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This is a pre-copyedited, author-produced PDF of an article accepted for publication in *Women & Health* following peer review. The definitive publisher-authenticated version [Mooney-Somers, J, Perz, J & Ussher, JM (2008) A complex negotiation: Women's experiences of naming and not naming premenstrual distress in couple relationships. *Women & Health*, 47(3): 57-77.] is available online at <http://www.tandfonline.com/doi/abs/10.1080/03630240802134134>

A complex negotiation: Women's experiences of naming and not naming premenstrual distress in couple relationships

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Recent research has demonstrated the importance of family relationships in women's experience of premenstrual changes, and their construction of these changes as 'PMS'. However, the discursive process by which women take up the subject position of 'PMS' sufferer through the explicit naming of 'PMS' to an intimate partner has received little research attention. Drawing on 60 individual interviews with Australian women, conducted between 2004 and 2006, we examined accounts of naming 'PMS' in intimate relationships, women's explanations for naming or not naming, and their experiences of their partner naming them as premenstrual. The analysis process identified an overarching theme of naming 'PMS', which was made up of three themes: naming to explain; 'PMS' becoming the only explanation for distress; and 'PMS' as not a legitimate explanation for distress. The findings suggest that clinicians need to be aware of women's complex, and often ambivalent, experiences of naming 'PMS' within their relationships, when working with women, and couples, seeking treatment or support for premenstrual distress.

Premenstrual distress; PMS; relationships; cultural construction; Positioning Theory

INTRODUCTION

Much feminist research conceptualizes premenstrual change and distress as a material-discursive-intrapsychic phenomenon, in which the social and cultural context is central to understanding how premenstrual change is constructed and experienced by women (Ussher, 2000). Many women experience premenstrual changes in emotion or behavior, due to a combination of corporeal, environmental, relational, and psychological factors, but this change is not inevitably a source of distress, or positioned as a pathology, as Premenstrual Syndrome (PMS) (Ussher 2006). Seeking to explicate the cultural context which is implicated in this positioning, examinations of popular culture, self-help texts and medical discourse repeatedly demonstrate a dominant and coherent construction of premenstrual change as 'PMS' (Chrisler & Caplan, 2002; Cosgrove & Riddle, 2003; Markens, 1996; Ussher, 2006). This comprises a negative construction of the 'PMS' sufferer as "irrational, emotional and out of control" (Chrisler & Caplan, 2002, p. 286), with premenstrual change characterized as a pathology caused by hormones that can "cause strained relationships, feelings of despair and worthlessness" (Markens, 1996, p. 46). These constructions render women's bodies and premenstrual emotional experiences as pathological and 'PMS' as something medical intervention both can and should 'fix'. Moreover, because 'PMS' is seen as an underlying pathology, it is

framed as an individual problem that a woman brings to her relationships and interactions with the world.

However, premenstrual change is not experienced in a vacuum; it is negotiated and experienced in the context of relationships, and the responses of a woman's partner can play a significant role in both the emergence of premenstrual distress, and the construction of this distress as 'PMS' (Ussher, 2002, 2003a; Ussher, Perz, & Mooney-Somers, 2007). Women seeking treatment for premenstrual distress often report disruption to intimate relationships (Hammond, 1988; Robinson & Swindle, 2000; Steege, Stout, & Rupp, 1988), and an association between premenstrual distress and relationship discord has been established by a number of studies (Coughlin, 1990; Frank, Dixon, & Grosz, 1993; T. A. Hamilton, 1988; Ryser & Feinauer, 1992; Siegel, 1986; Winter, Ashton, & Moore, 1991; Wright, 1986). In women's narratives, emotional reactivity is often only labeled as 'PMS' when it is outwardly expressed in relationships, or 'PMS' is described as the expression of problems in relationships that are usually repressed (Ussher, 2003a). However, the discursive process by which a woman takes up the position of 'PMS' sufferer through the explicit naming of herself as such has received little research attention.

