Forms and Functions of Premenstrual Syndrome

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Abstract

There are two prominent models, a bio-medical model and a cultural-feminist model, which provide an explanation for Premenstrual Syndrome (PMS). The bio-medical explanations of PMS have focused on the possible hormonal, dietary, and psychosomatic basis for PMS. Feminist and social science models posit that PMS is a culture-bound syndrome that has emerged as a means of rejecting the unrealistic expectations of women in Western society. Feminists argue this expression of resistance is largely ineffective because women’s complaints are medicalized and thus can easily be ignored. In my research, I questioned whether PMS could empower some women at certain times or with certain people. My study of Illinois State University women’s understandings of PMS, and how they respond to their own and others’ PMS experiences, reveals that for some women PMS provides an effective space to express resistance and to make demands.

Introduction

In 1931 Robert T. Frank first documented premenstrual syndrome as "Pre-Menstrual Tension." Twenty years later Premenstrual Tension was modified into Premenstrual Syndrome (PMS) and in 1987 entered the Diagnostic and Statistics Manual of Mental Disorders (DSM-III) as Late Luteal Phase Dysphoric Disorder (LLPD) and the DSM-IV as Premenstrual Dysphoric Disorder (PDD) (Martin 1991:177). A 1981 study reported that three quarters of all women suffer from symptoms of PMS (114). Of these women, it is estimated that about twenty to forty percent of those who have PMS experience symptoms that make life difficult and three to five percent experience PMS that is debilitating (Goulb 1992:183). Other estimations of PMS prevalence range from thirty to ninety percent (Debrovner, 1982, et al. Pugliesi 1992: 135). If these numbers are valid, many, if not most, women are debilitated to some extent by PMS.

Bio-medical and culture-feminist models offer explanations for the behavioral tendencies associated with this syndrome that many, if not most, Western women are experiencing. Interestingly, biomedical explanations of PMS are inconclusive and the latest treatment studies reveal a placebo effect of forty to fifty percent (Corney & Stanton 1991:481). The inconclusive studies, placebo rates, and the observation that PMS behavioral malfunctions are uniquely Western have led several anthropologists and feminists to suggest that the behavioral tendencies associated with PMS are taking on a façade of biological malfunction and are truly symbolic of a larger social discontent. As this, PMS is understood as the periodic rejection of the unrealistic expectations placed on women in postindustrial Western society. However, since it is regarded as a pathology, several feminists believe PMS is an unsuccessful strategy regarding the expression of discontent and the rejection of inequality. With this, PMS is a domain in which women’s complaints and social discontents are medicalized rather than addressed (Gottlieb 1999:10).

Nevertheless, it is possible that for certain women PMS may be an effective means to express resistance and to make demands. By documenting thirty Illinois State University female students’ perceptions of and experiences surrounding PMS and starting from the perspective that PMS is a culturally constructed and socially meaningful category of symptoms, I questioned the social functions of PMS. I examined Illinois State University’s women's understanding of PMS and investigated how they respond to their own and others’ PMS experiences.

I noticed certain topics dominating the PMS literature and Illinois State University women’s interview conversations. I labeled these topics as issues over types of space. Physical, political, economic, and domestic space revealed themselves as the most recurring concerns of women experiencing PMS. When the "spaces" came up in interview-structured conversation, I noted how many of them took, indirectly received, and/or gave "spaces" while experiencing PMS.
Literature Review

Two main perspectives, bio-medical and cultural-feminist, dominate the literature regarding PMS. The bio-medical and cultural-feminist perspectives require examination before an understanding of how Illinois State University women understand and interpret PMS can be obtained. An evolutionary perspective of the human female reproductive system is also reviewed to gain a broader understanding of the hormones many times associated with PMS.

Bio-medical Perspective

Bio-medical attempts to explain and treat PMS are inconclusive. However, one should understand why biological explanations of PMS are unsatisfactory before one recognizes the possibility that PMS is a culturally constructed phenomenon.

Since there has been little advancement toward finding PMS’s etiology or an effective treatment, the American College of Obstetricians and Gynecologists (ACOG) is only able to define PMS as "the cyclic occurrence of symptoms that are sufficiently severe to interfere with some aspects of life, and that appear with consistent and predictable relationship to the menses." According to the ACOG, feeling anxious, depressed, and having uncontrollable crying spells are the most common behavioral malfunctions associated with PMS. However, these complaints do not always exhibit themselves and an individual’s symptoms may vary each month. In addition, the symptoms of PMS vary in length and severity from individual to individual. The ACOG reports that the only sign for a physician to use to distinguish PMS from other diseases is the cyclic nature of symptoms and the possibility that there is a symptom free time period one week after menstruation ends. However, the ACOG also reports that having a symptom free time period is not always the case; for, at least twenty-five percent of patients will not experience a symptom free time period (ACOG cite).

Abplanalp (1983) and other critics of the bio-medical research regarding PMS note that the assumption of a single syndrome means that medical researchers give equal weight to all symptoms experienced by subjects. This means that a woman experiencing a specific food craving is the "empirical equivalent" of a woman who is suffering from extreme breast tenderness and/or a woman experiencing out of control mood swings.

Various medical professionals believe that PMS is the result of hormonal changes that alter the chemical balance in the brain. However, several medical professionals point out that relying on levels of reproductive hormones as the cause of PMS fails to distinguish between women with mild or no symptoms (Golub 1992:195). Regardless, the most frequently cited explanations of PMS focus on hormones. In particular, progesterone (either deficiencies or an excess), prolactin, prostaglandin, and estrogen (as well as interactions among these) are cited in the causation of PMS (195). Of these, the hormones progesterone and estrogen are most directly tied to the emotional/behavioral symptoms of PMS (Walker 1995: 792).

Of the medical professionals who believe hormones are the reasons for PMS; some believe the behavioral malfunction symptoms are caused by an overabundance of estrogen and a lack of progesterone in the body. Excess estrogen before the period is reported to increase brain activity and then this is said to lead to premenstrual syndrome. So, for women experiencing PMS before their period estrogen would be the culprit hormone causing PMS behavioral malfunctions.

Conversely, the hormone progesterone has also been accused of causing premenstrual syndrome. However, it is documented that progesterone is high only during the time of the period and not the premenstrual time. Still, it is reported that some women experience premenstrual syndrome during their period and not before. For these women, progesterone and not estrogen would be the culprit hormone causing behavioral malfunctions.

The hormone research surrounding PMS had many critics. The famous biologist and women’s studies scholar Fausto-Sterling (1998) states, "Never have so many, for so long, done such poor research." Fausto-Sterling stresses that although symptoms are supposed to coincide with the hormonal changes of the premenstrual time period, there is no agreement on what that time frame should be. In addition, all that has been established around the hormone explanation theories of PMS is that in numerous treatment-efficacy studies is that there is a high placebo effect from
forty to fifty percent (Corney & Stanton 1991:481). Regardless, if hormone explanations of PMS are correct and if the number of women reportedly affected by premenstrual syndrome is accurate, than a majority of all women are affected with a physically abnormal hormonal cycle (Martin 1987:137).

As discussed, the menstrual cycle is characterized by wide swings of hormone concentrations. Although these changes debatably cause PMS behavior malfunctions, it is definite that they cause cellular responses in the ovarian, uterine, and mammary tissues (Nesse, Williams 1994: 180).

