

“It’s Just an Excuse to be Bitchy”:  
Male and Female Perceptions of Premenstrual Syndrome

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The phrase, “It must be that time of the month” is echoed throughout popular culture and in daily interactions between people within American society. It refers to the common belief that all women become “bitchy” and emotional in the days before their period, and it is this belief that gives both men and women alike the ability to excuse or blame certain behavior on the woman’s monthly cycle. According to The American College of Obstetricians and Gynecologists, at least 85% of women who menstruate experience at least one premenstrual symptom, which range from emotional symptoms such as angry outbursts and depression, to physical symptoms like weight gain and headaches (acog.org). In addition, up to 9% of women experience symptoms so severely that their ability to function in their day-to-day activities becomes disrupted (Daw, 2002). These women are categorized as having premenstrual dysphoric disorder (PMDD) which Daw describes as “supercharged PMS”.

In today’s world, as women become more and more involved in the corporate and professional sectors of society (when compared to past decades), questions may be raised by employers, clients, and coworkers as to whether or not a woman is capable of doing the same job as a man if she is going to be experiencing monthly bouts of depression, anxiety, and irritability. Whether a woman suffers from premenstrual syndrome (PMS), PMDD, or has never even experienced related symptoms at all, her abilities, emotions, and mental stability are bound to be questioned both in her professional and personal life because of the mere fact that the idea of PMS exists within society. Additionally, women can use the fact that they are “PMS-ing” (whether or not they have ever been diagnosed with the syndrome) as an excuse for their abnormal behavior and men can use it as something on which to blame women’s behavior.

Women with PMS may see it as something they have no control over, while men may see it as something women simply use as an excuse.

My research will attempt to uncover the differences in the ways PMS is viewed through the eyes of women and men. From what agents of socialization are people receiving information about PMS and how do they feel it is represented within our society? How are women who are labeled with PMS viewed by others and how do they view themselves? How might PMS be an obstacle within the workplace and in relationships? What are some consequences of the assumptions made about PMS? Determining the differences in the way in which men and women view PMS may give new insight into how the syndrome functions within society and what effects it has on the way in which men and women are able to interact with one another.

### **Review of Literature**

The literature that exists to help answer the question of whether premenstrual symptoms and premenstrual syndrome are entirely biological or whether one's social surroundings and circumstances have an effect on the presence of symptoms is plentiful. The already existing studies focus on the different biological, psychological, and cultural factors that can influence a woman's behavior and emotional state during the different stages of her menstrual cycle. Though some of these studies are helpful in creating a strong foundation of quantitative research for the question of what factors most influence premenstrual symptoms and PMS, there is a lack in qualitative research to help explain how pre-existing negative ideas and assumptions about menstruation and PMS have an influence on the way in which both women and men view, explain, or excuse women's behavior in general, which is what my research will focus on. Much of the existing studies rely on questionnaires or content analysis, and one reviewed study focuses on cross-cultural menstrual taboos.

Many self-report questionnaires, such as the Menstrual Distress Questionnaire (MDQ), aim to pinpoint at which time during the menstrual cycle women tend to experience certain symptoms (both physical and psychological). Moos (1968) had women rate their experience of a list of symptoms for their pre-menstrual (the week before menstruation), menstrual (during menstruation), and inter-menstrual (the remainder of the cycle) on a scale ranging from no experience of the symptom to disabling experience of the symptom (Friedman, Hurt, Arnoff, and Clarkin 1980). Moos' questionnaire has been used in a number of studies so that women are able to self-report their experiences. Friedman et al (1980), cite a study in which women were asked to fill out the MDQ two separate times: once as if they were in the pre-menstrual phase of their cycle and a second time as if they were in their inter-menstrual phase. The results showed that the subjects gave higher scores for the pre-menstrual period and the authors conclude that "the reports of increased negative affect during the menstrual phase were associated with the view of menstruation as a debilitating and predictable event" (Friedman et al, 1980:723). The authors also conclude that this association between attitudes about menstruation and reports of negative symptoms could be explained by saying that "because women expect to have more difficulty pre-menstrually, they are more aware of and more likely to report such difficulties" (Friedman et al, 1980:723). These questionnaire studies are important in the research done in my study because they help support the idea that pre-existing assumptions about the premenstrual symptoms have an effect on how frequently experience of symptoms are reported.