The act of naming or not naming her emotions or behavior as 'PMS' to her partner is an important part of the process by which a woman adopts or resists the subject position 'PMS' sufferer. Moreover, the adoption of this position is an ongoing process in which a woman can position herself in this way in relation to a specific incident or time, in one cycle but not another, at one period of time in her life but not another (Chrisler & Caplan, 2002; Ussher, 2002). Naming herself as premenstrual to an intimate partner is, thus, an act likely to be performed again and again. This process is best understood through Positioning Theory, as described by Davies and Harré (1990), where positioning is seen as "the discursive process whereby selves are located in conversations as observably or subjectively coherent participants in jointly produced story lines" (p. 48). The subject position of 'PMS' sufferer is made available by discourses such as those relating to reproduction, women's bodies, and mental illness (Ussher, 2003b). This subject position is taken up by the individual woman when she identifies to herself that the behavioral or emotional changes she is experiencing are 'symptoms' of 'PMS'; she can also take up this subject position in relation to others, when she names herself as 'premenstrual'. Equally, women can be positioned as a 'PMS' sufferer by others when they name her as such, in that "what one person says positions another" (Davies & Harré, 1990, p. 48). The implication of positioning theory, is that how we position ourselves, or are positioned by others, "produce(s) social and psychological realities" (p. 48). It is this process that we are concerned with in this paper: women self-positioning, or being positioned by a partner, as a 'PMS' sufferer, and the social and psychological realities produced by these acts.

Self-help texts encourage women to tell others they are premenstrual (Chrisler & Caplan, 2002), and the use of family and couple therapy has been advocated by clinicians and researchers (Jones, Theodos, Canar, Sher, & Young, 2000; McDaniel, 1988; Ussher, 2003a), yet, why women choose to name 'PMS' to their partner, or not, is little understood. Cosgrove and Riddle (2003) suggest that women are strongly expected to explain behavior or emotions that are deemed to be outside the normal conventions of femininity: the calm, controlled, coping wife and mother, who is always available to care for others, regardless of her own needs and concerns (Ussher, 2006). Some evidence also suggests that women regard being able to label their experience of premenstrual changes as 'PMS' as an important part of validating their experience and recognizing it as a serious biomedical condition (Lee, 2002; Raitt & Zeedyk, 2000). However, whether or not women receive validation through this act has received little attention. Indeed, research is lacking on the consequences of naming premenstrual change as 'PMS'; an act that positions women within cultural constructions that many feminists argue construe women's bodies and emotional distress as pathological. Research conducted in Iceland reported that others labeling women as 'premenstrual' can be a negative experience, acting as to demean and belittle women, or as one woman described, a way for men to "divert

attention away from their own incompetence” (Sveinsdóttir, Lundman, & Norberg, 2002, p. 417).

Our research aimed to examine the development, experience and construction of premenstrual symptoms across a range of relationship types and contexts. This project examined women’s accounts of naming premenstrual change as ‘PMS’ in intimate relationships, their explanations for naming, or not naming, and their experiences of partner naming. These are, fundamentally, issues of why women choose to take up or resist the subject position ‘PMS’ sufferer in the context of intimate relationships, and the consequences of this positioning for women.

METHOD

Design, recruitment, and participants

We employed interview data from a large mixed method study designed to explore the construction, experience and development of premenstrual distress across different relationship types and contexts. We recruited women who self-identified as experiencing premenstrual distress, via the media, women’s health centers, community groups and social organizations. To be eligible for the study women had to be self-identified as a ‘PMS sufferer’, aged 18 or older, not pregnant or lactating (or had been within the last 12 months), and not taking psychotropic medication. Women self-screened for eligibility; we provided the eligibility criteria to women on the information sheet given before they completed a questionnaire or participated in an interview. We excluded women who subsequently indicated, either in their questionnaire responses or in their interview, that they did not meet all criteria.

The final questionnaire sample comprised 327 women, and of these 60 women participated in an individual interview. Women indicated on their completed questionnaire if they were interested in participating in an individual or group interview. Selection for the individual interview sample was purposive. We sought a good representation of women in relationships with women, as we wanted to explore the experiences of non-heterosexual women, and women with children, including same-gender couples with children. We also selected women to represent a range of premenstrual distress using the levels of distress indicated in women’s questionnaire responses.

Procedure

We conducted 60 semi-structured interviews between 2004 and 2006. Interviews focused on women’s experience of premenstrual change in relation to other individuals, that is, in the context of intimate, family, social and work relationships. The interviewer began by asking women to describe how they were when they had ‘PMS’, and then explored how this varied across the various relational contexts. The interviews ranged in duration from 45 to 90 minutes, were digitally recorded and transcribed prior to analysis. Transcription of interviews adhered to the following conventions: (.) indicated a pause; underlining indicated words or phrases which were stressed; capitals indicated shouting or loudness; italics indicated whispering; [...] indicated part of transcript was omitted. Laughter, crying, interruptions, or explanations that were not part of the interview, were included in square brackets. For readability, punctuation was added, and unfinished utterances, ums and ahs, and repeated phrases, were omitted from the extracts cited here.