Hunter and gatherer women reproductively mature later and undergo menopause earlier in life than, biologically identical to hunter and gatherer, industrialized Western women (180). Generally, a hunter and gatherer woman experiences menarche at fifteen years of age and become pregnant within a few years (180). If a pregnancy is successful, it is followed by a period of lactation, for two to four years, with an associated halt of the menstrual cycle. Shortly after weaning, a hunter a gatherer woman will start cycling again, but soon after will become pregnant again. As the result of all of this, in a thirty-year time period of fertility, hunter and gatherer women generally have four or five pregnancies (not all successful) and spend around fifteen years lactating (180). With this, hunting and gathering women's total number of menstrual cycles cannot be more than one hundred and fifty (181). A postindustrial Western woman, even if she has two or three children, might easily experience two or three times this number of hormone intense and ovarian-cell overwhelming menstrual cycles as a hunter and gather woman (181).

The hormonal overloads discussed above may not cause behavioral problems, but may lead to increased likelihood of breast, uterine, and ovarian cancers. Claiming that a hormone overload is causing behavioral malfunctions, and then concentrating on this, instead its causing of /and increased likelihood of cancer may be debilitating to the health of all Western women with or without PMS.

Poor nutrition and diet are also used to explain PMS. Several Western medical healers advise vitamin and mineral supplements, and magnesium supplements to women experiencing premenstrual syndrome. In opposition, a study conducted out of the University of Sydney rejects the view that vitamin deficiencies cause PMS. The Australian researchers provided PMS sufferers with all when-in-lacking behavioral altering vitamins and minerals. Given much time, none of the PMS suffers behavior malfunctions subsided. The study concluded that women suffering from premenstrual syndrome were not deficient magnesium, zinc, vitamin A, vitamin E, or B six (Golub 1992:196). To add, eating an unhealthily diet deficient in vitamins and minerals causes a plethora of bodily complications. For one to report the result of a vitamin and mineral deficient diet is PMS and not point to other bodily complications potentially ignores many health problems women in Western society are experiencing.

One whom takes on a psychosomatic perspective within a bio-medical explanation of PMS argues that reproductive hormones are not out of order and what cause malfunction. Instead, a psychosomatic explanation necessitates that there is something about a woman's disposition or psychology, which causes, according to Walker, an "intensification of cyclical changes in mood and well-being through a psychosomatic mechanism" (Walker 1995: 794). Some scholars embracing the psychosomatic explanation of PMS even rationalize that the physiological changes before and during menstruation arouse unconscious inner conflicts involving the wish for a child, and consequently behavioral malfunctions and emotional disturbance (Horney 1967).

The bio-medical explanations of PMS are unsatisfactory for many reasons. Above all, if one embraces the bio-medical model, one would expect all symptoms of PMS, physical and behavioral, to be universally applicable to all human females, but in fact PMS appears to be culturally specific. Although there is some evidence for physical symptoms, like abdominal cramps and lower back discomforts, what has not been demonstrated is the cross-cultural existence of any symptoms equivalent to the allegedly biologically based PMS mood shifts, mental disruptions, and behavioral malfunctions (Davis 2000: 59). According to Davis, PMS, LLPDD, or PMDD, as cultural constructions, only exist and are treated as specific syndromes by biomedical healers in Western industrial societies (60). In addition, Davis and others stress that all cross-cultural research regarding PMS suggests women’s experience and behavior are shaped by exposure to the concept of PMS through medical scripts and popular literature (58). However, regardless of the what the hormonal, dietary, and psychosomatic bio-medical basis explanations for PMS may be, one can still examine the social function and cultural meanings of PMS in contemporary Western society.
Cultural-Feminist Perspective

Anson (1999) proposes that the high percentage of PMS sufferers among North American women can be explained by negative attitude toward menstruation and conflicting interests between women’s productive and reproductive roles. Anson suggests PMS is a learned and socially acceptable way of expressing the amassing frustration generated by North American women’s social life. Anson found this to be similar of the two hundred and twenty-nine Israeli students she examined. Their attitudes toward menstruation and premenstrual experiences were associated with exposure to PMS in female family members and negative messages during adolescence. With this, Anson illustrates that PMS experiences reflect early menstrual socialization (Anson 1999:69). Like Anson, Markens (1996) also illustrates women are influenced by cultural understandings of health and that this in turn shapes their PMS experiences.

Many feminists question why a version of PMS is listed on the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders as Premenstrual Depressive Disorder (PMDD). Critiques ask why PMDD is in the manual while other biological disorders, like thyroid abnormalities, that can also cause mood changes are not (Davis, 57). Like the nineteenth-century constructions of the female maladies hysteria and neurasthenia, feminists point out that today’s construction of PMS reflects a continued acceptance of the medicalization of women’s behavior (King 1990, et al., Pugliesi 1992: 133). Indeed, in the late nineteenth century, the uterus and the ovaries (as PMS hormones today) were seen as the organ that not only controlled women’s bodies but also caused women to be ill, weak, and behaviorally malfunctioning (Davis, 57).

Martin and others suggests that the capitalist workplace, demanding of the individual increased work efficiency, is responsible for labeling as an illness the possible reduction in work energy that accompanies the premenstrual time (Martin 1987: 137). With PMS constructed as an illness, women save their complaints of the excessive demands placed on them in the workplace and the home for that ‘time of the month’ when they are socially permitted to voice them and thus do not have to claim responsibility for negative feelings, decreased productivity, and resistance to the capitalist workplace. Regardless, in knowing when their complaints will not be taken seriously yet voicing them precisely during such a time, Martins suggests that perhaps women are punishing themselves for their critical thoughts (137). Gottlieb adds to Martin’s analysis, arguing that PMS causes for the ignoring of the Western women’s workload protest even as it make obvious it (Gottlieb 1993: 3).

Martin and Gottlieb argue that the "discipline and productivity” on which Western postindustrial society is built remain unchallenged by PMS (Martin 1987: 123). For, rather than seeing fundamental social institutions and practices as in need of transformation, women with PMS are perceived as inadequate and inferior (123). This focus on women's bodies instead of the structure of work organization and social institutions is acknowledged and questioned in the popular late 1980’s poem "At the Doctors":

At the Doctor’s:

You’re sure, Doctor?

Premenstrual syndrome?

I mean, I’m getting divorced.

My mother’s getting divorced.

I’m raising twin boys.

I have a lot of job pressure---

I’ve got to find one.

The ERA didn’t pass,

not long ago I lost a very dear friend, and… and
my husband is involved…

not just involved, but in love, I’m afraid… with

this woman…

who’s quite a bit younger than I am.

And you think it’s my period

and not my life? (Wagner, 1986 et al Golub, 1992)

Anger in particular seems an especially troubling issue for many of the women seeking treatment for PMS (Martin, 1988: 138). With this, many feminists believe that PMS as an explanation of anger and other emotional deviations of women makes the anger and emotions a medical and not a moral problem (Plugliesi 1992: 140). To add, several social scientists note the secondary distress that accompanies PMS arising from feeling of guilt (Martin, 1988). Women feel guilty because of their PMS anger and its resulting perceived failure to be "good" wives and mothers (Plugliesi 1992: 140).