Two of the reviewed studies used the method of content analysis to examine the prevalence of PMS related articles and discussions found in popular, medical, and feminist literature and self-help books (Rittenhouse 1991; Markens 1996). Rittenhouse (1991) focuses her research on showing how PMS came to be defined as a social problem through its

representations in written media in the period following the much publicized trials of two British women who used PMS as a defense for manslaughter, while Markens (1996) “examines the gendered assumptions about gender, health, and normality that underlie how women’s ‘experiences’ are incorporated into the construction of PMS” (42) through the content analysis of popular magazines and self-help books. Rittenhouse (1991) identifies the two factors that, in combination with each other, contributed to PMS becoming a social problem: one being the British murder trials in 1980 and 1981, and the second being the resulting debate over the definition and influence of PMS which “emerged at a time when women were increasingly making in-roads into the paid labor force as well as demanding greater equality and opportunities” (413). Debates centered around assessing the competence of women in the workplace in comparison to men (Rittenhouse 1991). Rittenhouse reviewed and analyzed literature from 1931, when PMS was first identified, (first called “premenstrual tension”) to 1987 and coded in order to note the changes in construction of PMS over time. The results showed that prior to the murder trials, PMS was viewed in literature as both a private and medical problem and it was not until after 1980 that the portrayals of premenstrual women began to be challenged (mostly by feminists) (Rittenhouse 1991).

Markens (1996) also looks at how the construction of PMS has changed over time, but focuses more on how the changes have resulted in the legitimization of PMS as a medical phenomenon. She also analyzed popular magazines through a content analysis and noted, among many things, what kinds of explanations were given for symptoms, what remedies were discussed, and most importantly, how articles presented PMS (either positively or negatively) (Markens 1996). Her findings were that PMS was portrayed in popular magazines with a predominantly negative tone and, among her analysis of self-help books, she found similar

results. Both the magazine articles and books frequently described women who suffer from PMS as out of control, irritable, anxious, emotional and, interestingly, Rittenhouse (1991) found that these types of negative descriptions were not found as often after 1980, but rather popular articles written after the British trials focused on ways to manage premenstrual symptoms. However, Rittenhouse also makes an important observation in finding that the popular literature made no distinctions between premenstrual symptoms and syndrome and, therefore, PMS has become a word that encompasses the entire range and severity of symptoms.

Among the popular magazines and self-help books, the idea of what is “normal” becomes very important in how the reader will come to view PMS. The literature is defining for the reader how a woman should feel and behave by defining premenstrual symptoms as “abnormal” behaviors and feelings, though in actuality their feelings may be entirely normal in relation to their changing hormone levels (Markens 1996). There is often an emphasis on the fluctuation of hormones which, through the legitimization of PMS as a medical issue, is thought to be the main cause of symptoms. Markens argues that in presenting the hormone changes, and the symptoms they can cause, throughout the entire menstrual cycle as “problems”, “encourages the definition of PMS as a medical problem and emphasizes the pathology of women’s bodies... attention to physiology gives hormones primary status as an explanation without much discussion of social factors that may also cause the experience of premenstrual symptoms” (47). She goes on to say that little attention is paid to gendered divisions of labor which can also contribute to the existence of symptoms (Markens 1996). The way in which both Rittenhouse and Markens analyze popular media sources is relevant to my research because it attempts to explain in what ways the media can influence the ideas and assumptions made about premenstrual symptoms and PMS. However, because many of the articles they analyzed came from magazines with a female

audience in mind, their research does not adequately attempt to explain how boys and men's attitudes towards PMS are shaped; whether it comes from the women they frequently interact with, through media, or from some other source of information.

