



American Premenstrual Syndrome: A Mute Voice

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years Canadian museums have made substantial progress in involving Native People in their activities, albeit often still in a rather patronizing way ('The *Celebration* allowed [sic] native peoples to present...'). The failure, not only of the Glenbow Museum but of other major museums across Canada, to take seriously the request by the representatives of most of the Native People in Canada for a boycott has been a grave setback to this rapprochement. Harrison might have discussed in more detail why the Glenbow's later efforts to meet with local band councils failed; clearly, more is involved than finding mutually agreeable meeting times. Curators must now decide whether they will retreat into their bunkers or play a responsible role by

trying to do what is in their power to redress the negative consequences of 500 years of European domination. Academic freedom will have real meaning in the setting of publicly-financed museums only when it does not clash with the equally important freedom of Native People to manage their own cultural heritage. The enthusiasm with which Native People are establishing their own museums across Canada, often with minimal public financing, refutes any suggestion that they are not interested in doing this. How the present Euro-Canadian museum community responds to the challenge to stop treating the Native heritage stored in their museums as their personal possessions will reveal the kind of people they really are.

American Premenstrual Syndrome

A mute voice

ALMA GOTTlieb

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In America there is much talk these days about 'premenstrual syndrome', or PMS, heralded as the most important women's health issue of the 80s (Witt 1984:27). The medical community increasingly claims PMS as a biological fact: with organic causes, it can be diagnosed and cured, especially with hormones (progesterone) (e.g. Dalton 1979). But some feminists are raising a wary eyebrow at this development, which has an eerie ring of the nineteenth century (for other critiques, see Sommer 1982, 1985; Koeske 1985; Rome 1986). Only last century a woman's entire being was seen as ruled by her uterus (Ehrenreich and English 1978). Now, women's mental states are said to be at the mercy of their hormones. Both models derive the nature of the feminine psyche from bodily processes, and both confirm what *Genesis* first proposed: that it is women's nature to suffer.

Emily Martin (1987) has recently offered a provocative analysis of American PMS along Marxist lines. She argues convincingly that the late industrial workplace, demanding of the body ever-increased work efficiency, is responsible for labelling as an illness the reduction in work energy that often accompanies the premenstrual time. PMS may well have become a means, however unconscious, whereby women rebel against excessive demands placed on them in the workplace as well as the home.

I take as a given that PMS fits into late industrial society in the ways Martin has proposed; but rather than emphasizing political and economic aspects I stress the symbolic nature of American PMS complaints in relation to accepted ideologies of the female personality¹. I assume that there is a normative personality to which women feel they should aspire, with the construction of self shaped deeply by culture (cf. Rosaldo 1984, Lutz 1986). While I acknowledge that many women do not fit or even aspire to the cultural ideal (nor is PMS experienced by all American women)², I suggest that individual variability does not negate the ideal.

My analysis does *not* take PMS as an 'imagined' disease – as Western doctors have tended to see women's medical problems, a 'case of female nerves', or something that is 'all in the head' (Brown and Zimmer 1986). I accept any symptom identified by a sufferer as real enough. What I focus on is the cultural construction of such symptoms (cf. Helman 1987).

While comparative studies of the menstrual experience remain underdeveloped, there are hints that a culturally meaningful category of disease whose contours would be roughly those of PMS are absent in at least some of the world's cultures. Earlier this century Margaret Mead (1928:113) wrote that Samoan women may feel some bodily discomfort while menstruating but do not associate menstruation with other emotional changes. More recently, Marjorie Shostak has written of !Kung women that despite having hormonal cycles similar to Western women (1981:353-4),

The !Kung did not have any expectation or belief comparable to that held in the west of a premenstrual menstrual syndrome. Nor did they recognize any effect of the menstrual cycle on women's moods or behavior . . . They did associate physical discomfort with menstruation, especially with its onset, but this . . . was described only in practical terms, not in terms of wider psychological ramifications (1981:353).

Other societies in which the psychological component of PMS would appear unlikely to find a place include the Rungus of Borneo, the Beng of Côte d'Ivoire and the Yurok of California (Buckley and Gottlieb 1988). Because the physical changes associated with menstruation (abdominal cramps, lower back pain, etc.) appear to be very widespread if not universal, while the mood changes that are associated with PMS in America do not seem to be found cross-culturally, I focus exclusively on the psychological dimension, leaving aside as a more purely biological matter the physical discomforts³.