McDaniel notes the following comment of an interviewed gynecologist: "I often find patients with the most difficulty are intelligent women whose abilities are frustrated by child care and other domestic and social responsibilities… often a patient will tell you that she fails to associate her behavior with menstruation until her period actually begins. But the husband usually does recognize the link…" (McDaniel 1988: 146). Laws (1985) adds to quotes as this by suggesting that PMS anger and emotions are considered a problem not because of the discomfort and distress they cause women, but because of its disruptive effect on others, especially men (Laws, 1985 et al., Johnson & Kandrack 1995: 13).

High proportions of women who reported PMS to Sampson and Prescott (1992), expressed that relationships with their spouse, children, and their work performance are affected by PMS. In their study of PMS clinic attendees thirty percent of the women took time from school or work during their teen years, over fifty-eight percent had received tranquilizers at one time, and thirteen percent had made a suicide gesture (481). Sampson’s conclusions of women's accounts of PMS are consistent with a Ms. magazine article (1989) relating the maladies associated with PMS. The article reports, "Most women who seek treatment say, 'I can deal with breast pain, I can deal with the bloating, I can even deal with the headache. What I can’t deal with is the lack of control over my anger, or the preoccupation with suicide’" (Ms., 1989 et al., Pugliesi 1992: 156).

After reading the cultural-feminist explanations of PMS I wanted to know how the women on the Illinois State University campus recognize and experience PMS. However, regardless of the medicalization of women’s complaints within PMS, I questioned whether PMS could empower some women at certain times or with certain people. After interviewing thirty Illinois State University women I found that for some women there is space for resistance and the ability to effectively make demands with PMS.

Methods

I interviewed white middle-class female college students between the ages of eighteen and twenty-four. Although Western women of every ethnicity experience PMS, I decided to target the group of women that is most often seeking treatment for PMS. Several studies of community samples reveal no difference in the prevalence of PMS symptoms among white and African American women, however most women seeking treatment for PMS are white and middle class (Stout 1986 et al., Pugliesi 1992: 135). I rationalized that possibly within a sub-group of the group that is documented to most often actively seek treatment for PMS, any possible space for effective resistance would be more easily seen. More significantly, white middle-class college aged women were readily available and eager to be interviewed.

I used the interview schedule in Appendix One to structure each interview. The interview schedule was a general guide to ensure all topics were covered. However, interviewees often interjected to share more than minimum information. Many times the questions in the schedule were not answered in the order listed due to the open-ended
nature of the interviews. Discussing personal PMS experiences sometimes took interviewees over an hour and a half to retell with detail. Other times, interviews were brief and the schedule was strictly followed.

The interviewed individuals were selected by the nonrandom sample snowball method. The snowball method involves interviewing individuals based on availability and easy access instead of interviewing individuals that are selected by a random sampling method. Nonrandom sampling are less likely to provide a representative sample, are less likely to control the researcher's biases, and do not enable the investigator to indicate the degree of accuracy of the sample (Leonard 1996: 152). Regardless, I justified applying a nonrandom sample because I am not trying to generalize the PMS experiences of the entire Illinois State University campus from the sample. Instead, I am demonstrating that some middle-class white college women may be using the cultural construction of PMS as an effective means of making demands.

All of the interviews were typed and transcribed. While doing this and while conducting the PMS interviews I noticed that certain topics or themes dominated the interview conversations. I began to label these themes as issues over types of space and organize them into themes. Physical, political, economic, and domestic space revealed themselves as the most reoccurring concerns. When the space themes came up, I made note of how many women actively took and/or indirectly received space while experiencing PMS.

Several direct quotes from the interviewed women are inserted in the data analysis section in order to illustrate the spaces and actions used to negotiate the spaces. A name and interview number accompany the quotes. All of the names are pseudonyms, only applying the first letters of the real interviewees' names. The first letters of the names were maintained for organizational purposes.

Biases

One may be skeptical of biases associated with the interview schedule and the data thus resulted. Before I started the PMS research and conducted the interviews, I suspected that some women could use PMS effectively to make demands. I tried to avoid any bias due to this suspect by structuring the interviews without mention of the spatial themes that were prevalent in the literature and interviews. In actuality, although I recognized concern for reoccurring themes, I did not label them as issues regarding "space" until the transcription process. Also, a faculty mentor approved the interview schedule before any data was documented.

Data and Analysis

Physical space, political space, economic space, and domestic space, emerged as important issues of conversation to the interviewed Illinois State University women. These "spaces" were categorized by the actions in which they were obtained and negotiated. "Taking," "indirectly receiving," and "giving" space are the three categories of action that occurred in the interviewees’ PMS experiences.

Taking and Indirectly Receiving Space

One should be informed of the interviewed women’s means of obtaining "space." By "taking space" I mean that women claimed space by announcing they had PMS. Michelle (interviewee number 11) exemplified she takes physical space by reporting that she once said to her sorority sisters: "Beware girls, I am PMSing! Leave me alone!" The sorority sisters were then said to have desirably left her alone.

"Indirectly receiving space" entails acquiring space because people are aware or suspect one's PMS. Sarah (2) exemplified she receives political space, by reporting an instance when she once walked into her house to hear her roommate announcing "Everybody give Sarah a break! She is PMSing and really depressed." Sarah reported that the house inhabitants were then desirably quite and understanding towards her actions the rest of this premenstrual day.

Giving Space

One is able to document the space taken, received, and given during the interviews’ PMS experiences. This does not mean that all the interviewees I talked with reported they suffer from/get PMS. Of the interviewees, twenty-five

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out of thirty experience PMS. However, a woman does not have to suffer from PMS to stay away from or actively cater to another woman who does suffer from/get PMS. In addition, one can suffer from PMS and also cater to other individuals' PMS.

Amanda (7) who reported that she does not experience PMS (even though she also reported symptoms that are typical of PMS) was the first in my study to exemplify this. Amanda reported that her roommate does indeed suffer PMS. Amanda knows when this roommate and other friends are experiencing PMS when they are "moody and short." When they are experiencing PMS she "gives them sympathy." According to Amanda, this sympathy entails listening and watching what she says. Pugliesi (1992: 158) reports similar finding. In her research, she found that partners and family members are encouraged to do whatever possible to minimize stress which a PMS sufferer is exposed, to "cut her some slack," be "especially sensitive," and more accommodating of her needs and desires (158).

Physical Space

According to the American Heritage Dictionary 3rd Edition, the word "space" can mean a blank or empty area or a particular area, such as an accommodation on a train (781). For this study, physical space entails time alone from undesirable individuals and/or sanctuary in an empty or particular area.

The number of women interviewed at Illinois State University who receive and/or give actual physical space while experiencing premenstrual syndrome is illustrated in Table I. The interview example of Michelle (11) illustrating the taking of space is also a fine example of taking physical space. Examples such as these were tallied from domain/theme transcribed interviews and then entered into the tables below.

Table I

<table>
<thead>
<tr>
<th>ISU women who:</th>
<th>Take physical space</th>
<th>Indirectly receive physical space</th>
<th>Give physical space</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of women</td>
<td>19/30</td>
<td>4/30</td>
<td>5/30</td>
</tr>
</tbody>
</table>

Nichole (1) provides another illustration and then tally for taking physical space with her report of saying "Leave me alone, I am coming on in two days." While, Sarah (2) reports that she receives physical space with the remark, "Friends and family know to leave me alone when I am PMSing." Furthermore, Autumn (10) exemplifies that she gives physical space by saying that when her roommate had PMS a week before the interview she: "just let her sleep and left her alone."