The Human Research Ethics Committee at the University of Western Sydney and the Ethics Committee at Relationships Australia (a research partner) granted ethics approval for the study. All participants signed a consent form, and we have used pseudonyms to ensure confidentiality.

Analysis

Analysis followed what Stenner has termed a “thematic decomposition” (1993, p. 114), a close reading which attempts to separate a given text into coherent themes or narratives which reflect subject positions allocated to, or taken up by, a person (Davies & Harré, 1990). This method is a version of thematic analysis and follows the processes recently outlined by Braun and Clarke (2006). Two of the authors (JMS & JU) conducted the initial process of coding and identification of themes on separate subsets of transcripts. This involved each researcher coding a different set of transcripts through reading and rereading and then line by line coding. Regular meetings were held to discuss emerging codes and themes, and consistency between the researchers in the analysis of the texts. The research team then examined the codes for themes and patterns related to the construction and experience of premenstrual change in the context of relationships, a process that also involved collapsing some themes and identifying new ones. The whole data set was then coded using this coding schedule. In this paper, we explore one of the main themes identified in the analysis process: Naming ‘PMS’. To indicate commonality of themes, we have indicated the approximate proportions of women who reported each theme.

Throughout this paper, we have employed the term ‘PMS’ to refer to the dominant socio-cultural construction in which the emotional and behavioral changes that can occur in the phase leading up to menstruation are framed as symptoms of ‘PMS’, usually understood to result from hormonal changes in the woman’s body. We have utilized scare quotes around the term ‘PMS’ to clearly demarcate our use of this term as a construction drawn on by the women we interviewed and their partners, and to distinguish it from the clinical or other standardized diagnosis of Premenstrual Syndrome or Premenstrual Dysphoric Disorder.

RESULTS

The interview sample consisted of 60 women; most interviewees were partnered (80%). Sixty six percent of women were currently in an intimate relationship with a man and 33% were currently in a relationship with a woman. The average age of women in the interview sample was 34 years, with ages ranging from 22 to 48. Half the women interviewed reported having children (47%), with heterosexual women more likely to have children (60%) than lesbian women (25%). The majority of participants were Anglo-Australian, in full time education, part-time or full-time employment, and were resident in an urban location in one of Australia’s two largest cities. This echoes the experience of most Australians - three quarters of Australians live in urban areas, with 85% of these living in one of the country’s eight capital cities (Australian Bureau of Statistics, 2006).

An overarching theme of naming ‘PMS’ was made up of three sub-themes: *naming to explain*, *‘PMS’ becoming the only explanation for distress*, and *‘PMS’ as not a legitimate explanation for distress*. These three themes cut across accounts of women self-positioning as a ‘PMS’ sufferer and naming this to a partner, self-positioning as a ‘PMS’ sufferer but not naming this to a partner, and partners naming women as a ‘PMS’ sufferer (whether the woman positioned herself in this way or not).

Two thirds of the women described naming ‘PMS’ to their partners by explicitly referring to ‘PMS’ and the premenstrual phase, such as “my periods are coming”, or implicitly, such as “it’s almost that time”. Naming ‘PMS’ to an intimate partner invariably followed a women identifying a change in her own behavior or emotions, and then positioning this as a ‘symptom’ of ‘PMS’. The changes most often associated with naming ‘PMS’ were outwardly orientated, such as irritability, anger, reactivity, or irrationality. For example, in the following extract from Fiona:

I'd usually tell him that, you know (.) I'm you know, if I was irrational, I like to be able to say, 'Look, I think I'm a bit irritable,' or whatever, 'because you know, it's almost that time'.

Many of the women (approximately half of the sample, but the majority of lesbian relationships), also reported a partner naming their behavior or emotional state as 'PMS', often before the woman had named it herself or self-identified as being currently premenstrual. Naming was usually in the form of a question - "Are you?" "Is it that time?" - allowing women to take up, or resist, the position of 'PMS' sufferer. Echoing the pattern in women's self-naming, women described partner naming as triggered by a change in the woman's usual behaviors or emotions; as Eleanor described in her interview:

He would say, 'Oh, it's that time coming up, isn't it?' So I guess it was evident in me that, you know, I would get a little bit more tense, a bit short, that sort of thing. Whereas normally I'm pretty easy going.

The following themes - *naming to explain*, *'PMS' becoming the only explanation for distress*, and *'PMS' as not a legitimate explanation for distress* - represent the reasons women gave for naming or not naming 'PMS' to a partner, as well as the positive and negative consequences of self and partner naming .