Clarke and Ruble's (1978) study explored the beliefs about menstruation of both girls and boys by having 54 adolescent girls and boys respond to a questionnaire that assessed their "attitudes towards menstruation, expected symptomatology, perceived effects on moods and activities, and sources of information for these beliefs" (231). The authors' attempts were to gain an understanding of to what extent the cultural views of menstrual women have an effect on pre- and post-menarcheal girls (Clark and Ruble 1978). The results of the study were that, in general, the adolescents associated menstruation with mostly negative expectations and attitudes. There was a common assumption that menstruation is "accompanied by physical discomforts, by increased emotionality and mood changes, and by disruption of activities and social interactions" (233). The authors note this observation as significant because it shows that ideas about menstruation do not come only from personal experience since both the boys and pre-menarcheal girls reported that their knowledge of the topic came most often from a parent, television, or friends (Clarke and Ruble 1978). The results also showed that girls tend to generalize to themselves the beliefs they have learned about others and that "a girl enters menarche with a clear set of expectations, many of which are quite negative... her experience of menstruation is, therefore, primed to be a self-fulfilling prophecy" (233). This study helps explain some of the factors that influence the attitudes towards menstruation for both boys and girls but, because it questioned adolescents around the time when menstruation first occurs, it is unable to address how these beliefs continue to be shaped as individuals mature and gain more knowledge about and experience with menstruating women.

Though this research will not be looking at PMS cross-culturally, it is important to discuss the studies that have been done in non-American societies because many of them have found that there are few negative feelings and expectations of negative symptoms attached to the menstrual cycle (Gottlieb 1988; Montgomery 1974). In her article, Gottlieb (1988) suggests that PMS is entirely absent in some of the world's cultures. Meads study showed that Samoan women feel some physical discomforts during menstruation, but make no association with emotional changes and the menstrual cycle. Similarly, !Kung women do not recognize that the menstrual cycle has any effect on women's moods or behaviors (Gottlieb 1988). Gottlieb uses most of her article to discuss the American ideal of a "normal" woman: one who is nice, quiet, compassionate, giving, and who holds the family together (12). She explains how when women show any emotions outside of the expected "normal" ones (that could occur as a result of PMS), she is labeled as abnormal (Gottlieb 1988). The traditional American gender roles for women are placed on girls almost from birth, so as they grow up they learn that acting out of these roles should be seen as a problem (Gottlieb 1988).

In Montgomery's study (1974), in which she scored different cultures based on the prevalence of specific menstrual taboos, the idea of menstruating women as polluted, which has existed cross-culturally throughout history, is seen as the foundation for the existence of menstrual taboos today. Though the results of Montgomery's study are not directly related to my research, her discussions of why menstrual taboos are created are. In her discussion of men's "vagina envy", Montgomery suggests that when one person lacks a certain capacity that someone else is naturally given, they compensate for their own deficiency by devaluating the capacities of others (150). In this case, the fact that only women are able to bear children has caused men to define menstruation as a handicap and "by turning capacities into handicaps, not only can one

make their possessors feel inferior, but anyone lacking such capacities can then feel superior for very lack of them” (Montgomery 1974:150). This is not to say that menstruation and premenstrual symptoms are largely seen as negative solely because men have come to define them in that way, but understanding the evolution of how menstruation may have been able to shift from a positive or even neutral occurrence to an entirely negative one is important in determining how premenstrual attitudes are shaped today.

The biggest gap in all of the research presented is that they are all very dated. There is virtually no updated information on the way in which men and women are socialized to view menstruation and premenstrual symptoms, which is what my research will attempt to uncover. What these studies do show is that there are many different agents of socialization that influence attitudes of PMS for both women and men, which all serve as a solid quantitative foundation for this research to rest on. What this research will do is take a qualitative approach to the same ideas through interviews with individuals and use the information given by each of them to determine what agents are most influential in their personal construction of assumptions made about premenstrual symptoms and PMS and how these assumptions may become generalized to all women. Past studies tend to focus on the views of women and, while this perspective may be seen as more important than the views of men, I argue that the assumptions made by men about premenstrual symptoms are just as important, if not more important, than those of women because of the fact that we live in a patriarchal society. The perspectives of men are also important to investigate because of the fact that, unlike during the times when the past studies had been done, open discussion about menstruation and PMS may be found to be more common and socially acceptable than in years past. Information about premenstrual symptoms and PMS are also more accessible; whereas the adolescents in Clarke and Ruble’s (1978) study were only



able to gain information from parents, television, or friends, today the internet provides an infinite amount of information for anyone to access. More updated quantitative research would also help fill in the gaps of these older studies, but interviews will have the benefit of specific and personal experiences that can help show how pre-existing ideas about menstruation and premenstrual symptoms influence the way in which the behavior of women is generalized and explained, by both men and women.