I will be deliberately vague about delimiting the duration of PMS. In varying accounts its duration has ranged in scope from one day to two weeks before the onset of menses but in any case it begins after ovulation occurs. I take 'premenstrual' to encompass that amount of time that it is *perceived to be relevant* by those women who report PMS symptoms. In other words, I take PMS as a native category with a great deal of flexibility in its application.

Before the current rage over PMS, it was the menstrual period itself that was blamed for the negative mood changes that we associate nowadays with PMS. Nevertheless, many women – and men – still associate menstruation itself with those negative mood changes. Thus I am really discussing 'paramenstruum': the time

Advertisement for capsules, published by Winthrop Laboratories in the British Journal of Sexual Medicine, 14.12, Dec. 1987 (thanks to Cecil Helman for the reference). Mrs Jekyll is shown in colour with red lipstick and red ear-ring.

Mrs Hyde Mrs Jekyll

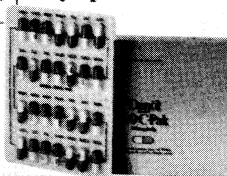


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both preceding and encompassing the menstrual period (typically lasting about ten days). But because in contemporary America 'PMS' has emerged as the core term by which menstrual-related psychological distress can be explained, I echo current usage⁴.

To anticipate my analysis, I shall propose that every month the PMS sufferer inverts the explicitly valued form of feminine personality to enact its opposite. This monthly reversal is certainly disapproved of by the culture, yet it is intrinsic to Western understanding of womanhood. Together, the two extreme styles of feminine personality, as exhibited during the time preceding (and encompassing) the menstrual period and during the rest of the month, combine to produce a whole conception of femaleness that is deeply embedded in ambivalence.

Women who suffer from PMS say that they lose control, are seized with overpowering urges. What shape do these urges take? As Martin has pointed out, certain themes emerge, especially with married women, who by far predominate among PMS sufferers and are therefore the focus of this paper. Almost uniformly, these urges are seen as negative traits both by the women themselves and by the wider society (but for creative re-shaping of these urges, see Martin 1987; Witt

1984:149-152; Rome 1986:146; and especially Shuttle and Redgrove 1978). The urges have been grouped by one doctor (Guy Abraham) into two clusters, 'Type A' (anxiety) and 'Type D' (depression) (in Trupin 1985:22), each encompassing several related symptoms. As Type A moods seem by far to predominate (Abraham's estimate is 80%), I concentrate on those.

During PMS 'attacks', married women who are Type A say that they 'rant and rave', especially to their families. They become angry and 'lash out', particularly at their husbands but also their children. They are critical and edgy for what they, and those around them, perceive as no reason other than 'the time of the month'. *Irritability* and *hostility* are terms that recur in descriptions of PMS.

Let us consider the following statement by a PMS sufferer (in Witt 1984:133):

About once a month, I'd become a different person. I would yell, pick fights, become unbelievably aggressive. It terrifies me. I don't like to think that's the way I am. I'm a nice, quiet person the rest of the month. But the days before my period I feel like a monster.

In this lament, typical of descriptions of PMS attacks, the woman reports that premenstrually she behaves in

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1. I aim my analysis of PMS at American society but suggest that the general conception of feminine personality sketched here is pervasive in Western cultures (for Italy see Giovannini 1981). Though it exists as a public category, I have not researched the specific question of PMS in Europe (but see, for example, Dalton 1980, d'Orban and Dalton 1980).
2. Estimates vary considerably, from 25%-100% (Janiger et al. 1973:226). A recent television report (on local CBS News, 4/20/88) claimed that 'nearly half' of all American women have some PMS symptoms.
3. Janiger et al. (1973:232) suggest tentatively that 'premenstrual distress is a universal phenomenon' but acknowledge that their field data were gathered in less than optimal ways (p.229) and, in any case, among only five non-American culture groups. I do not take their conclusion as definitive.
4. Sceptical observers of the recent PMS phenomenon may inquire, What did women do before PMS was named? My answer is that the symbolic place occupied by PMS in women's lives nowadays, as I analyse it in this article, was previously occupied by the menstrual period itself. A historical analysis of the origins of that relationship to the menstrual period is surely needed but beyond the scope of the present essay.
5. A trivial but telling example of this attitude is imprinted on a Hallmark cup with 'Mom sweet Mom' on a background of flowers, as a play on the old saw, 'Home sweet Home'.
6. For related Italian conceptions of femininity oscillating between the virgin/Madonna and the