Naming to explain

Naming 'PMS' to explain vulnerability and access support. One third of women described naming 'PMS' as a way of letting their partner know they were feeling different from usual. This action permitted a woman to talk about how she was feeling, which as one woman commented, allowed her partner to be "aware of it. So I guess, it's just maintaining that communication about it" (Kathryn). In many cases, emotional and practical support resulted from a woman letting a partner know she was currently premenstrual; that is, premenstrual changes were positioned as causing a woman to be vulnerable or overwhelmed and thus in need of additional support from her partner. A similar pattern was apparent in women's accounts of their partner naming 'PMS', with the provision of emotional reassurance, physical comfort and domestic support a common outcome. This was the case in the majority of accounts of partner naming from women in lesbian relationships; for example, Bec described how her partner's naming of 'PMS' offered it as an explanation for her distress and allowed her partner to offer support:

The month before I had a nervous breakdown from PMT [premenstrual tension], I was just all over the place, I was just like, 'I don't know what's going on, I don't know what's wrong with me, I think I'm having a nervous breakdown,' and she goes, 'Oh I think you're PMT-ing' and I'm like, 'Oh God it couldn't be that, it couldn't be that, it's so simple!' But yeah she was very (.) nice I suppose and you know, 'Don't worry I'll fix it up.'

A minority of women in heterosexual relationships, approximately one tenth of the sample, provided similar positive accounts of their partner offering 'PMS' as an explanation for their distress: "Oh he usually comes and gives me a cuddle and says, 'oh don't worry about it, yeah, it's that time of the month.'" (Maggie). Women in heterosexual relationships more often described partner naming as an ambivalent experience (one third of the sample). In the following extract, Danni described her partner naming her as premenstrual, an action that resulted in her being relieved of her domestic responsibilities. This naming also brought in to play negative cultural constructions of 'PMS' and of the premenstrual woman as incapable and unreliable; meanings that positioned Danni as childish and in need of supervision:

[Interviewer: 'Go and sit on the sofa, you've got PMS,' how does that make you feel?] a little bit relieved that I don't have to cook dinner (.) it annoys me [laugh]. Yeah, I mean. you know, I am relieved that I don't have to do it, any excuse at that time to do nothing is fine by me, but (.) it sort of

feels like you're shooed away, like you're a total, (.) not invalid but you're incapable of (.) even doing basic tasks sometimes like, you almost feel like a child, 'Behave yourself or you'll have to go and sit in the bedroom,' you know what I mean? [...] I feel as though I'm being managed.

Naming 'PMS' to explain reactivity and moderate relationship conflict. Naming 'PMS' as an explanation for a change in behavior or emotion was positioned by many women, approximately half the sample, as functioning to allow their partner to modify their responses to premenstrual mood or behavior - usually irritability, reactivity and anger. Here, naming 'PMS' could explain a woman's irritability with her partner or a reduction in her ability to tolerate stressors she normally coped with. This could mean, for example, a woman explicitly warning her partner not to raise issues during her premenstrual phase: "He knows when it's PMS time to back off when I say, 'back off.' If there's issues that cause problems in our relationship he knows that then is not the time to bring it up." (Gillian). This strategy of naming requires women to take up the dominant construction of the premenstrual woman as irrational, reactive, and unable to control herself and her emotions. This appeared to be productive for some women, who reported that their partner tried to be less reactive or backed off, during their premenstrual phase. For others, however, it produced undesirable and uncomfortable consequences. Susannah described naming herself as having 'PMS' as making her feel vulnerable in relation to her partner. Her request that he make allowances for her or excuse her behavior during her premenstrual phase was experienced by her as giving him power - it puts him in a "better position":

I find it kind of, very unfair that every month I have to say to my partner 'no I'm, it's the week that I'm getting my bad days so, you know, I'm just telling you now' it's a bit embarrassing and it's a bit like, it gives him, like it puts him to better position.

Women gave accounts of naming themselves as premenstrual following a particular incident with their partner, as a way of offering an apology for a change in the woman's behavior, for example in the following extract from Mary:

I go back to him and say, you know, 'I'm sorry I think I've got PMS,' and that I usually wouldn't respond like that, so I kind of feel like I do go back and I justify my behavior when I reflect on certain things.

Naming in this context positions the women's distress, and the dispute between her and her partner, as caused by 'PMS', ensuring that it is not positioned as caused by a conflict between the woman and her partner, by the woman's partner, or by a problem or dissatisfaction in the woman's life. This was common in accounts from women in lesbian relationships, who without exception presented it as a positive experience. As Linda explained:

She certainly understands and so if I was to turn around, you know after a couple of times, you know I might be snappy for half a day and then I finally sort of realize that I'm like that, (.) I will say to her, 'look I'm really sorry,' and it's actually better then. And then she'll, she'll just take it in her stride. Not a problem. [Interviewer: What does that, what do you think giving her that piece of information does?] (.) well it actually makes, (.) it allows her to understand that it's not her.