In this sense, Illinois State University students are similar to PMS sufferers in England. Britton (1996) concludes that women might feel the only opportunity they have for seclusion is to use the discourse of sickness. She found that it is common for women to stay in their beds if experiencing premenstrual and menstrual cramps, take time off work or school, and abstain from sexual relations. Of the twenty English women she interviewed, many reported that they take time off of work or school because of physiological changes in their body image such as feelings of being bloated, larger breasts, and abdomen. In addition, in England menstruation is sometimes used to explain behavior that is "out of character" as though the period had an identity of its own (Britton 1996: 46). Britton cites one of her own interviewees who reported to her the phrase, "It is not 'me,' it's my period." In sum, Britton suggests that during menstruation women in England may desire to be alone, where they may have a special time for themselves and an opportunity to engage in their own pursuits.

Interestingly, it is not such a large stretch, as it may seem, to compare this type of PMS experience to menstrual hut experiences found in societies throughout the world. Menstrual huts are lodgings in which women go to or are sent to on the days before, during, and/or after menstruation. Anthropologists once explained the use of menstrual huts as evidence for certain cultures’ suppression of women. Indeed, some cultures’ use of menstrual huts reflected the
suppression of women. However, some anthropologists conclude that some cultures’ use of menstrual huts represent social privileges and the empowerment of women (Buckley & Gottlieb 1988: 12). Buckley and Gottlieb suggest that some cultures’ menstrual huts once brought some women sexual autonomy, opportunities for illicit love affairs, spiritual sanctuary, and vacation from undesirable tasks (89). Possibly for some American college students, premenstrual syndrome can function like a modern day menstrual hut.

This is exemplified by one type of advised treatment of PMS and the responses to many of the interviewees I conducted. Some medical professionals advise their patients that dealing with stress more effectively may reduce PMS symptoms. Stress-reducing techniques include meditation, yoga, and deep muscle relaxation. Less formal methods, applied by many of the women I interviewed, include sitting in a quiet room, listening to music, talking with a friend, or taking a bath may take the edge off symptoms.

In many interviews exemplifying physical space, the students expressed their desire to be alone to relax. Specifically, Ally (3) makes sure she gets more rest during and before her period. In addition, Careen (21) sits alone in her room and writes in a journal when she is experiencing PMS.

The advised treatment and the interview response remind one of the personal space women of some cultures experience in their menstrual huts. It is possible that PMS can and is providing for some Western women the space that the women utilizing the menstrual huts experienced.

Political Space

According to the American Heritage Dictionary 3rd Edition, the word "politics" refers to intrigue or maneuvering within a group and to be political is to be of or relating to the affairs of politics (641). For this study, political space entails power over the direction of conversations and/or the activities engaged in at living and/or working area. Some of the women interviewed at Illinois State University receive and/or give political space while experiencing PMS.

Interviewees that demonstrated taking, receiving, or giving of political space were tallied into Table II. As an example of receiving political space, Nichole (2) reported that her boyfriend knows when to leave her alone when she is suffering from PMS and that he refrains from "joking around." In addition, Rachael (6) does not experience PMS. Nevertheless, Rachael reports that when her friends' PMS her behavior towards them changes. She only speaks when spoken to during one friend's PMS time and lets this friend "do her own thing." Amanda (7) also does not experience PMS. However, when her roommate does she reports that she gives this woman "sympathy." This sympathy entails listening and watching what she says out loud.

Nineteen of the interviewed Illinois State women exemplified that they take political space. Specifically, Jane (13) reports that she likes to "start arguments" with her boyfriend during her PMS. In addition, Tory (12) says that males in her life see PMS as "excusable" and they have to "bow down to that." Furthermore, Karrigan (17) exemplifies taking political space by refusing to comply with her sorority sisters and justifiably "ordered them" to stop questioning her at a sorority-sister bonding retreat.

Table II

<table>
<thead>
<tr>
<th>ISU Women who:</th>
<th>Take political space</th>
<th>Indirectly receive political space</th>
<th>Give political space</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of women</td>
<td>19/30</td>
<td>13/30</td>
<td>6/30</td>
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Laws (1985) suggests that women can use the concept of PMS strategically as a means of gaining serious attention to their complaints. Laws makes the following comments about the stresses of women’s lives and the potential benefits of the concept of PMS: "Many women’s lives are very difficult. The word ‘stress’ seems totally inadequate to describe the circumstances in which women are expected to live, and those who are supposed to ‘help’ rarely
Sheehy (1987) points out the ability to claim irresponsibility by reason of PMS in the legal arena. Sheehy cites that in Ontario, in 1982, PMS was considered in sentencing two women charged with shoplifting and one woman charged with assault (55). In addition, in 1983, PMS was considered in two Alberta shoplifting cases. Furthermore, in 1987, a woman in Canada was charged with assaulting her abusive husband with a weapon and received three years of probation rather than prison because she claimed that her PMS led her to do the act (55). Sheehy stresses that, "rationalizing women’s conduct which does not conform to cultural expectations in terms of biological malfunction creates less dissonance than if discussed as normal response to social conditions" (1987: 42). For, according to Sheehy and other feminists, explanations of women’s experiences and conduct as PMS are used as legal defenses only when women have engaged in activities that "violate patriarchal norms."

Economic Space

According to the *American Heritage Dictionary 3rd Edition*, the word "economic" is of or relating to the production, development, and management of material wealth (1994, 268). For this study, economic space entails physical objects that can be bought and sold and are actually worth money on a marketplace. Some of the women interviewed at Illinois State University receive and/or give economic space, illustrated in Table III, while experiencing premenstrual syndrome.

Sarah (2) reported that her mother "stocks the house with salty potato chips and other food" that Sarah craves during her PMS. In addition, Shelly (16) reported that her roommates usually lend her their black and any clothing without question during her PMS time. Furthermore, Laura (20) reported that her roommate bought her a bottle of Midol during the severe PMS of her last academic semester.

The most interesting aspect of economic space is that it is never reported as taken or given. The Illinois State women only report receiving economic space when people know they have PMS. Possibly, this is the case because the economic space is an off-shout of taking or receiving political space. It is likely that the few cases of economic space are the result of acquiring significant political space.

<table>
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<tr>
<th>ISU women who:</th>
<th>Take economic space</th>
<th>Indirectly receive economic space</th>
<th>Give economic space</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of women</td>
<td>0/30</td>
<td>5/30</td>
<td>0/30</td>
</tr>
</tbody>
</table>

Domestic Space

According to the *American Heritage Dictionary 3rd Edition*, the word "domestic" means of or relating to the family or household (252). For this investigation, domestic space entails rest or vacation from domestic (family or household) obligations. Some of the women interviewed at Illinois State University acquire and/or give domestic space while experiencing premenstrual syndrome and this is illustrated in Table IV.

Allison (5) reports that she "will not do housework" when experiencing PMS. At this time her boyfriend is expected to clean because his own untidiness becomes "unacceptable." Also, Karrigan (17) reports that she "refrains from all strenuous activities - cleaning sometimes included," while she experiences PMSing.

It is of extreme interest that both of the interviewee’s that took domestic space lived with males. This type of living arrangement was not true of women who received or gave domestic space. Allison complained on her male companion’s untidiness and how it aggravates her during PMS. Karrigan complained of her roommate’s live-in
boyfriend and how his dirty dishes in the sink because "extremely annoying" during her PMS. It appears that these women only women who reported taking domestic space are doing so by taking it from live-in male roommates.