an opposite manner to how women should behave normally according to mainstream Western standards. Of what does this series of expectations consist? In the words of the woman just quoted, women are – or long to be seen as – 'nice' and 'quiet'. Implied in 'nice' is that they should be kind, considerate of others, even altruistic (Adams 1971, Bardwick and Douvan 1971). That these expectations are not merely cultural stereotypes but actively internalized is borne out by studies that show, for example, that American women smile more than men do and interrupt men more rarely than the reverse (in Anderson 1983:48; also Lakoff 1975). In the private sphere, it is women who are supposed to hold together the family, who 'make the house a home' (Ehrenreich and English 1978)⁵. 'The home', identified with women, even partakes of the sacred: a sanctuary to which men can escape after being polluted by the symbolic dirt of the workaday world (Rybczynski 1986:160). Correspondingly, in the public sphere, it is women who conduct the vast majority of volunteer work (Smith 1975:125).

There are many reasons for this, including economic and political factors, but these are surely grounded in the general tendency for women's 'nature' to be defined around giving to others for the sheer pleasure of compassion (Gold 1971).

During most of the month, women should embody the positive virtues just summarized; yet during the paramenstruum they are permitted to play out what are perceived widely as disapproved modes of behaviour, not only suffering but also causing others to suffer by revoking their normal compassion. In effect, they reverse their 'normal' role. The typical woman is permitted – even encouraged – to oscillate between two personality extremes, which have been temporalized into specific chunks of the month⁶. (One woman in a PMS workshop I observed brought up the film *Dr. Jekyll and Mr. Hyde*, though she insisted that this bifurcation of personality was more extreme than her own.) While we may see women during this time as acting 'abnormally', this model of behaviour is nevertheless very much written into a cultural script. Taken together, the two ends of the female personality spectrum offer a complete range of experience considered acceptable for women in America.

These attitudes are taught to women when quite young: there is evidence that the expectation that girls will embody this set of ideals appears as early as birth. The new mother in some American hospitals may be given an information sheet entitled either 'What is a Girl?' or 'What is a Boy?', as I was in April 1987, detailing the nature of her baby⁷.

With this in mind, let us examine a portion of the text for 'What is a Girl?', with its list of traits that American females should embody. To put it at its most succinct:

Who else can cause you more grief, joy, irritation, satisfaction, embarrassment and genuine delight than this combination of Eve, Salome and Florence Nightingale?

Here we have combined the extremes of feminine allure: purity, seduction, plus selfless dedication to others. The publication admits, delicately, that girls have their imperfections, but these are relatively harmless:

Little girls are the nicest things that happen to people. They are born with a little bit of angel-shine about them and though it wears thin sometimes, there is always enough left to lasso your heart – even when they are sitting in the mud, or crying temperamental tears, or parading up the street in mother's best clothes.

Here we have the most positive image possible of girls: the angelic. This, in spite of the occasional moodiness or cute sources of exasperation they might be. But let us continue:

A little girl can be sweeter (and badder) oftener than anyone else in the world. She can jitter around, and stomp, and make funny noises that frazzle your nerves, yet just when you open your mouth, she stands there demure with that special look in her eyes. A girl is Innocence playing in the mud, Beauty standing on its head, and Motherhood dragging a doll by the foot.

Now, a negative note is introduced. The girl can be 'bad' – but note this is in parentheses, subsidiary as it were to sweetness. 'Motherhood dragging a doll by the foot' is a compelling image: she can be irresponsible as a mother, but it's in innocence, and she can't be blamed. By means of these tropes, the dual images of extreme goodness and extreme badness are introduced to girls literally at birth, via the expectations of their new parents, who will be socializing them. But always the Good should subsume the Bad, as in the grammatical construction used in the handout.

If socialization into this script begins at birth, it continues through a woman's life. Let us explore briefly two examples of how instruction about PMS, specifically, teaches women about anticipated mood shifts from the 'nice' to the 'irritable'.

