Agency, Resistance and Embodiment in The Context of PMS - a Qualitative Study

Andrea Nordlander

Supervisor: Malena Gustavson, Gender Studies, LiU

Master’s Programme
Gender Studies – Intersectionality and Change
Master’s thesis 30 ECTS credits

ISNR: LIU-TEMA G/GSIC2-A—17/007-SE
I dedicate this thesis to my mother, who has spent countless hours on the phone with me, tirelessly listening to me rant, rave, cry and laugh, who have supported me in every way possible and who is my biggest heroine.

Mitt hjärta är ditt,
ditt hjärta är mitt.
Acknowledgements

I would like to thank everyone who has supported me throughout my academic journey. I especially thank all the fantastic women who participated in my study. You have generously shared your thoughts and experiences, inspired me with your insights, and charmed me with your wit. It has been a delight to work with this material and without you, this thesis would not exist.

Next, I would like to thank my supervisor Malena for your enthusiastic encouragement, your valuable advice and for believing in the project. I would also like to express my gratitude to all my teachers and professors at Tema Genus at Linköping’s university who have all inspired me to become the best I can be. Thank you also to all my fellow master students at Tema Genus. It has been a pleasure and a privilege to study alongside you.

My thanks and greatest appreciation also go to the teachers and professors at Göteborg’s University, who opened a new world to me and made me grow as a person.

I also want to thank all my dear friends who stood by me through rough times, and who never stopped encouraging me. I am especially grateful to Caroline and Elis, my wonderful and generous friends, with whom I have celebrated all my victories on this journey. Thank you also for your proofreading and useful critique on the project.

Sebastian, thank you for your incredible patience and for standing by me throughout this process without ever for a second leaving my side. For your love and unfailing emotional support, I am eternally grateful.

And as always, my brother Max and my parents Agneta and Michael, who give me the liberty to choose what I desire, who believe in me blindly and love me unconditionally. Thank you.
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Purpose and Research Questions</td>
<td>5</td>
</tr>
<tr>
<td>Outline of Thesis</td>
<td>6</td>
</tr>
<tr>
<td>Defining the Undefinable</td>
<td>6</td>
</tr>
<tr>
<td>How (Pre)menstrual Change Became a Syndrome</td>
<td>9</td>
</tr>
<tr>
<td>Previous Research</td>
<td>12</td>
</tr>
<tr>
<td>Design and Methodology</td>
<td>17</td>
</tr>
<tr>
<td>Planning and Executing the Project</td>
<td>17</td>
</tr>
<tr>
<td>Research Apparatus</td>
<td>18</td>
</tr>
<tr>
<td>Recruitment and Access to the Field</td>
<td>19</td>
</tr>
<tr>
<td>The Participants</td>
<td>20</td>
</tr>
<tr>
<td>Ethical Considerations</td>
<td>21</td>
</tr>
<tr>
<td>Theoretical Discussions and Definitions</td>
<td>24</td>
</tr>
<tr>
<td>The Road to Post-Constructionism</td>
<td>24</td>
</tr>
<tr>
<td>Agential Bodies &amp; Embodiment</td>
<td>25</td>
</tr>
<tr>
<td>Somatechnics</td>
<td>26</td>
</tr>
<tr>
<td>PMS as an Assemblage, In-Becoming</td>
<td>26</td>
</tr>
<tr>
<td>Sexual Difference Theories</td>
<td>28</td>
</tr>
<tr>
<td>The Body Politic</td>
<td>29</td>
</tr>
<tr>
<td>Power and the Body</td>
<td>29</td>
</tr>
<tr>
<td>Analysis</td>
<td>31</td>
</tr>
<tr>
<td>The Menstruating Body</td>
<td>31</td>
</tr>
<tr>
<td>Different Shades of Pain</td>
<td>36</td>
</tr>
<tr>
<td>Women Imagine – Imagining Women</td>
<td>41</td>
</tr>
<tr>
<td>The Savvy Body</td>
<td>47</td>
</tr>
<tr>
<td>Differentiating Being-Woman</td>
<td>51</td>
</tr>
<tr>
<td>Constancy and Consistency</td>
<td>55</td>
</tr>
<tr>
<td>Managing Expectations</td>
<td>61</td>
</tr>
<tr>
<td>The PMS-Label</td>
<td>64</td>
</tr>
<tr>
<td>Conclusion</td>
<td>69</td>
</tr>
<tr>
<td>Social and Embodied Phenomena</td>
<td>69</td>
</tr>
<tr>
<td>Section</td>
<td>Page</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Agency</td>
<td>71</td>
</tr>
<tr>
<td>Resistance</td>
<td>72</td>
</tr>
<tr>
<td>Suggestions for Future Research</td>
<td>73</td>
</tr>
<tr>
<td>References</td>
<td>74</td>
</tr>
<tr>
<td>Appendix</td>
<td>i</td>
</tr>
</tbody>
</table>
List of Abbreviations