**Figure IV**

<table>
<thead>
<tr>
<th>ISU women who:</th>
<th>Take domestic space</th>
<th>Indirectly receive domestic space</th>
<th>Give domestic space</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of women</td>
<td>2/30</td>
<td>1/30</td>
<td>1/30</td>
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</tbody>
</table>

Of all the spaces "indirectly received" by the ISU women, domestic space was the most lacking. In the indirectly received instance, it was largely due to the fact that an interviewee was menstruating and that its way products in their bathroom garbage offended her brother. One argues that the interviewee’s brother takes out the garbage not because of a PMS behavioral tendency exhibited by his sister, but because of his dislike of menstruation in itself. With this, it is possible that zero out of the thirty ISU women indirectly receive domestic space when experiencing PMS.

It would be interesting to compare the amount of domestic space taken and received by middle class working and house women with the college women. If the amount of domestic space received is the same number between the domestic responsibility-lacking college women and the domestic responsibility-overborne middle class working and house women a key to the severity of suffering may present itself.

**Spatial Analysis**

Table V reveals that political, and then physical space, are the most common desirable results of PMS for the thirty women interviewed at Illinois State University.

**Table V**

<table>
<thead>
<tr>
<th></th>
<th>Physical Space</th>
<th>Political Space</th>
<th>Economic Space</th>
<th>Domestic Space</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women who take</td>
<td>19/30</td>
<td>19/30</td>
<td>0/30</td>
<td>2/30</td>
</tr>
<tr>
<td>Women who indirectly receive</td>
<td>4/30</td>
<td>13/30</td>
<td>5/30</td>
<td>1/30</td>
</tr>
<tr>
<td>Women who give</td>
<td>5/30</td>
<td>6/30</td>
<td>0/30</td>
<td>1/30</td>
</tr>
</tbody>
</table>

Possibly, due to dormitory and apartment living situations, political space is the most prized and what may lead to increased physical or other spaces. On the other hand, physical space seems to be the most "taken" space in relation to giving and receiving. Regardless, political space is the most taken, received, and given. With this, one is lead to believe that political space is the most desirable result of PMS experience. For the women at Illinois State University who experience PMS, political space is almost always plays into their PMS experiences. Possibly, this is due to living arrangements, frequency of social engagements, and lack of domestic responsibility.

"Sin Food"

Throughout the entire study I was confronted with women who binge on select foods while experiencing PMS. Of thirty interviewees, fifteen reported this selective food binging. These foods typically include chocolate,
cake-products, potato chips, meat (steak, burger, fried chicken), fast food, and Chinese food. I encountered the term "sin food" while talking to interviewee number thirty. Another interviewee, number eleven reported that eating types unhealthy food is "justifiable" when she about to get or on her period.

This find was unexpected, however after reflection is understandable. If it is true that one out of four college women suffers from an eating disorder due to low self-esteem regarding their body weight, then it seems predictable that they would have to justify a time when they can indulge in these types of foods.

Another interesting and unexpected find regards the use of illegal drugs, specifically marijuana, to treat the undesirable physical and behavioral malfunctions associated with PMS. This drug use was associated with the physical space classification because it was in all cases followed by isolation in a bedroom or a room with a television.

Of the three women, illustrated in Table VI, who reported marijuana drug use, two were underclassmen (a freshman and a sophomore), while the other was a senior. All three of these women reported that the drug use was justifiable because of their PMS discomfits. Specifically, interviewee number nine reported, "PMS is an excuse to smoke a lot of weed, curl up in bed, and ignore the world."

Table VI

<table>
<thead>
<tr>
<th>ISU women who:</th>
<th>Indulged in/justified &quot;sin food&quot;</th>
<th>Indulged in/ justified illegal drug use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of women</td>
<td>15/30</td>
<td>3/30</td>
</tr>
</tbody>
</table>

Stigmatization Analysis

A majority of the women interviewed take and receive space from the people they life, work, and associate with while experiencing PMS. However, one woman, although she notably gains space while experiencing PMS, revealed that she is stigmatized by certain individuals while she experience PMS.

Interviewee number eight’s boyfriend always angrily says, "What’s your problem?" when she is experiencing PMS. According to this interviewee, the boyfriend does not accept PMS or menstruating as a reason not to engage in sexual activities. She reports that four out of every five times she wants to refrain from sexual activity while experiencing PMS or menstruation her boyfriend refuses to accept this and insists on sexual activity. In addition, any mention of interviewee eight’s PMS and its behavior and/or physiological effects on her "pisses him (the boyfriend) off."

Kendall (1992: 42) considers issues as the one exemplified by interviewee eight, and that I characterize as stigmatization, in her analysis of PMS. Kendall argues that many of the practices involved in the social construction of PMS are forms of violence against women and PMS is a way of silencing women’s accounts of the violence they experience at the hands of intimate partners (42). Kendall argues that women’s anger, depression, and frustration can be linked to a larger issue of violence against women. Above all, Kendall questions why the expressions of Western women’s menstrual and premenstrual time are most of the time described as negative and if they would be positively constructed in a "woman-loving society" (42).

Conclusions

The cultural-feminist literature suggests that Premenstrual Syndrome (PMS) medicalizes women's social complaints by placing them in a reproductive domain and thus reinforces patriarchy in Western society. In addition, every single Illinois State University women I interviewed who did or did not experience PMS reported that they thought of PMS as undesirable. Regardless, many of these same women, as the thirty interviews reveals, can and do use this
"undesirable" syndrome written into Western society's medical scripture for their own physical, political, domestic, and economic spatial advantages. The interviewees’ responses to the questions listed in Appendix One suggest that complaints and desires are not ignored, but spatially addressed within the domain of PMS.

Why college women are not experiencing PMS the same way as middle class working and house women are experiencing PMS is the next question of interest. Possibly, the lack of the college women’s domestic responsibility is the reason for this. Of all the spaces indirectly received by the ISU women, domestic space was the most lacking. It would be interesting to compare the amount of domestic space taken and received by middle class working-and-house women with that of the college women. If the amount of domestic space received is of the same number between the domestic responsibility-lacking college women and the domestic responsibility-overborne middle class working and house women a key to the severity of suffering may present itself.

It is also possible that this lack of domestic responsibility is what allows college women in particular to significantly utilize PMS. It is possible that women not yet totally burdened by the intense workload of the Western working-and-house women may easily exploit PMS precisely because it spawned from and originally functioned for and/or against those women suffering an overborne workload. With this, comparison of groups with differing PMS suffering reports is a next and important step of analysis regarding PMS’ social functions.

One may suggest that PMS is comparably to Western women’s putting on makeup and/or undergoing plastic surgery. Although some feminists argue that Western women are debilitating themselves by putting chemicals on their faces and mutilating their breast, buttocks, inner thighs, and stomach, other feminists point out that some of the women who are performing these acts directly benefit from them. As this study suggests, some women acting within the reproductive realm of PMS and indulging in its sexist underpinnings, directly benefit in the gaining of physical, domestic, economic, and political space.

In conclusion, the bio-medical literature, cultural-feminist literature, and interviews with Illinois State University women illustrate that Premenstrual Syndrome (PMS) takes on many forms and may function differently for certain sub-groups in Western society. Cultural-feminists illustrate that, for Western women as a whole, acting within the reproductive realm of PMS is debilitating and patriarchy-enforcing. Nevertheless, some women express resistance and effectively make demands within PMS. Specifically, several Illinois State University women gain physical, domestic, economic, and political space while experiencing PMS.

