people who agree to take part in a research study. This form tells you about this research study.

We are asking you to take part in a research study called:

The Subjective Experience of PMS: A Sociological Analysis of Women's Narratives

The person who is in charge of this research study is Christiana Chekoudjian. This research is part of Christiana's thesis project for her Masters Degree in Sociology.

Other Research Personnel who may be involved include members of her thesis committee: Sara Green, Maggie Kusenbach, and Kim Vaz. The research will be done at a place of your choosing.

Purpose of the study

The purpose of this study is to examine the social and personal experience of women who experience PMS.

Study Procedures

If you take part in this study, you will be asked to participate in an interview in which the researcher will ask you a series of questions pertaining to your experience with PMS. The interview is designed to last from 1 to 2 hours. The interview will be audio-taped using a tape recorder. The tapes will be transcribed and then destroyed. Your name will be changed on the transcription.

Alternatives

You have the alternative to choose not to participate in this research study. Your participation is completely voluntary.

Benefits

We don't know if you will get any benefits by taking part in this study. Your participation may help others to better understand the experience of women with PMS.

IRB Approval	IRB #
IRB Approval	107432 I
Expiry	11-21-08
Time	11-20-09

Appendix B: (continued)

Risks or Discomfort

The only risks of participating in the study are the time it will take for you to complete the interviews, and the possibility that talking about your experience with PMS may make you think about things that may be upsetting. If at any time during the interview, you decide that you would rather not participate, you can stop the interview and nothing that you have said will be used in this study.

Compensation

We will not pay you for the time you volunteer while being in this study.

Confidentiality

We must keep your study records confidential. The audio tapes will be stored in a locked room until we have finished transcribing them. Once the transcription is complete, we will destroy the tapes. In the transcription, your name will be replaced with a different name, allowing the information you give us to remain confidential. This consent form will not be attached to the transcription. The transcripts and consent forms will be kept for a minimum of three years.

However, certain people may need to see your study records. By law, anyone who looks at your records must keep them completely confidential. The only people who will be allowed to see these records are:

- The research team, including the Principle Investigator and all other research staff
- Certain government and university people who need to know more about the study. For example, individuals who provide oversight on this study may need to look at your records. This is done to make sure we are doing the study in the right way. They also need to make sure that we are protecting your rights and safety. These include:
 - The University of South Florida Institutional Review Board (IRB) and staff that work for IRB. Other individuals who work for USF that provide other kinds of oversight may also need to look at your records.
 - the Florida Department of Health, people from the Food and Drug Administration (FDA), and people from the Department of Health and Human Services (DHHS).

We may publish what we learn from this study. If we do, we will not let anyone know your name. We will not publish anything else that would let people know who you are.



Appendix B: (continued)

Voluntary Participation / Withdrawal

You should only take part in this study if you want to volunteer. You should not feel that there is any pressure to take part in the study, to please the investigator or the research staff. You are free to participate in this research or withdraw at any time. There will be no penalty or loss of benefits you are entitled to receive if you stop taking part in this study.

Questions, concerns, or complaints

If you have any questions, concerns or complaints about this study, or if you experience an adverse event or unanticipated problem, call Christiana Chekoudjian (314) 749-4079

If you have questions about your rights, general questions, complaints, or issues as a person taking part in this study, call the Division of Research Integrity and Compliance of the University of South Florida at (813) 974-9343.

Consent to Take Part in this Research Study

It is up to you to decide whether you want to take part in this study. If you want to take part, please sign the form, if the following statements are true.

I freely give my consent to take part in this study. I understand that by signing this form I am agreeing to take part in research. I have received a copy of this form to take with me.

Signature of Person Taking Part in Study

Date

Printed Name of Person Taking Part in Study



Appendix B: (continued)

Retroactive Informed Consent to Participate in Research

Information to Consider Before taking Part in this Research Study

Researchers at the University of South Florida (USF) study many topics. To do this, we need the help of people who agree to take part in a research study. This form tells you about this research study.

We are asking you to take part in a research study called:

The Subjective Experience of PMS: A Sociological Analysis of Women's Narratives

The person who is in charge of this research study is Christiana Chekoudjian. This research is part of Christiana's thesis project for her Masters Degree in Sociology.

Other Research Personnel who may be involved include members of her thesis committee: Sara Green, Maggie Kusenbach, and Kim Vaz. The research will be done at a place of your choosing.

Retroactive Consent

We would like to use what you said in the interview Christiana conducted with you last semester as part of her course requirements for Sociology of Emotions. If you choose to sign this form, your signature will allow Christiana to use the data from the previous interview as part of the current study. Your name will be removed from the transcript and the information from the previous interview will be treated with the same confidentiality as data collected under the current project.

Purpose of the Current Study

The purpose of this study is to examine the social and personal experience of women who experience PMS.

Study Procedures

If you take part in this study, you will be asked to participate in an interview in which the researcher will ask you a series of questions pertaining to your experience with PMS. The interview is designed to last from 1 to 2 hours. The interview will be audio-taped using a tape recorder. The tapes will be transcribed and then destroyed. Your name will be changed on the transcription.

Alternatives

You have the alternative to choose not to participate in this research study. Your participation is completely voluntary.