## **Methods**

As previously mentioned, the goal of my research was to reveal the ways in which men and women are socialized to view premenstrual syndrome by conducting in depth interviews with both genders. I arranged an interview with a twenty-one year old male college student and from there planned to use a snowball method to find other willing interviewees. The interview was conducted through a Skype video phone call and tape recorded with the permission of the participant. I began the interview by asking the student, Ben, to describe what comes to mind when he hears the words “premenstrual syndrome”. As was clear before the interview began, Ben was extremely uncomfortable with the subject matter and continuously approached his answers with much hesitation: “When I think of PMS... it’s a natural cycle that women go through... that every woman goes through. Am I right?” I responded by telling him that there were no wrong or right answers, rather I was interested only in his thoughts on PMS. We went on with the interview, but as he continuously gave brief and mostly one word answers, I discovered that I had made a huge mistake as a researcher. Not only had I not considered the fact that my own gender might inhibit the answers that I received from male interviewees, but even more damaging was the fact that I made the assumption that everyone would have at least a rough idea of what PMS is and understand the concept of it. Ben was clearly confused about

what PMS was and, even after I provided a definition of the syndrome, he seemed to equate it with menstruation. Details of this interview are included within the discussion of my methods in order to explain why the methods of my research ended up making a much needed change.

As a result of the unsuccessful interview with Ben, I decided that perhaps participants would be more comfortable and give more honest answers if they responded to questions by filling out a questionnaire that consisted of a series of open ended questions relating to their perceptions of PMS. With this method, respondents were able to be one step removed from me, a female researcher who was attempting to find out about “woman’s issue”, and hopefully were not as concerned about perhaps offending me or feeling the need to give socially desirable answers. I did not expect to have the same issue with female participants, but in an effort to make the methods consistent, I used questionnaires, rather than interviews, for women as well.

A separate questionnaire was made for male and female participants, which ranged from 11-12 questions (the separate questionnaires had identical questions aside from one question for females which asked them to describe whether or not they themselves had ever experienced symptoms of PMS). The questions were designed to get a feel for a) which agents of socialization were most common and influential in the participants gaining knowledge of PMS, b) how these agents of socialization tend to portray PMS and, c) as a result of this socialization, how the respondents themselves perceive PMS (as positively, negatively, or neutrally). In order to avoid the problem I encountered in the interview of the respondents having no knowledge whatsoever of what was meant by PMS, I provided a very brief definition of the syndrome at the beginning of each questionnaire. The definition from Encyclopedia Britannica read: “A medical condition in which a group of characteristic physical and emotional symptoms are felt by a woman before the onset of menstruation. The symptoms of PMS are cyclical in nature, generally

beginning from 7 to 14 days before menstruation and ending within 24 hours after menstruation has begun". Though the presence of this definition may have somewhat influenced respondents thoughts about PMS, I felt that having respondents answer questions without knowing what the questions were about would cause those questionnaires to be irrelevant to my research.

In total, 16 questionnaires were completed (9 male and 7 female) and the ages of respondents ranged from 20-25, with all but three respondents being college undergraduate students. The questionnaires were given out based on availability and were completed anonymously to ensure the privacy of the respondents.

## **Results**

After reviewing the completed questionnaires, several themes began to emerge. The first and most surprising pattern was that, when asked how much knowledge they felt they had about PMS, many of both the male and female respondents felt they had very little or none. Among the male responses were: "I'm pretty clueless", "I didn't even know what 'PMS' stood for", "I do not know anything about it" and though many women felt that they were familiar with the symptoms of PMS (such as bloating and mood swings) through hearing about them or experiencing them, five of the seven women said that they "don't know much" about the syndrome. Why this lack of knowledge exists started to make sense as the respondents described what they remembered hearing about PMS when they were growing up. All sixteen respondents reported that the information they gained about PMS while growing up (whether it was a lot of information or little) was informal and was from either parents, peer groups, or television. Only two people (both male) mentioned that they had some form of formal education on the subject during sex education class while in middle school. Thirteen respondents described that their knowledge of PMS came specifically from hearing people associate the word with grumpiness or

being moody, but that they did not necessarily know what PMS actually was at the time: “I heard that women were bitchy when they had their period”, “I remember hearing little bits of mostly negative comments about PMS. Things like, ‘She’s PMSing, that’s why she’s so...’”, “I mostly understood it as a funny, socially unacceptable way of saying a girl was grouchy”. Though they may not have understood PMS as a syndrome or be aware of the array of symptoms it can cause, the very first thing these respondents were socialized to think about PMS was that it caused women to be in a bad mood.