Women often reported that their female partners expressed a sense of relief on hearing that 'PMS' was the issue: "It's almost as though it's a relief that there's a reason for it" (Pip).

The largely positive outcomes of naming premenstrual distress to intimate partners represented one experience of naming described by women in their interviews. The following two themes present more ambivalent, and often explicitly negative, experiences.

'PMS' becoming the only explanation for distress

Naming her behavior as premenstrual, whilst not denying the importance of the issue to which she was responding, is a complex negotiation, and represented a considerable concern in the majority of accounts from women in heterosexual relationships. In the following extract - a relatively rare one in accounts from women in heterosexual relationships - Eleanor successfully named 'PMS' whilst maintaining a space within the relationship to talk about the issue that was the focus of her distress:

I've probably said, 'Gee, I've blown up on that. I'm not happy about the issue, but I've reacted in a way that really wasn't justified to react that way.' And, yes, I have. I mean, not as an excuse, but as a (.). Yes, I've reacted wrong (.) about the reaction rather than the issue. [...] But an issue still needs to be dealt with separate to why you reacted to it.

The risk for women in naming 'PMS' to their intimate partner is that once 'PMS' becomes available as *an* explanation for their behavior, it will become the *only* explanation. We can see this in the following extract in which Maggie described limiting 'PMS' as the explanation for her being upset by suggesting to her partner that he also bore some responsibility, "but you know you've probably said the wrong thing", something her partner did not accept and shifted the focus, and the responsibility, back to 'PMS' and Maggie herself:

After about two or three hours, I'll come back and say 'Look, you know what it's like, this time of the month. I didn't really mean to say that,' most of the time, that's what I do, yeah, 'but you know you've probably said the wrong thing,' but yeah, most of the time (.) [Interviewer: And what does he do, does he say 'oh that's alright'] Oh most of the time he does, but sometimes he goes, 'Well you know, you should do something about this PMS.'

A fear that 'PMS' will become the only explanation, thus dismissing women's emotions or the issues to which they are reacting, was also a common explanation given by women for not naming 'PMS' to their partners, an account present in one third of the sample, and the majority being heterosexual relationships. For Celia, introducing 'PMS' into the post-dispute discussion with her partner would make it available as an explanation *for* the dispute, something she avoided because she feared it would trivialize both her reaction and the issue itself:

I've never, ever suggested that PMS or anything like that might be a trigger for me going off. I think it's because (.) I don't want to trivialize some of the issues that come up during this time by saying, 'Oh, it's just that I had PMT.' [...] He's triggered a reaction in me, and it's (.) PMT has exacerbated my reaction, I don't want to trivialize my reaction by saying, 'Oh, it's just that I had PMT,' it's really important that if he had crossed the boundaries (.) that that be addressed and not trivialized.

Thus, other issues, whether they are relationship issues or issues related to the woman's partner, can be dismissed by a partner framing a woman's distress as *just* 'PMS' – a disempowering outcome made possible by women naming 'PMS' in their interaction with their partner. This also applied to women's experiences of partners naming their 'PMS'; for Mary, her partner naming 'PMS' meant: "my feelings in relation to certain issues aren't being recognized enough or they're being condensed into, 'you've got PMS, this is being irrational'." Thus, not only can a partner offering 'PMS' as the explanation for a woman's distress dismiss it, it can also indicate a partner feels no action is required. Only approximately one tenth of interviewees, drew contrasts with previous relationships, both heterosexual and lesbian, in which the naming of premenstrual change as 'PMS' was negative, in contrast to their current relationship. As Sheridan

remarked, "It (PMS) had been named in past relationships, I think, as well, but I don't at all feel attacked now".

The possibility that a partner was dismissing their distress as *just* 'PMS' was the source of women's ambivalence in accounts of partners naming 'PMS' in approximately one quarter of the accounts. In the following extract, Merrin described how her partner naming her 'PMS' was helpful as it prompted her to engage in self-care; it could also be experienced by her as dismissing and minimizing:

He'll have already noticed, but (.) depending on my own, (.) where I'm at, sometimes that's a good way of then me checking in and then doing, going to some sort of self-care around that. (.) Or if his timing is wrong and then I'll experience that as some sort of minimization of what I'm what I'm saying [...] if I'm making a complaint or I'm asking for something, and he hears that that as irritation, rather than a legitimate request [Interviewer: Okay.] then he might, rather than attending to what I'm saying, he would see that as more about, 'Oh it must be that time of the month'.