At adolescence a girl is intensely curious about her changing body and seeks information about the transformations. One source is her doctor's office. Widely available in American paediatrician's offices are booklets on various subjects, including menarche. One such booklet, called 'To answer your questions about your teenage menstrual cycle' (printed by Personal Products Company) is in a question-and-answer format. Here is one section:

Sometimes I feel tired and moody. Does this have anything to do with my cycle?

It may. Many things influence the way you feel. In some cases your moods may be affected by your cycle. For example, some girls and women feel tired and irritable a week or so before their periods. This may be related to the levels of hormones in your blood during the premenstrual phase (Anonymous 1986).

This publication not only puts physical ('tired') and mental ('irritable') symptoms on the same level, but it posits a direct, causal association between biological processes (hormones) and mental states (moods). In so doing, this booklet, teaching young girls what to expect from the (pre-) menstrual experience, in effect instructs them that 'PMS' (unnamed in the present instance) is a natural occurrence.

Socialization into psychological changes during paramenstruum continues through a woman's adulthood. On a first visit to a gynaecologist's office an American woman is usually asked to fill out a personal history sheet. Included in one sheet collected is the question:

Do you have moodiness, depression, irritability, swelling or bloating prior to your menstrual period?

As with the previous case, this question implies that 'moodiness', 'depression' and 'irritability' might be normal or common during the premenstrual time. Secondly, it puts these personality changes on a par with the physical changes of 'swelling' and 'bloating', thereby medicalizing the personality changes with an implied biological foundation⁸. In filling out forms such as these in their daily lives, American women are in effect told by 'experts' (who presumably construct such forms) that negative moods experienced premenstrually are indeed a medical problem and therefore perhaps to

- prostitute, see Giovannini (1981).
7. This was first printed by the New England Mutual Life Insurance Co. The company ceased distributing it about ten years ago but private individuals and other agencies continue to reprint and distribute it in large quantities. When New England Life was distributing the handouts, the intention was that they would 'pull on the heartstrings' of new parents, making enough cultural sense to them that they would purchase life insurance (Laura Lock, Advertising Department, New England Life Insurance Company: personal communication, 9 Nov. 1987).
 8. A strikingly parallel example of somatization of psychological symptoms is exhibited in the following description of a PMS sufferer: 'She had breast pain, bloatedness, and frequently started arguments with her husband' (Witt 1984:41).
 9. As outlined by Turner (1967:95) the essential feature of ritual is that the identity of the participants is transformed permanently, the most famous instance being rituals of initiation. By this definition, PMS as I understand it would not be a ritual, as *its* hallmark is that the monthly transformation is both regular and reversible: few women would like to become permanently the women they are during the premenstrual (and/or menstrual) phase. Yet I suggest there is an intermediate form of ritual in which personal identity is transformed, but only temporarily, and then reverts to earlier structures (Gottlieb n.d.). As I have analysed it, PMS would seem to be a perfect example of such an intermediary form of ritual.

some degree inevitable. Further study of other widely distributed pamphlets and questionnaires (as well as school textbooks teaching about the female body) is sorely needed to discover the extent to which these attitudes are explicitly taught throughout wide sectors of the culture.

In any case, individual women have come to see certain states of mind as being due to PMS even when there is no evidence to support this in their own particular histories. One woman in a PMS workshop I observed complained of headaches before, during and after her menstrual period, but blamed them all on PMS. Such attributions of any negative states to PMS are apparently made by women quite commonly. Sommer reports that women complained of negative moods associated with the premenstrual time, but later investigation of the women's own diaries of their moods and menstrual cycles revealed no such association (parallel findings are cited in Frieze et al. 1978:201). On the other hand there is a tendency among both men and women to blame the menstrual cycle for negative moods that do occur during the paramenstruum while blaming other factors for negative moods that occur during other times (Sommer 1982:62). In other words, the menstrual cycle is held responsible for as much as possible even when it cannot possibly be held accountable for *all* negative moods. Sommer confirms that negative moods are taught to American women (and men) as a 'natural' component of the paramenstrual time.

I have suggested how the negative moods that define PMS constitute the opposite of what is 'normally' expected of women in America. During PMS, the idealized attributes are reversed temporarily. What is the purpose of such a reversal, and what can it accomplish?