When asked to discuss the types of conversations heard among female family and friends, there was a range of PMS being described as negative or neutral. Six of the men noted that PMS was not discussed at all among their female family and friends and the three men who did hear women they know discuss PMS, all described the conversation to be negative: “[my friends] complain about negative symptoms like irritability, emotionalness”, “People I know at work and some at school that can be bitchy in general (as in all the time) will use it as an excuse. I’ve never heard it brought up from people who are usually nice all the time”, “The PMS is discussed negatively as it tends to darken moods and instigate small outbreaks of anger”. Among the female responses to the same question, there was a general consensus among the women who have heard PMS discussed among female family and friends that it is generally viewed as negative: “it’s a hassle and no one likes being in a bad mood”, “sometimes the symptoms can really interfere with their lives (personal and at work). Irrational behavior can be really damaging to personal relationships”. However, several women noted that PMS was not discussed among the women they know because their family and friends do not experience symptoms of it: “My mom and sister don’t really experience symptoms either, so I guess there’s never really been a need to talk about it”, “A lot of my family and friends do not experience PMS”.

When it came to discussions heard among male family and friends, the responses from both men and women all mentioned that either PMS was never talked about or, if it was, that it was talked about in a joking context or as a way to excuse a woman's behavior. Among the female responses were, "Unless a woman acted moody or 'mean', I've never heard men talk about PMS", "Men often assume when a woman becomes sensitive about something she must be PMSing", "When women are grumpy or angry they say she must be 'PMSing'", "it's always in a joking manner like 'you're in a bad mood. What are you PMSing or something?'" Male responses echoed the same observations in saying that, "[my male friends or family] would just see a girl being very rude and blame it on menstruation or PMS", "Only in a joking manner", "Basically when a woman is acting bitchy they'll say she's PMSing or on the rag", "usually when trying to explain a female is acting in an overly moody or depressed way". None of the responses reflected discussions about PMS as a medical syndrome or as something that should be taken very seriously.

The next question asked the respondents to report what types of information they gained from media sources about PMS and whether it seemed to be presented as something that all women suffer from. Six of the sixteen respondents noted that they observed advertisements on television for medication that treated symptoms of PMS and there were also mentions of the syndrome being presented as something that all women experience: "Medication commercials treat it like it's the worst thing in the world... but I've never really had intense PMS", "It is pretty common in the media because of all the commercials for birth control that helps it. It is also pretty common in movies and magazines". Similar to the way in which PMS was joked about among people they knew, some respondents reported that the only time they ever saw it represented in the media was in sitcoms or in other situations when it was joked about: "I think it

is portrayed as something people joke about”, “I’ll see it in sitcoms and people will be joking about it in a negative way”, “The media presents it as something that all menstruating women experience so as a result everyone thinks we all have it, which is untrue. [On T.V.] It’s a joke which I think perpetuates the idea that it isn’t real”, “Lots of jokes and complaints about mood swings”.

The portrayal of PMS as an issue not to be taken seriously was further reflected within the male responses to whether they felt that women use PMS as an excuse or explanation for their behavior and whether they had ever observed this. All but two men responded that they do think women use the syndrome as an excuse: “Some people will use any excuse to avoid certain things”, “[Women] just use it as an excuse to be a bitch”, “[PMS] has been an excuse to disregard other people’s feelings but even if it’s real it doesn’t give grounds for blatant mistreatment of friends and family”. It was interesting to observe this clear pattern of irritation that was felt by some of the men when it came to relating PMS to the women around them.