The notion of timing in the above extract was a common feature in women's descriptions of partner naming, highlighting the fact that individual women's experiences of their partner naming 'PMS' were not static. Further demonstrating the complexities of a partner naming 'PMS' was Eleanor's description of her experience of the same act of partner naming shifting from an initial negative response whilst she was in the premenstrual phase, to a more positive experience when she reflected on it later:

If you look at that now and, you know you think, (.) and it's a good thing, and you think, 'Gee, they do really know me. Isn't that lovely that they're so in touch with me and how I feel?' [Interviewer: Okay] But when you're in that state and someone's saying that to you, that's where I'm saying, you're looking at it like, 'How dare they present me with that as an excuse? I'm actually angry.'

Some women, approximately one third of the sample, reported their partner did not name 'PMS' despite being aware the woman was currently in her premenstrual phase, because they were aware that naming 'PMS' could be experienced as dismissing the woman's feelings. Again, this was an issue of timing, with partners often naming 'PMS' at a later time; something we can see in the following extract from Caroline:

He knows not to bring it up at the time, because it is probably a touchy subject then, yes, so he will say it, we will talk about it afterwards, but at the time I think he just tries to steer clear and brings me a cup of tea.

'PMS' as not a legitimate explanation for distress

At the other end of the spectrum from 'PMS' becoming the only explanation for women's distress, were descriptions of male partners not accepting 'PMS' as an explanation for women's distress at all. This theme did not emerge in any accounts from women in lesbian relationships, but was present in approximately one quarter of the heterosexual women's accounts. The fear that their partner would not take their premenstrual experiences seriously or recognize it as 'PMS' was also an important reason cited by heterosexual women for never naming 'PMS' to a partner. During her interview, Jackie talked about her need for time to herself when she was premenstrual, describing an occasion when she watched a DVD instead of getting dinner ready as an example. This strategy was initially presented as relatively unproblematic: Jackie got what she needed and experienced her partner as accepting. Later in the interview this became a more complicated issue, when Jackie suggested her partner's acceptance was contingent on his not knowing it was 'PMS' he was accepting.

It wouldn't be legitimate. It's not like, 'She has a cold, she's not feeling well.' Or, you know, 'She's

broken her leg, and she can't walk.' You know, it (.) 'She's just not in a good mood today.' Emotions [...] it's not a legitimate sickness. [...] if you've got PMS, well, you know, that's not so good, but, you know, keep going.

This comparison of 'PMS' with 'real' illness or disability was something that came up regularly in the interviews, with women reporting they felt 'PMS' was not accepted by others as a time when a woman may not be functioning at her usual level. Having a cold or a broken leg, in contrast, was positioned as being able recognizable and appropriate allowances made; as Joyce commented, "it would be so much easier just to be in a wheelchair and people to understand, without having to explain anything". The comparisons offered in women's accounts were all recognized medical conditions, visually apparent disabilities and, perhaps crucially, not exclusive to women. In contrast, 'PMS' was positioned as lacking externally conferred legitimacy, which for Jackie meant her experience and naming of 'PMS' would not be sufficient for her partner:

You know if I had some proof that this is an actual medical condition that all women suffer from. Well, most, I can't account for all women, but if I do, most women must (.) Then it makes it a bit more believable.

The dismissal of premenstrual change, or denial that premenstrual distress was a serious issue for women, and a common feature of negative experiences of partners naming PMS; it was present in one quarter of the accounts from women in heterosexual relationships. As Lillian commented,

I think sometimes when, what gets me is he'll go, 'Oh she's got PMS', or, 'Here we go again', well just those 'well here we go again' words is enough to send me off sometimes and I'll just, 'oh yeah bloody hell you know it's alright for you, you don't have to go through all this.'

For a small proportion of the heterosexual women, approximately one eighth of the sample, a partner naming PMS went beyond the mere dismissal of their distress. As in Elaine's case: "he used to sort of egg me on a little bit, like he'd say, he'd make comments like 'oh you're premenstrual', or 'who am I talking to today' sort of thing, like I was schizophrenic or something, and I, and that would make me even more agitated and upset".