**Acknowledgements**

I greatly appreciate the thirty women who shared their PMS and/or menstrual experiences with me. I thank them for letting me into their personal lives and allowing me to investigate their very real and sometimes painful experiences. Also, I thank Dr. Hunter de Bessa for her invaluable mentorship and Dr. Skibo for his assistance and suggestions.

**Appendix One**

1. How old are you?

2. What is your year in college?

3. Are you employed? If so, where?

4. Do you menstruate?

5. How do you define menstruation?

6. Have you ever experienced Premenstrual Syndrome (PMS)?

7. Do you know anyone (else) who experiences PMS?

8. What kinds of problems do you associate with PMS?
9. When do your PMS symptoms occur?

10. Do you experience these symptoms during every menstrual cycle?

11. How would you describe the severity of your conditions?

12. Do you experience any behavior changes due to your PMS? Are these behavioral changes undesirable?

13. Can you tell me about your last PMS episode?

14. What is the biggest difference in your behavior or feelings when you are experiencing PMS from when you are not experiencing PMS? Can you cite a particular situation?

15. How do you define your normal/non-PMS behavior?

16. What do you do for yourself when you are experiencing PMS?

17. Has anyone ever treated you differently when you were menstruating or experiencing PMS?

18. Have you ever treated anyone differently when they were menstruating or experiencing PMS?

19. Do you ever explain out of the ordinary behavior as being caused by PMS? If so, can you provide an example? Can you describe your last experience like this?

20. Has anyone ever attributed any out of the ordinary behavior or social faux pas you displayed at one time as the result of menstruation or PMS? If so, can you provide an example? Were you actually menstruating or experiencing PMS?

21. How did you feel about this?

22. Do you think menstruation and/or PMS plays into the definition of what it is that makes one a woman?

Appendix Two

Below are examples of the space themes each interviewee reported. Notice, that only one interviewee did not demonstrate either taking, receiving, or giving space. The other interviewees illustrated some or all of these actions for some or all of the spaces. For interpretation of the data refer to the data and data analysis section.

Interview 1: N.F.
- Sometimes she has "good months" and other times she has months with PMS so severe she excludes herself from "the outside world." (takes physical space)
- Her PMS depends on how much stress she has in her life each month.
- She tries to start fights when she is experiencing PMS. (takes political space)
- She eats chocolate, overeats, exercises, or "veggies" out in front of the TV with her teddy bear when experiencing PMS. (takes physical space)
- When she starts experiencing PMS, her boyfriend knows her period is on its way and usually purchases tampons and flowers. (receives economic space)
- She reports that her boyfriend is "understanding about these sort of things." (receives political space)
- She says: "Leave me alone, I am ragging," to her friends when she has PMS or is menstruating. (takes physical space)

- She says: "Leave me alone, I am coming on in two days," when she has PMS before her period. (takes physical space)

- During her last PMS episode she ate "about five hundred Oreos and two bags of chips." (sin food)

- She is more "horny" when she is experiencing PMS; her hormones "run wild." (takes political space)

Interview 2: S.S.

- She sleeps and eats salty potato chips to make herself feel better (sin food) when she is experiencing PMS.

- Her mother treats her differently while she is experiencing PMS "She thinks I am fragile and about to break while I am PMSing." (receives political space)

- Her sisters are more considerate while she is experiencing PMS. (receives political space)

- Family/friends leave her alone when she is experiencing PMS. (receives physical space)

- She does not treat people differently when they are experiencing PMS.

- Friends/roommates said, "She is PMSing girls..." (receives political space)

- Friends ignore her or leave her alone when she is experiencing PMS. (receives physical space)

Interview 3: A.B.1

- Before menstruation and during she lets herself have more rest and uses a heating pad. (takes physical space)

- She believes some women use PMS as an "excuse."

Interview 4: R.G.

- She just "deals" with her PMS and does not do anything for it. Later, she reports that she takes naps and uses Advil. (takes physical space)

- Every time she experiences PMS she gets into a fight with her boyfriend. (takes political space)

Interview 5: A.S.

- She does not take anything for her PMS. However, last week she was thinking about trying Midol. (takes physical space)

- She refrains from housework when experiencing PMS. (takes domestic space)

- Her male roommate asked her if she was experiencing PMS when she refused to go out one night. (takes physical space)

- Three days prior to the interview she experienced PMS. This PMS was especially undesirable because five guys were visiting her boyfriend and roommate and making her "go insane."

- When she is experiencing PMS her boyfriend’s untidiness becomes "unacceptable."

- The males she lives with get uncomfortable when she is experiencing PMS because "they think they are going to get slapped." (receives political space)
- During her last PMS episode she wanted her boyfriend to make dinner. He would not do this right away and this promoted her to "throw a rubber doggy shoe at his head." (takes domestic space)

Interview 6: R._.

- One of her friends experiences severe PMS. She only speaks when spoken to during this woman’s PMS and lets this woman do "her own thing." (gives political space)

- She reports that women are "tested" by menstruation and PMS and that these things make women "tough."

Interview 7: A.K.

- She reports that she does not suffer from PMS. However, she also reports that she experiences cramps, stomachaches, and chocolate cravings before and during menstruation. (sin food)

- She knows friends are experiencing PMS when they are "moody and short."

- When friends are experiencing PMS she gives them "sympathy." This sympathy entails listening and watching what she says. (gives political space)

- When she is menstruating she uses a different bathroom garbage bag than her brother because he thinks menstruation is "disgusting." He refuses to let her garbage bad get full because he cannot stand the menstrual blood and takes out the garbage. (receives domestic space)

- She takes vitamins before and while menstruating.

Interview 8: S._.1

- She refrains from "anything that involves getting off the coach/strenuous activities." (takes physical space)

- She reports that physically she could get off the coach when she is experiencing PMS, but that "her mind is telling her body that it feels shitty."

- She eats steak, fast food, and ice cream when she is experiencing PMS. (sin food)

- Her mother is more considerate toward her when she is menstruating and/or experiencing PMS however everyone else does not care. (receives political space)

Interview 9: H.J.

- Initially, she states that she does not have PMS. Later in the interview she remembers PMS episodes and reports that she does sometimes get PMS.

- She takes ibuprofen before and during her period.

- When other people are experiencing PMS she "blows them off."

- She gets upset and roles her eyes when males attribute the behavior of women to PMS or menstruation.

- She does not understand how something that makes some people feel horrible about could be joked about and exploited with bumper stickers, T-shirts, and key chains.

- She enjoys the phrase "PMS: Putting up with men’s shit" because it suggests that PMS is not the result of women and women’s fault, but is because of men and their "crap."

- PMS is "an excuse to smoke a lot of weed, curl up in bed, and ignore the world." (takes physical space)
Interview 10: A.B.2

- She never experiences PMS and is not sure if it exists.
- She craves chocolate before and during her period. (sin food)
- Women she knows say they experience PMS and these women are more moody when they have PMS.
- She thinks some people get PMS before and during their periods.
- She thinks menstruation or the knowledge that one’s period is days away causes people to become stressed.
- She thinks some women do not even have time to change their tampon during the day and are not necessarily experiencing PMS, but instead can not deal with their period as one more stress/responsibility.
- She thinks some women are stressed and moody before their period because they are worried they may not get it and that they are pregnant.
- She thinks people use PMS as an excuse not to do things.
- When her roommate had PMS last week, she left her roommate alone and "just let her sleep." (gives physical space)
- She thinks boys look at PMS as a valid excuse for "bitchy" behavior. When she left a party and was "being weird" her boyfriend did not bother her about it. However, her boyfriend’s friend asked if she had PMS. This made her upset and she asked the friend why she said that. He replied, "Girls are just dumb when they are on their periods." She replied, "Whatever," and now ignores all males that talk of PMS. (receives political space)

Interview 11: M.G.