ABP – Apparatus of Bodily Production
ADHD – Attention Deficit Hyperactivity Disorder
APA – American Psychology Association
HMA – Health Motivation App
MDI – Material-Discursive-Intrapsychic
MDQ – Menstrual Distress Questionnaire
MJQ – Menstrual Joy Questionnaire
PMS – Premenstrual Syndrome
PTA – Period Tracker App
Introduction

I take the body as the complex interplay of highly constructed social and symbolic forces: it is not an essence, let alone a biological substance, but a play of forces, a surface of intensities, pure simulacra without originals (Braidotti 2002, p. 21)

When I tell someone that I am going to write my thesis on *premenstrual syndrome* or PMS, I rarely need to explain what PMS means, as most people already have a relation to it in some way. They have either heard or read about it, comforted girlfriends or sisters who suffer from it, and many have experienced it themselves. I wish that they did ask though, because the answer is probably not what they think. What exactly is PMS? Well, it depends on *who* you ask. And it depends on *where* you ask. It even depends on *when* you ask. In fact, there is no strong consensus on either definition, prevalence, cause, treatment, or even existence of PMS. If you would ask a random woman on the streets of contemporary Germany, she might tell you about sudden inexplicable changes in mood, breast swelling and increased sensibility in the week before her period. According to a study from 1996 (Yu, Zhu, Li, Oakley, & Reame), women in the rural areas of China might tell you about water retention and sensitivity to cold during the premenstrual phase, but they very rarely associate bad mood with their cycles. If you could ask a scientist in the US in the middle of the 19th century, they might tell you about how women during their premenstrual phase are likelier to have morbid fantasies, abuse alcohol, batter their children and even crash airplanes (Zita 1988, p. 77).

In the West, PMS\(^1\) is often described as a condition most girls and women of childbearing age *suffer* from. I write suffer, because PMS is almost invariably constructed in pathological terms and as such, appear inherently negative. It is not difficult to self-diagnose PMS, as the list of “symptoms” contains over 300 different changes! (Halbreich 2003). Because of the vast symptom list, most women can identify with some or many of these changes\(^2\), and because of the very vague definition, people ascribe all sorts of bodily tensions and most importantly, emotional expressions to PMS. The notion of PMS is so deeply embedded in Western culture that one might link a certain experienced change with the premenstrum based solely on when a

---

\(^1\) In this thesis, I will differentiate between ‘PMS’ and ‘(pre)menstrual change’. PMS represents the gendered discourse that is an assemblage of moving connections between medicine, philosophy and feminist theory that is embodied by women. (Pre)menstrual change denotes the actual experience, rooted in the material body.

\(^2\) Throughout this thesis, I will refer to ‘(pre)menstrual changes’ and not ‘symptoms’. This has two reasons, firstly, using the medical term ‘symptom’ would contribute to the discourse on menstruation as something to pathologize. Secondly, positive experiences are usually not talked about in terms of symptoms, making it difficult to conceptualize (pre)menstrual experiences as positive (see also Golden 2006).
certain change in the cycle occurs. Furthermore, girls and boys often learn about PMS in connection to menstruation, implying an inevitable connection between the two.

When PMS is generally presented as something uncomfortable and annoying, it can create a situation where a menstruating individual expect to be miserable the days prior to menstruation. Anticipating PMS moreover, might lead to the attribution of any negative emotions or bodily change to PMS. As a result, other (external or internal) influences such as underlying disease, stress or lack of sleep might be overlooked (Chrisler & Caplan 2002), and that may have negative consequences on a menstruators physical and psychological health. Routinely attributing all negative reactions to PMS instead of seeking answers elsewhere, takes away any opportunity to act and to change the situation.

There can be no doubt though, that many people all over the world experience negative physical or psychological changes in their (pre)menstrual³ phase, changes that can be anywhere on the scale from mild-to-annoying to severe. Neither is it uncommon to have positive (pre)menstrual experiences, including for example increased energy and motivation (Nichols 1995). A menstrual cycle is a highly individual experience, as two people never have the exact same starting position. Social environment, cultural constructions and bodily predispositions, all affect the way we attribute (pre)menstrual changes, as well as our abilities to cope with them.

