

# A LINE ON LIFE

7/16/90

## PMS – The Monthly Scourge \*

David A. Gershaw, Ph.D.

Assuming you are a woman, do you experience dramatic mood swings a few days before your period? Do these mood swings lead to crying, irritability, depression, withdrawal, or a greater likelihood of arguments? If so, you may be suffering from **PMS – Premenstrual Syndrome**. What is it? What can you do about it?

If you are expecting any certain answers about this problem, you might as well quit reading now. Even the experts are not really sure what is happening. For example, in 1983, the *Journal of the American Medical Association* (JAMA) reported on a PMS workshop sponsored by the National Institute of Mental Health (NIMH). Experts agreed that PMS existed but "*were hard-pressed to define the disorder precisely.*" Since there was no single pattern involved, they recommended using the plural designation, "*premenstrual syndromes.*"

Beside the drastic mood swings already mentioned, women complaining of PMS may suffer from mild to severe abdominal or back pains, upper leg cramps, tenderness and swelling of the breasts, acne (pimple) like blemishes, migraine and sinus headaches, swollen glands, a craving for sweet or salty foods, loss of appetite, fatigue, constipation, swollen hands or feet, and/or an inability to handle alcoholic beverages. (Have I missed anything, ladies?)

The above symptoms typically start a few days before menstruation and abruptly disappear when the menstrual flow begins. The proportion of women who suffer from the effects of PMS is estimated to be anywhere from 15% to 90%. However, most researchers agree that only 5-10% of women have symptoms that are serious enough to interfere with their functioning.

The seriousness of PMS can have far-reaching consequences. For example, two women in England had their sentences for murder reduced because of the "*mitigating circumstances*" of being under stress from PMS. Some research has found that, in contrast to other phases of their cycle, premenstrual women are more likely to:

1. be prone to accidents and injuries,
2. enter a mental hospital,
3. call in sick to their place of employment.

Even so, psychological stress can alter the menstrual cycle. Thus it is hard to tell whether the premenstrual phase leads to stress – or the stress causes the premenstrual phase.

---

**Feminists are concerned that PMS can be used  
to keep women out of positions of authority.**

---

Many feminists believe that they are uncomfortably caught in a paradoxical situation. On one hand, as one feminist (Susan Edmiston, 1982) puts it:

*"Throughout the 1970s, the feminist attitude toward menstruation was to deny that it made a difference and to minimize any effects that women might feel.... The reasoning*

*was that to admit that menstruation mattered was to open the door to charges of biological inferiority."*

In other words, feminists want to keep PMS from being used as a rational for denying women positions of authority. Some argue, "*Would you want a woman president (senator, representative, governor, boss) who might suffer from PMS?*"

However, now increasing numbers of women (including feminists) have become concerned about the realities of PMS. This topic can only be explored adequately by open and intensive study. Pretending that PMS does not exist would slow much-needed research. In addition, it would make those women who suffer from it feel lonely and abnormal. Some feminists say that, in the premenstrual phase, women are behaving the same way that men – with their relatively constant hormone levels – behave all the time. Others say that PMS is taught to women by a sexist society.

Worst of all, research on the treatment of PMS — which now includes literally hundreds of studies on dozens of different approaches — is surprisingly slipshod, poorly designed, and difficult to interpret. For example, few studies of PMS compare from the premenstrual phase (from women who complain of PMS) with the same women's behavior during other parts of the menstrual cycle. Also researchers rarely compare their findings with women who do *not* complain of PMS.

In addition, our view of PMS may be backward. Instead of viewing the premenstrual phase as a time when moods such as irritability increase, we can view the midcycle as a time when women experience a mood upswing. Thus the premenstrual phase may only appear to be a "*downer*" in contrast to the "*high*" of the midcycle.

Despite all the uncertainty, scores of PMS clinics have sprouted up all over the country. Predictably, they have been greeted by an avalanche of patients. This is because they have done a good job of selling American women on the idea that *any* symptom during the premenstrual phase is a sign of PMS. Not surprisingly, many of these centers charge high fees.

In another article — without charging any high fees — we will further explore possible causes of PMS and give you suggestions that may help to minimize its consequences.

---

\* Adapted from Jones, Shainberg & Byer's *Dimensions of Human Sexuality*, 1985, pages 148-151; Masters, Johnson & Kolodny's *Human Sexuality*, 1985, pages 102-104; and Rosen & Hall's *Sexuality*, 1984, pages 84-85.