- She is fine one minute, gets furious the next minute, and then starts crying when she has PMS.
- Her PMS is always a week before her period.
- She always takes her PMS out on her mother. (takes political space)
- She wishes that she did not experience PMS.
- She uses Pamprin when experiencing PMS and is considering birth control.
- Her X-boyfriend rubs her stomach when she has PMS.
- Her mother and friends know not to say certain things when she in experiencing PMS. (receives political space)
- She warns her mother, boyfriend, friends, and sorority sisters of her PMS. (takes political space)
- She eats so much before her period. She craves chocolate, mash potatoes, and "every type of food." Every month she says to herself "You really shouldn’t eat all this food." She replies to herself, "Well, I am getting my period it is justifiable." (sin food)
- She reports that she is more "horny" two days prior menstruation and during menstruation and that her boyfriend acknowledges this. (takes political space)
- She received diamond earrings for Valentine's Day. However, when her boyfriend found out she was menstruating and suffering from PMS he added the Scarlet DVD to the gift list. (receives economic space)

Interview 12: T.R.
- Bitchiness, want for chocolate, right before period, every other month, negative attitude. *(sin food)*

- Asking questions of her and ordering her while she is experiencing PMS is not acceptable. *(takes political space)*

- Sisters and best friends can indicate her PMS, they are right "nine out of ten times" when they question if she has PMS.

- If she notices PMS is making her act "bitchy" she smokes more marijuana. *(takes physical space)*

- Men in her life think PMS is "excusable" "Guys kind of have to bow down to that." *(takes political space and receives physical space)*

**Interview 13: J.Y.**

- Emotional problems, she likes to argue with people when she is experiencing PMS. *(takes political space)*

- Her mom yelled at her because she acts like, "Dr. Jekel and Mr. Hyde."

- Before taking birth control, when she was experiencing PMS, things her mom said to her would make her "fly off the handle" and then cry.

- Everything/ little things would make her cry.

- Talking to her boyfriend makes her cry when she is experiencing PMS. She does not usually get upset with him when she is not experiencing PMS. He is careful about what he says while she is experiencing PMS. *(receives political space)*

**Interview 14: S._.**

- PMS is "pure hell and the most dreaded thing."

- Horrid feelings, "pissy," hard to control moodiness, paranoia, and "mad about nothing."

- She takes Midol, Pamprin, and ibuprofen when she has PMS and/or is menstruating.

- Within the last year and a half her decision-making skills have suffered when she has PMS.

- She stands in front of her closet ("For and hour! Literally, Zandy!") because she is paranoid about PMS weight gain and cannot decide what to wear out. She usually ends up wearing all black during her PMS.

- She has never asked anyone if they have PMS. However, she reports that she is aware when her mother and roommates are experiencing PMS. She pays more attention to them when they have PMS. *(gives political space)*

- She says the only thing positive about PMS is that "the hormones involved in PMS and menstruation make my
daily runs faster, farther, and longer."

Interview 15: J.T.

- She experiences the emotional aspects of PMS before she menstruates and the physical aspects of PMS while she has her period.
- She cries during PMS about "being bored and having nothing to do." Any other time during the week this would not make her cry.
- She switched birth control brands and ever since her PMS has been different. The new brand increases her PMS irritability.
- She eats a lot of food during PMS. She eats more foods that are high in salt and craves MacDonald’s and Burger King foods. (sin food)
- She tells roommates/friends about her PMS before they have a chance to notice/report it. (takes political space)
- Three weeks ago one of her roommates had PMS and did not clean the dishes. The interviewee knew of the PMS and did not care about the dishes. (gives domestic space) Another roommate did not know of the PMS and yelled about the dirty dishes. The roommate experiencing PMS started to cry and then ran into her room saying that she had PMS. The roommate who yelled then apologized.
- When she has PMS she is quite and stays in her room for loner periods of time. (takes physical space)
- She does not like to work out while she has PMS because she gets diarrhea at this time "Who wants to run when they have diarrhea and cramps?"

Interview 16: S.V.

- She experiences extreme PMS: cranky, edgy, bloating, emotional, and short-tempered. - She is mean to her boyfriend and friends while PMSing. (takes political space)
- Last month while PMSing she was very mean to her boyfriend after he called and woke her up from a slumber. "He will never do that again." (takes physical space)
- She experiences road rage while PMSing. (takes political space)
- Phone calls from her mother irritate her when she has PMS.
- She takes Midol and Advil for her PMS. She also stocks her apartment with chocolate, brownies, greasy foods, and fast food. (sin food)
- When her boyfriend asks about her PMS he appears angry. She then regrets her PMS and feels like she is unreasonable and mean. After he questions her, she is apologetic. Still, her boyfriend knows not to antagonize her or have heated discussions with her while she is PMSing. (receives political space)
- She thinks drugs, drinking lots of water, and eating properly can control PMS.

Interview 17: K.M.

- Her behavioral PMS entails irritability, anger, and anxiety a few days before her period and the first and second days of her period. The severity of her conditions depends on what is going on in her life (test, papers, work, males, etc.).
- Last episode - at an all house sorority retreat she refrained from jump roping and became very irritable when her sorority sisters kept asking her to jump rope. Eventually, she told them that she was PMSing and they stopped
insisting that she jump rope. *(takes political space)*

- She gets especially irritated at her roommate. When her roommate and her roommate’s live-in boyfriend leave dirty dishes during this time period the interviewee becomes infuriated.

- When she is PMSing she takes drugs, turns off the lights in her room, and watches television to try and calm herself. *(takes physical space)*
She also believes that crunching in the fetal position is good for her physiological PMS.

- She tries to do things as normally as possible while PMSing. However, when her symptoms are severe she cannot.

- She refrains from all strenuous activities (cleaning sometimes included) while PMSing. *(takes domestic space)*
She would even drive to class if she could afford the parking.

- She gets into more fights with her mother while PMSing. These fights are "stupid" and entail arguing over things like who is going to get something or "strange looks." *(takes political space)*

- She thinks that all of the girls in her sorority house experience PMS at the same time. She thinks this because there is one week of the month when everyone in the house is craving chocolate and is irritable.

Interview 18: S.M.

- She stays home from work and school because sometimes her PMS is so bad. *(takes physical space)*

- Her roommate knows to be more considerate to her during PMS and will never forget to retell phone messages during this time. *(receives political space)*

- She justifies eating more sweets when experiencing PMS *(sin food)*

- She yells at and takes her PMS out on her mother and best friend. *(takes political space)* Her mother always understands, but her friend, who has severe PMS as well, does not always understand.

Interview 19: L.B.

- She does not experience PMS and does not think PMS exists and is drilled into women’s heads until they believe they experience it. Once she asked herself if she had PMS and decided she did not and instead was disappointed about something going on in her life.

- Once while complaining about a back pain she developed after exercising, a friend asked her if she was PMSing. She thought that this remark was bizarre and said that she was not PMSing.