Menstruation and the menstrual cycle, which is exclusively associated with women – although many women do not menstruate, and not all who menstruate are women⁴ – have in all cultures been a source of both fascination and disgust. Whether in a particular time and space menstruation was celebrated and considered holy, or whether it was demonized and condemned, it has been surrounded by myths, customs and rituals for many thousands of years. Considering this, it is easy to see why all kinds of affect and bodily changes are even more monitored, registered, detected, experienced etc. around the time for the period.

Humans are fond of characterizations of different kinds, and we tend to seek explanations to things we do not understand. The medical community have for centuries been trying to make sense of the constantly changing female body, and one way of bringing order in the chaos that is constructed as ‘woman’, has been to attach labels to women’s experiences. As a result, the various changes that many women experience the days before or during their period has sloppily

---

³ I use brackets around “pre” to emphasize that while the period when psychological and bodily changes are experienced the strongest is often concentrated to the days prior to menstruation, it may overlap with the menstrual phase.

⁴ The many reasons why some women do not menstruate include menopause, stress, disease or hysterectomy. Some individuals who menstruate do not identify as women. These individuals include trans men, intersex, genderqueer or individuals who identify with other terms like nonbinary.
been lumped together under the umbrella term PMS. With this in mind, it is understandable that so many women adopt the PMS-label to describe and explain their own (pre)menstrual changes.

The modern history of premenstrual syndrome, or premenstrual tension, as it was first called by gynecologist Robert Frank (1931), is thought to have started around the time between the world wars. The first explanation models assumed a connection between women’s behavior and their hormones. In the 70’s however, concerns were raised about the great variation in symptomatology resulting from inadequate diagnostic tools and the lack of standardization in administering tests. Gynecological PMS-research also provoked critique from feminist psychologists who rejected the idea that hormones and inherently female neurotic dispositions were the cause of PMS. These feminists claimed instead that social and cultural factors played the key role in women’s health and illness (Knaapen & Weisz 2008, p. 125). For a long time, feminist research on the social aspects of PMS existed parallel to the bio-medical research on the biological components. Only in the last two decades have researchers such as Jane Ussher begun examining PMS from a perspective that takes both the material, the discursive and the intrapsychic aspects of an individual into consideration (2004).

Some people argue that PMS does not exist at all, that it is purely a social construction (see e.g. Bures 2016), or that it exists only in women’s heads. But I agree with scholars such as feminist psychologists Marlee King and Ussher (2012) who claims that such statements dismiss the lived experiences of women who have given testimony to sometimes debilitating experiences on the one hand, and positive, productive experiences on the other. Nevertheless, building on and overlapping the material and embodied experience of (pre)menstrual change, is the idea of what PMS is and how (pre)menstrual woman “are”. This discursive construct consists of ideas about femininity and women’s bodies that have become medicalized and turned into a syndrome. The idea behind the PMS-label and the material and very diverse changes women experience in connection to their cycles, are at the same time different and the same. They are part of the same construct and we cannot fully understand one side without also trying to understand the other.

In the last couple of years, we have seen a significant rise in medial interest on the topics of menstruation and women’s bodies, both in Europe and much of the anglophone world. The US magazine Cosmopolitan crowned 2015 “The Year that Menstruation Went Public” after Kiran Gandhi ran the London marathon ‘free bleeding’, and poet Rupi Kauer’s photo of herself with blood-stained pajama pants were deleted from Instagram, twice (Maltby 2015). A recent study on menstruation activism, found Germany to be one of the European countries with the least activism around menstruation (Persdotter 2013). I have been living, working and studying in
Germany for the past six years, and I would argue that menstruation awareness in this country is growing, albeit very slowly.

While Germany is one of the world’s main economic powers and a global leader in several technological and industrial sectors, it is a traditionally conservative country and the governing party has been criticized for lacking to address gender issues (DW 2017). For instance, the salary gap between men and women in Germany are among the worst in Europe\(^5\), and women only occupy four percent of top corporate jobs compared to the OECD average of 10 percent (OECD 2014). Despite earning less, women must often pay a so called “pink tax”\(^6\) for many products, and sanitary products (tampons and pads) are in many countries are taxed as “luxury goods”. In Germany this tax amounts to 19 percent (Neubauer 2016). Both the pink tax and the tampon tax has received massive critique in Germany. Some examples of contemporary German menstruation activists who, among other things, campaign against the tampon tax are the self-proclaimed “Menstruation Commissioner” Sarah, who blogs against “Menstrophobia” in society (2017), the activist and blogger Theresa Lehman who placed pads with feminist messages around the city of Cologne (2017), and the grassroot campaigners Laura and Gabriela, who run the project “Regel.Recht” through which they organize lectures and events aimed at normalizing menstruation (2017).