Benefits

We don't know if you will get any benefits by taking part in this study. Your participation may help others to better understand the experience of women with PMS.

IRB Approval	
IRB Number: 10-7432-F	
From:	11-21-08
Thru:	11-20-09

Appendix B: (continued)

Risks or Discomfort

The only risks of participating in the study are the time it will take for you to complete the interviews, and the possibility that talking about your experience with PMS may make you think about things that may be upsetting. If at any time during the interview, you decide that you would rather not participate, you can stop the interview and nothing that you have said will be used in this study.

Compensation

We will not pay you for the time you volunteer while being in this study.

Confidentiality

We must keep your study records confidential. The audio tapes will be stored in a locked room until we have finished transcribing them. Once the transcription is complete, we will destroy the tapes. In the transcription, your name will be replaced with a different name, allowing the information you give us to remain confidential. This consent form will not be attached to the transcription. The transcripts and consent forms will be kept for a minimum of three years.

However, certain people may need to see your study records. By law, anyone who looks at your records must keep them completely confidential. The only people who will be allowed to see these records are:

- The research team, including the Principle Investigator and all other research staff
- Certain government and university people who need to know more about the study. For example, individuals who provide oversight on this study may need to look at your records. This is done to make sure we are doing the study in the right way. They also need to make sure that we are protecting your rights and safety. These include:
 - The University of South Florida Institutional Review Board (IRB) and staff that work for IRB. Other individuals who work for USF that provide other kinds of oversight may also need to look at your records.
 - the Florida Department of Health, people from the Food and Drug Administration (FDA), and people from the Department of Health and Human Services (DHHS).

We may publish what we learn from this study. If we do, we will not let anyone know your name. We will not publish anything else that would let people know who you are.

Voluntary Participation / Withdrawal

You should only take part in this study if you want to volunteer. You should not feel that there is any pressure to take part in the study, to please the investigator or the research staff. You are free to participate in this research or withdraw at any time. There will be no penalty or loss of benefits you are entitled to receive if you stop taking part in this study.



Appendix B: (continued)

Questions, concerns, or complaints

If you have any questions, concerns or complaints about this study, or if you experience an adverse event or unanticipated problem, call Christiana Chekoudjian (314) 749-4079

If you have questions about your rights, general questions, complaints, or issues as a person taking part in this study, call the Division of Research Integrity and Compliance of the University of South Florida at (813) 974-9343.

Consent to Take Part in this Research Study

It is up to you to decide whether you want to take part in this study. If you want to take part, please sign the form, if the following statements are true.

I freely give my consent to take part in this study. I understand that by signing this form I am agreeing to take part in research. I have received a copy of this form to take with me.

Signature of Person Taking Part in Study

Date

Printed Name of Person Taking Part in Study

Statement of Person Obtaining Informed Consent

I have carefully explained to the person taking part in the study what he or she can expect.

I hereby certify that when this person signs this form, to the best of my knowledge, he or she understands:

- What the study is about.
- What procedures/interventions/investigational drugs or devices will be used.
- What the potential benefits might be.
- What the known risks might be.

I also certify that he or she does not have any problems that could make it hard to understand what it means to take part in this research. This person speaks the language that was used to explain this research.



Appendix B: (continued)

This person reads well enough to understand this form or, if not, this person is able to hear and understand when the form is read to him or her.

This person does not have a medical/psychological problem that would compromise comprehension and therefore makes it hard to understand what is being explained and can, therefore, give informed consent.

This person is not taking drugs that may cloud their judgment or make it hard to understand what is being explained and can, therefore, give informed consent.

Signature of Person Obtaining Informed Consent Date

Printed Name of Person Obtaining Informed Consent



Appendix C: Interview Guide

1. Tell me a little about yourself (age, occupation/educational level)
2. How long have you been experiencing menstrual issues?
3. Can you describe what these issues feel like to you (try to be specific)?
4. What emotions do you feel during this time that you normally do not feel very often?
5. Are certain emotions exaggerated during this time? Which ones and how?
6. Can you give an example of a time when menstrual issues have impacted your life? How did it make you feel about yourself? What emotions did you feel afterwards?
7. How do these issues affect your personal relationships (with mother, siblings, boyfriend, friends etc.)?
8. Has it ever affected you at work or school?
9. Have you ever felt that other people don't take your symptoms seriously?

10. Have you ever felt stigmatized, criticized, or made fun of because of your menstrual issues?
11. Have you ever blamed yourself for how you feel or act during the time before your menstrual period? If so, please tell me why you blamed yourself and describe how this made you feel about yourself.
12. Has the way you feel about your emotions/actions related to your menstrual cycle changes over time? If so, in what way have these feelings changed?
13. How did you first figure out that what you were feeling is called PMS? How did that come about?
14. How do you feel about the term PMS?
15. Do you talk anyone else about PMS? Who? How does this affect how you feel about it?
16. How do you deal with your PMS?
17. Do you have any questions about my research or about me?

Appendix D: Table of Interviewee Demographics

	ANNA	BARBARA	CARRIE	DIANA	EMILY	FARRAH	GINA	JENNY
Race	Hispanic	White	Middle Eastern	White	White	White	Black	White
Age	27	26	25	38	25	23	29	59