DISCUSSION

Premenstrual changes are material-discursive-intrapsychic phenomena, associated with cyclical changes in the body, the material circumstances of a woman's life, her mode of appraisal and coping with emotional or behavioral change, and the discursive context within which such changes are labeled as 'PMS'. Building on previous research demonstrating the importance of intimate relationships for understanding the emergence and construction of premenstrual distress (Ussher, 2002, 2003a; Ussher et al., 2007), this analysis focused on the ways in which the explicit naming of 'PMS' in intimate relationships functioned to construct and explain premenstrual changes. That women reported naming themselves as premenstrual with little additional information being communicated, suggests naming 'PMS' to a partner was a kind of shorthand, relying on a woman and her partner having a shared construct of 'PMS', usually the dominant cultural constructions of 'PMS' which position the premenstrual woman as overwhelmed, vulnerable, and emotional, or as reactive, irritable, angry, and lacking control. As a result, telling a partner she had 'PMS' was often sufficient to produce a shift in a partner's behavior - providing support to a woman who was feeling vulnerable or overwhelmed, or tolerating reactivity by not provoking arguments or raising relationships issues during the premenstrual phase. The same pattern was also seen in women's positive

accounts of partner naming. In this way, naming 'PMS' and taking up the position of 'PMS' sufferer was a positive and productive act. However, women also described uncomfortable or undesired outcomes resulting from taking up the position, or being positioned as, a 'PMS' sufferer, as it implied the woman was not responsible for herself, or was like a child, incompetent, and needed to be managed. Echoing the findings of this study, women in Lee's (2002) study reported similar feelings of ambivalence, with many choosing not to label their experiences as 'PMS' as a result. Indeed, it has been argued that taking up the position of 'PMS' sufferer means taking on a broader construction of woman as "emotional, unstable, and frail" (Raitt & Zeedyk, 2000, p. 121).

The notion of women splitting off unacceptable or atypical emotions and behaviors during the premenstrual phase by positioning them as not-me, thus framing the non-premenstrual self as the real-me is well documented (Chrisler & Caplan, 2002; Cosgrove & Riddle, 2003; McDaniel, 1988; Ussher, 2004). A slightly different pattern was evident in this analysis, with some women naming 'PMS' to let their partners know their distress was not their partner's fault, with associated partner relief at this attribution; that is, distress is split off from the relationship. As already noted, this was particularly common in accounts from women in lesbian relationships. Previous research findings demonstrate that women are often concerned about the impact of their premenstrual change on others (Elks, 1993), with many only seeing these premenstrual changes as problematic - and framing them as 'PMS' - when emotions are outwardly expressed and thus likely to affect their family or partner (Ussher, 2003a). The ways in which the label 'PMS' is deployed within relationships through explicit naming by a woman or her partner, and how this positioning functions within the relationship, are important issues of which clinicians working with women seeking treatment for premenstrual distress need to be aware (McDaniel, 1988). Further research is needed here to explore both partners' experiences of women's premenstrual changes, and how couples negotiated these changes together, for example through case study analysis.

Clear and consistent differences were observed between experiences of naming from women in lesbian relationships and those in heterosexual relationships, with the former giving an overwhelmingly positive account of partner naming and of partners responding to women self-naming. Echoing previous accounts (Mooney-Somers, Ussher, & Perz, 2006; Ussher et al., 2007), it appeared that male partners' constructions and understandings of 'PMS', as well as idealized representations of femininity which position premenstrual change as sign of pathology, played an important role in women's experiences of premenstrual changes in heterosexual relationships. This difference in women's accounts of naming 'PMS' to male or female partners suggests that a focus on women's experiences of premenstrual distress within lesbian and heterosexual relationships would be a productive line of inquiry for future research.

An undesirable outcome of naming described by many women in heterosexual relationships was that once 'PMS' became *an* explanation for their premenstrual emotions, behaviors or reactions, it could become the *only* explanation. In this context, the naming of women's behavior as 'PMS' threatened to negate the individual woman's experience, such that alternative meanings of her emotion or behavior - meanings that may be uncomfortable or undesirable for her partner, or require relationship work - disappear. Some women described this as resulting in a denial of the negative emotion they were feeling, or the issue they were raising. We also saw that some women experienced their partner naming 'PMS' as allowing their partner to deny any responsibility for an issue that emerged premenstrually, because it was *just* 'PMS'. Similar findings have been reported in other studies (Sveinsdóttir et al., 2002; Ussher, 2002). The dismissal of women's experiences as *just* 'PMS' was not only an undesired outcome of naming, and the most common negative experience of a partner explicitly naming 'PMS', it was also a primary reason cited by women not to position feelings or behavior as 'PMS'. The consequences of this dismissal, reported in previous research, include feeling misunderstood or unsupported, and feelings of guilt or blame for not