In response to the same question, women also noted observations of other women (or themselves) using PMS as an excuse for certain behaviors, but they overall seemed to take these explanations more seriously and their responses did not reflect the same kind of annoyance that the men’s did: “I’ve seen female friends get in arguments with other friends and apologize saying they have PMS. But it’s not like anyone goes out saying ‘oh, I’m about to get my period, I get to be a huge bitch to everyone’. No one *wants* to act that way”, “The one time I had truly horrific cramps I left art history class early, but I don’t think it was because I secretly wanted to leave or anything, I was just in a lot of pain and couldn’t concentrate”. As shown in these two quotes, many of the women’s responses reflected the concept that using PMS as an excuse was

both real and necessary and was not done in a malicious manner as a way to treat others poorly or get out of responsibilities for no reason. One female respondent wrote:

Yes, I do [feel that women use PMS to excuse certain behavior], but not because they necessarily need an excuse. But if you're acting irrationally or are grumpy or experiencing any other symptoms of PMS and you *know* it's because of your PMS you feel like you want to explain yourself a little bit, like, "listen, I know I'm not being very nice to you right now and this is part of the reason why". Sometimes your behavior is out of your hands when you are experiencing PMS – people think you should be able to control it but it's like telling a depressed person to just snap out of it. It's not that easy.

Again, as explained by this quote, among females (whether they themselves experience symptoms of PMS or not) there is a sense of reality and understanding of PMS being a real syndrome, which was not apparent among males.

The final question asked the respondents to explain whether they personally perceive PMS to be a positive, negative, or neutral experience. Among the women, four perceived it to be negative while three described it as neutral: "Negative, not because of my personal experiences but because of how people perceive it", "Negative because the symptoms I usually experience can be really disruptive to my everyday life. No one wants to be around me if I'm irritated and feeling depressed", "I think it's more neutral than anything else – it's just part of the process. It's a pain to be in a bad mood, but it's not a big deal". Among the men, five perceived it to be a negative experience, two perceived it to be neutral, and the remaining two felt unable to evaluate it based on the fact that they were men and had never experienced it: "All I hear is negative", "Negative because the symptoms sound annoying, uncomfortable, and disruptive", "Neutral – a part of life", "It's supposed to be a neutral thing that all girls go through because it's the way of life". Though not expected, across genders none of the respondents perceived PMS to be a positive experience.

## Discussion

As stated in the Results section of this paper, many themes became apparent as I read through and organized the questionnaire responses. However, it is the implications of these themes that help relate the responses back to my original research question of how pre-existing negative ideas about menstruation and premenstrual symptoms due to socialization influence the way in which the behavior of women is generalized and explained, by both men and women.

The lack of knowledge expressed by male and female respondents about PMS is significant for a few reasons. Firstly, though the experience of PMS is not universal amongst all menstruating women and statistics may vary, up to 85% of women are thought to experience some symptoms of PMS. That being said, it would be hard to imagine that few people, male or female, are not affected in some way by this syndrome considering the huge population of women who suffer from it. Taking into account that women make up around 52% of the United States population, this would be comparable to saying that almost 42% of the people in the U.S. are suffering from a life-altering syndrome that many people feel they know almost nothing about. Could we imagine a world where 42% of the population was suffering from depression or schizophrenia and their own friends and family knew nothing about the disorder or maybe did not even believe their loved ones claims of suffering? Would the country be just as uninformed on the issue if this was an illness that was experienced by both genders? Secondly, the lack of knowledge unveils an interesting point about how negative ideas about PMS are used to generalize and explain women's behavior at times when the symptoms that people are observing are not a result of PMS. Several respondents noted that they thought PMS symptoms occur *during* menstruation rather than before, while at the same time, they were observing instances of both genders making comments about women's behaviors (such as being moody or grumpy) and



relating these behaviors to PMS. These two observations combined would show that men and women are using PMS to explain irrational or questionable behavior at a time when affects of the syndrome are not occurring at all (during menstruation).

As presented in the results, the only time PMS was represented in the media was in medication advertisements or on comedy shows. This commonality of PMS as a joke among popular media helps to perpetuate the idea of the syndrome as a myth. Considering the fact that only two respondents recalled ever receiving formal information on the subject when they were younger, it would seem that one of the major agents of socialization for children and teenagers are these television shows that portray PMS as something to be laughed about and brushed off. However, the consequences that can come from this portrayal are that women who do suffer from the syndrome are not taken seriously. These consequences have the potential to be suffered in the workplace and within personal relationships. For example, a woman who is suffering a symptom of depression due to PMS may be unable to perform her job properly, but also feel unable to talk to her boss or coworkers about the syndrome if it is not going to be taken seriously.