- She does not notice any emotional changes before her period.

- She becomes defensive and frustrated when males ask if she is PMSing. She feels like she can be in a bad mood and not have PMS. She thinks males should not bring up PMS at all.

Interview 20: L.A.

- Her roommate tries to be polite to her during her PMS time. Her roommate specifically does not allow her boyfriend to spend the night during this time because she knows it infuriates the interviewee. *(receives political space)*

- When she is driving and PMSing, she announces her condition and says if anyone tries to change the radio station she will "bight their head off." *(takes political space)*
Because of her classes, break up, and car crash, she was very stresses last semester and had the worst PMS. During this same time, her roommate bought her a bottle of Midol. (receives economic space)

- She leaves her roommate alone when this roommate has PMS. (gives physical space)

- She does not talk back to her mother when this woman is experiencing PMS. (gives political space)

Interview 21: C.S.

- She experiences PMS while visiting her brothers at home and does not experience at school.

- She bights peoples heads off, experiences moods changes, takes things too seriously, and little things annoy her when she is experiencing PMS. (takes political space)

- During one PMS episode, she blew one of her father’s jokes out of proportion. Eventually, her mother had to "mediate the situation." Her mother understood that the PMS was why she was furious. (receives political space)

- When she has PMS she writes in a journal, sits alone in her room, and does not like to talk about it with anybody. (takes physical space)

- Normally she is a very happy person.

- Her mother always knows when she is about to PMS and leaves her alone. (receives physical space)

- "Women cannot be blamed for their PMS."

Interview 22: J.B.

- Normally she is not short tempered. However, during her period everyone in her apartment knows to watch out. She says "Sorry, I am PMSing" to her roommates when she is short tempered and has PMS. (takes political space)

- She eats more junk food while experiencing PMS. (sin food)

- She sleeps more while experiencing PMS. (takes physical space)

- She takes over-the-counter pain reliever while experiencing PMS.

- One of her roommates also experiences PMS. This roommate is extremely undesirable and is avoided during her PMS. (gives physical space)

Interview 23: M.G.

- She "stays away from the public eye" when experiencing PMS (takes physical space)

- If her boyfriend causes her grief she "bites his head off." After this he refrains from whatever makes her upset. (takes political space)

- She craves and indulges in fettuccini alfredo, pizza, steak, potato chips, and especially chocolate when experiencing PMS. (sin food)

- Three months ago she had a huge fight with her live-in boyfriend. After the fight, she told him she was being "bitchy" because of her severe PMS. He felt bad and the next day he bought her flowers. (receives economic space)
Interview 24: J.S.

- She becomes sad and grumpy for a three-day period four days before her period. These are "bad days." She keeps to herself ("stays away from everyone") and sits alone in her bedroom. \textbf{(takes physical space)}

- The day before her period she becomes "energized." On this day she cleans her room.

- When she is on her period her mother and friends ask "Are you on your period?"

- When she is not experiencing PMS she is "Just me without being grumpy."

Interview 25: E.M.

- She does not PMS. However, her sister experiences severe PMS. Her sister has a bad attitude, is moody, and irritable while PMSing.

- She is "cautious" around her sister while her sister is PMSing. \textbf{(gives political space)}

- Her sister’s PMS is bad the two days before her period and tremendous during her period. She makes an effort to stay away from her sister while her sister is menstruating. \textbf{(gives physical space)}

- She thinks she does not PMS because she does and has always excessively played sports (gymnastics, track and field, cheerleading, girls football, volleyball, and weight lifting). She thinks the sports make her "naturally have different hormones than other people."

Interview 26: M.F.

- Two weeks before her period and the first two days of her period she is "rude, irritable, snooty, unforgiving, and talks back." She gets offended easily while PMSing and "takes everything to heart." Two weeks before she binges on food. "Any food I see goes into my face.\textbf{(sin food)}

- One week before she menstruates she is "ready to party!" During this time she does not want to eat and her breasts become swollen. This makes her waistline slimmer and her bust line larger. With this, her bar cloths fit better and she feels that she physically looks more appealing. She does not think males notice this appearance change unless she is "making out" with one.

- When she is PMSing while she is menstruating she will not "make out or do anything physical with a guy." \textbf{(takes political space)}

- Friends and her mother have asked her, "What the hell is your problem!" when she has experienced PMS.

- She likes to start fights with her ex-boyfriend when she is PMSing. She believes that he does not understand why she does this. \textbf{(takes political space)}

- She refrains from letting her current boyfriend tickle her when she is PMSing and/or menstruating. \textbf{(takes physical space)}

- She is more caring when she is not experiencing PMS.

- She says that she is, "an introvert when I am PMSing and an extrovert when I am not PMSing." \textbf{(takes physical space)}

- During one PMS episode she drank too much alcohol and told a friend that she did not approve of the friend’s fiancée. This caused a huge public argument and much crying. Later, she told the friend she was sorry and that she was so mean because she had PMS. It turned out that the friend with the fiancée was PMSing that same night too. \textbf{(takes political space)}
Interview 27: M._.

- When she experiences PMS she wants people to stay away from her. She often retreats to her bedroom. (takes physical space)
- She does not take medication for the behavioral PMS. However, for her menstrual cramps she uses Midol.
- During her last PMS episode her sister threw a bottle of Midol at her and told her to take one. She responded by throwing the bottle back and telling the sister to take one. (takes political space)
- Her sisters are always asking her if she is PMSing.

Interview 28: T._.

- She does not suffer from PMS. However, her sister suffers from severe PMS. Her sister becomes extremely moody, disagreeable, and temperamental. The sister "freaks out" about everything while suffering from PMS. She tries to "please her and not bother her." (gives physical and political space)
- She is very understanding of her sister’s PMS. "It is not her fault."

Interview 29: B.S.

- PMS and menstruation are "unnecessary evils."
- Preoccupied with watching tampons "it’s like having to watch over a baby."
- She is sensitive, sarcastic, and rude when experiencing PMS (one two days prior to her menstruation) and does not realize this behavioral change until "after the fact."

(takes political space)

- She does not engage in sexual activity when PMSing or menstruating. She gets incredible tired and does not want to get up when she has PMS. (takes physical space)
- She craves Chinese food, chocolate, and meat while PMSing. She also tends to "eat whatever" she can get her hands on. (sin food)
- During one PMS episode she had a "big fight about nothing (the way I said something!)" with her roommates. The next morning she woke up and realized that she had been PMSing and told them then. Shortly after telling them this everything was resolved. (takes political space)

Interview 30: J.L.

- She stresses, is over-emotional, over-exaggerates, cries, yells, and screams when experiencing PMS.
- She experiences PMS the week before her period and "commonplace things become the end of the world."
- She craves "sin foods" - chocolate, Chinese food, salty foods, fried chicken, and steak. (sin food)
- She sits in her room and refrains from work when her PMS gets "really bad." (takes physical space)
- Her mother always, "asks in the same little voice ‘Is your period coming, Honey?’" (receives political space)
- During her last PMS episode she became furious at her boyfriend when she thought he purposely sat on a different sofa then she sat on. She told him he was a "brat" and then "screamed at him." (takes political space) When PMSing, she always gets mad at her boyfriend when he does not call/call back. This does not usually upset her.
- She thinks her irritability is caused by hormonal changes.
- She believes that older women are more prepared to deal with PMS and know how to control themselves better than college-age women.

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