being able to control their emotions (Ussher, 2002), often leading to an increased sense of incompatibility with a partner (Siegel, 1986). Naming their experiences as 'PMS' then, may provide an opportunity for women to air grievances or emotions not usually acceptable, something Elson (2002) described as a 'redeployment' of the reproductive body to meet women's emotional needs. However, the label of 'PMS' means that questions of legitimacy will always exist - are these issues real or *just* 'PMS' (Cosgrove & Riddle, 2003). A different kind of legitimacy was a concern for women who described a partner's denial of 'PMS' itself. These women cited the fear that their premenstrual distress would not be taken seriously, not accepted as an explanation at all, as the primary reason not to name, as well as a negative outcome of partner naming. It has been suggested that an understanding partner is one who accepts the woman's self-positioning as a 'PMS' sufferer, and offers support as a result (Ussher et al., 2007), with those not accepting the explanation of 'PMS' being seen as "insensitive or ignorant" (Chrisler & Caplan, 2002, p. 290). We can see then, how the relationship between the naming of 'PMS' and relationship disruption or satisfaction is reciprocal and complex.

Our recruitment and participant selection procedures led to a number of limitations of our design and findings. First, because we recruited women who self-identified as experiencing 'PMS', our sample did not include women who experienced premenstrual changes but did not label them as 'PMS'. This excluded women who may have framed premenstrual emotional and bodily changes as part of everyday life, not as signs of disorder or a source of distress, and thus did not use the term 'PMS'. These women have been described as 'false negatives' in previous research (J. A. Hamilton & Gallant, 1990) Equally, our sample may have included 'false positives', women who described themselves as having 'PMS', but who would not meet standardized diagnostic criteria. Future research could usefully examine the differences between these groups in the construction and naming of both 'PMS' and premenstrual changes. Second, with the exception of the gender of women's partners, we examined no other relationship variables. Relationship duration, the presence or absence of children, the subjective evaluation of relationship quality, and women's relationship history are issues that seem likely to play an important role in women's experiences of naming 'PMS' and are worthy of investigation. Some participants in our study were currently in a relationship with a woman but had previously been in a relationship with a male partner. A systematic examination of these women's experiences may provide a unique opportunity to examine the difference between self-identifying as a 'PMS' sufferer to a male or female partner. Third, due to the purposive nature of our sampling for the semi-structured interview, we may have included a sample that was not representative of women with regard to premenstrual changes, which may limit the generalizability of our findings. A final limitation was the cultural and linguistic homogeneity of our sample. Whilst detailed information related to cultural and linguistic background was not collected, the sample was comprised overwhelmingly of white Anglo-Australians, and all of the women interviewed had good English language skills. This was due in part to recruitment and data collection methods – no attempt was made to recruit non-English speaking women, and funding was unavailable for translation during the interviews. However, previously documented cross-cultural variations in the construction of premenstrual changes (Chrisler and Caplan, 2002) suggest the meaning and experience of naming 'PMS' to a partner may be considerably different for women of non-Western backgrounds, and future research should explore this issue more directly.

CONCLUSION

The analysis presented in this paper strikes a note of caution for the widespread therapeutic advice in self-help texts that women should tell others they are premenstrual (Chrisler & Caplan, 2002), and clinicians working with women seeking treatment for premenstrual distress need to be aware of the issues

raised here. The act of naming premenstrual change as 'PMS' to an intimate partner involves negotiation of the dominant cultural constructions of 'PMS' which can render women's emotions and women's bodies pathological, and deny the validity of women's distress and the issues they are raising premenstrually. However, naming her own premenstrual distress as 'PMS' can allow women to receive much needed support, or explain reactivity such that it can be contained by the woman and her partner. It is thus clear that there are both costs and benefits for women who position themselves within these dominant constructions. Women's perceptions of their partner's understanding of 'PMS', perceptions of their own needs, the likelihood of these needs being met by their partner if they name, and any likely negative outcomes they risk through naming, were all factors that featured in women's accounts of naming or not naming. Thus, we need to be aware of how and why women name 'PMS' to a partner, and why they choose not to, when advocating women ask for support. We also need to consider the ways in which women ask for support more globally; for example, is it necessary for women to frame their need for support as an exception limited to the premenstrual phase. Indeed, is it always necessary for women to name 'PMS'? When working clinically with partners, it is important to explore constructions of 'PMS' and the ways in which women can experience the naming of 'PMS' as supportive, dismissing, or demeaning. Interventions with couples seeking treatment or support for premenstrual distress need to develop a shared understanding of premenstrual change that does not negate the individual woman's experience, render feelings of vulnerability or overwhelm as pathological, or deny legitimate relationship issues.

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