In writing of rituals of reversal, the historian Natalie Zemon Davis has pointed out (1978:152-153) that anthropological analyses have emphasized the stabilizing force that, paradoxically, they represent. In many African and other rituals of reversal, no real rebellion is effected or even attempted (e.g. Gluckman 1963, 1965). The goal of the typical ritual of reversal as presented by anthropologists is not to topple the underlying structure but to affirm it. During the ritual, the arbitrariness of the structure may be acknowledged, implicitly or even explicitly (Turner 1967); but once the ritual is over, life reverts to its prior state and continues as if uninterrupted.

Davis's own analysis of sexual reversals in early modern European literature, art and street festivals offers a contrasting perspective, as she shows the potentially subversive nature of at least some sexual reversals. In the case of American PMS, is the reversal of personality that I have outlined, which might be termed a 'ritual'⁹, essentially conservative or potentially radical? Does it maintain the existing ideals of feminine behaviour (and, by extension, the configuration of power relations between women and men), or might it serve to undermine that system of representations and create a new set of images and ideals to which women of the future might aspire? I suggest that at present PMS has an essentially conservative effect because the hallmark of PMS is to turn women's experience against themselves. By inflicting themselves on others, they themselves suffer. In terming their domestic acts of rebellion 'irritability', women are made to feel guilty for reversing the normal expectations of them (Martin 1987:134).

To what extent might PMS be seen as an 'escape valve', a means whereby American women 'let off steam' from the enervating machine of the daily domes-

tic grind? To some extent this explanation is valid, but it tells only part of the story. It ignores the specific contours of PMS and its predictable trajectory; moreover, it puts PMS in a place that is peripheral to the American vision of womanhood, whereas my contention is that the current understanding of PMS (and, before its creation, of the menstrual period itself) is integral to how we view femininity. Even if it occupies a small portion of women's lives (although some women may see the paramenstruum as occupying half the month), and even if not all women suffer from it, I contend that the contemporary vision of PMS is so much a part of general cultural consciousness that it constitutes, qualitatively, half the female story. It combines with the other part of the month to produce a bifurcated vision of femininity whose two halves are asymmetrically valued.

Married women who suffer from PMS report that during the 'normal' phase of the month they allow their husband's myriad irritating acts to go uncriticized. But while premenstrual they are hyper-critical of such acts, sometimes 'ranting and raving' for hours over trivial annoyances. Unable to act 'nice' continually, women break down and are regularly 'irritable' and even 'hostile'. Their protest is recurrent but futile, for they are made to feel guilty about it, or, worse, they are treated condescendingly. 'We both know you're going to have your period tomorrow so why don't we just go to bed?' one husband regularly tells his wife at the first sign of an argument, thereby dismissing any claim to legitimate disagreement. Without legitimacy, as Weber taught us long ago, protests are doomed to failure; and so it is with PMS.

I suggest that these women in effect choose, however unconsciously, to voice their complaints at a time that they know those complaints will be rejected as illegitimate. If complaints were made during the non-premenstrual portion of the month, they would have to be taken seriously. But many American women have not found a voice with which to speak such complaints and at the same time retain their feminine allure. They save their complaints for that 'time of the month' when they are in effect permitted to voice them yet by means of hormones do not have to claim responsibility for such negative feelings. In knowing when their complaints will not be taken seriously yet voicing them precisely during such a time, perhaps women are punishing themselves for their critical thoughts. In this way, and despite the surface-level aggression they display premenstrually, women continue to enact a model of behaviour doomed to failure, as is consistent with what some feminists have argued is a pervasive tendency among American women in other arenas (Horner 1972).

So long as American society recreates its unrealistic expectations of the female personality, it is inevitable that there will be a PMS, or something playing its role: a regular rejection of the stringent expectations of female behaviour. But PMS masks the protest even as it embodies it: for, cast in a biological idiom, PMS is made to seem an autonomous force that is often uncontrollable (see Martin 1987:132-3); or of it can be controlled, it is only by drugs not acts of personal volition. Thus women's authorship of their own states of mind is denied them. As women in contemporary America struggle to find their voices, it is to be hoped that they will be able to reclaim their bodies as vehicles for the creation of their own metaphors, rather than autonomous forces causing them to suffer and needing to be drugged.