Not only is the idea of PMS as myth being portrayed on television, but “they portray women turning bitchy, rather than emotional” (female respondent) which is an important distinction because it creates a sometimes inaccurate negative perception of PMS for the viewers since “bitchy” tends to have a negative connotation while “emotional” does not. Though women felt that some symptoms had the potential to be disruptive to their everyday lives, others felt that some emotional symptoms were not negative at all: “Sometimes I’ll just have heightened emotions and cry at a movie or TV show that I would never normally cry at, which I don’t think

is negative at all”. It seems as though television is successful at turning PMS into a completely negative experience when this is not the case for all women who experience it.

The idea of PMS as a myth has also been created perhaps because of the non-physical nature of some of the symptoms. One male respondent mentioned: “I think I would believe [someone using PMS to explain her behavior] if I could tell they were in pain (cramps, [vomiting]) but otherwise I think it’s just an excuse”. This feeling was similarly expressed by a female respondent:

I feel like PMS isn’t taken very seriously because most of the symptoms are not physical. If I’m feeling overemotional or irrational, it may not be as believable as if I had a headache or cramps so it kind of continues the idea of PMS as a myth even though it has to do with natural (and uncontrollable) hormonal changes.

The issue described in these two quotes is, of course, not unique to premenstrual syndrome; it is a theme common among many mental illnesses. Whether or not PMS is or should be considered a mental illness is controversial especially among the medical community and feminist groups, but that issue is a topic separate from the focus of my paper. Nonetheless, mental illness or not, the emotional symptoms associated with PMS are non-physical, just as symptoms of mental illnesses are as well, which often turns them into an invisible disorder.

Most importantly among my findings was the fact that some women seemed to question their own moody or irrational behavior and feel frustrated at the fact that this type of behavior was only expected to occur during the premenstrual phase of their cycle. Among the female responses were: “I wonder if I really feel that way or if we think we should because of what we have been told and it becomes like a placebo effect”, “I wonder if we attribute grumpiness to [PMS] because we know it’s going to happen”, “Men often assume when a woman becomes sensitive about something she must be PMSing, but just like anyone else, we get upset at all different times of the month”. The implications of these assumptions about behavior is that there

is an invalidation of women's emotions; to outsiders, being overemotional could only be explained by PMS yet, at the same time, PMS is commonly misunderstood or believed to be a myth. It becomes a sort of catch-22; women who may act irrational or moody due to PMS can either choose not tell anyone about the syndrome they suffer from and people may just assume that they are a "bitch" or "crazy", or they can attempt to use PMS to explain their behavior, which has the potential to be not taken seriously and rejected as a legitimate explanation. One can imagine that, especially in the workplace, this type of situation has the potential to be damaging to the perception of a woman's ability to function as well as a man and be taken seriously in her profession. If all of the perceptions that appeared in my research continue into the respondents' adulthood and the workplace, it is easy to see how women may become marginalized. If the primary agents of socialization are presenting PMS largely as something that is negative and that all women experience while at the same time perpetuating the idea of the syndrome as a myth, not only will people continue to apply these stereotypical views to all women, but women's feelings and emotions have the potential to be completely dismissed.

### **Conclusion**

Though some important patterns emerged from my research using open-ended questionnaires, a lot more could be learned about this topic by using my intended method of research, in-depth interviews. As previously mentioned, the obstacle I came across as a female researcher was unexpected and I feel that even the use of questionnaires may have inhibited male responses, seeing as they knew that I would be the one reading them. In the future, this type of study would greatly benefit from having a male and female researcher to ease discomfort with the topic. Contrary to my hypothesis, it did not appear that open discussion about PMS or menstruation was more common among males today than in the past when previous studies were

done. An interesting and important change to this type of research would also be to include a variety of age groups; revisiting middle school aged children as Clarke and Ruble (1978) did would give an updated idea of the initial impressions that males and females have about PMS.

Of course there is still a lot of research that can and should be done on the topic of premenstrual syndrome. With a syndrome that effects such a large population, it is dangerous to have people who suffer from it surrounded by a society that has no factual knowledge about it. As one female respondent insightfully reflected, “PMS, whether true or not, nonetheless causes men and women to excuse moody behavior in women and write them off as PMSing” which perfectly exemplifies why it is important to understand the syndrome in order to have a society that is accepting of the prevalence of a range of emotions felt by women without instinctually blaming those emotions on PMS.

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