We have yet to see activism specifically targeting PMS though, both in Germany and the rest of the world. Much of the information available on PMS is characterized by the medical focus on hormones, and there is little public discussion about the social and embodied dimensions of (pre)menstrual change. As a result of extensive societal expectations on how (pre)menstrual woman “are”, PMS has become a go-to label and a way of explaining away women’s emotional behavior that disregards their thoughts and opinions as “just PMS” and thus not worth taking seriously. Under such circumstances, it can be hard to know where one’s own (pre-)menstrual changes start and PMS begin.

---

\(^5\) Women in Germany earn 17.1 percent less than men (OECD 2014)

\(^6\) Pink tax refers to the added price for hygiene articles and services such as haircuts or dry cleaning that are directed at women, which may be as high as 200 percent more than respective articles directed at men (Verbraucherzentrale Hamburg 2016).
Purpose and Research Questions

My interest in the topic sparked when I realized how little we really know about women’s cycles, and how much we as a society pretend to know. We live in such an enlightened time where we are completely bombarded with information of all kinds. With only a mouse click I can find nearly anything, except satisfactory information about what is happening in my own body during the menstruation cycle. I have met many adult women who are only vaguely informed about their bodies. Despite this, they live their lives while tackling not only the quirks and peculiarities of the own body but also societal preconceptions of the same.

My aim in this explorative study is not to pin down PMS once and for all. To the contrary, I am convinced that such a move is neither possible nor desirable. Instead, the purpose of this study is twofold: firstly, to raise awareness of, and disrupt the current discourse on the (pre)menstrual body. I will take departure in Shirley Lee’s words, that “the sharing of women’s stories can be a powerful element in the resistance of negative concepts of menstruation in society” (2002, p. 33). Several scholars (e.g. King & Ussher 2012) assert that how we talk about PMS is significant to how we perceive PMS in our own bodies, but also how we perceive our own agency in relation to it. Without access to a multifaceted and diverse discourse, our embodied experiences will be shaped by these limitations.

Secondly, I aim to examine meaning-making around PMS and (pre)menstrual change. I am interested in how young women in Germany today makes sense of a topic that on the one hand is given so little room in society, and on the other, affects them (sometimes profoundly) on a both material and discursive level. Additionally, I will explore the extent of the participants capacity to make deliberate choices around PMS and (pre)menstrual change, including embracing and/or resisting PMS as a material-discursive concept. Out of these topics of interest, I have formulated three research questions:

- How do the participants negotiate and manage PMS and menstruation as both social and embodied phenomena?
- In what ways and to what extend is agency enacted in relation to PMS, but also in relation to the own body as it undergoes (pre)menstrual changes?
- How is resistance in relation to PMS as a material-discursive phenomenon manifested in the participants narratives?
Outline of Thesis
I will begin this thesis by going through what we know about PMS so far. First, an attempt to define the undefinable and second, a *genealogy* – or a sociohistorical critique if you will – of PMS. Following this, I will go through *previous research* on the topic of PMS and menstrual cycle-related issues. Topics that will be discussed in this section are the connection between femininity and PMS and how (pre)menstrual changes do not need to be positioned as negative. The *methodologies* section begins with a discussion of my research approach including the epistemological framework I have used. I then describe how I conducted the research, how I enlisted the participants, and who they are. That section ends with a description of the coding and analysis procedures. After that, I will go through the *theoretical implications* I have used to make sense of my material. Since my interests include how the participants conceptualize PMS as a social and embodied phenomenon, I will use concepts such as agency, biopower and embodiment to examine the women’s narratives. Thereafter comes the *analysis*, in which I use the different theories and concepts on the material. The analysis section is divided according to eight themes derived from the material. Lastly, the results of the analysis are discussed, and I will come to a *conclusion* as well as provide *suggestions for further research*.

Defining the Undefinable
Medical doctors, social scientists, and non-specialists alike, have been trying to pin down PMS for the last 90 years and still, there are inconsistencies regarding not only which changes should be included in the definition, but also the number, the timing, the severity, and the cause of these changes. The disagreement regarding the character of PMS consequently also affects prevalence and treatment suggestions. Although the majority of women affected are said to experience about 20 core symptoms, there are supposedly 300 different changes associated with PMS (Halbreich 2003). These changes are very varied and can be both physical and psychological. Women’s studies scholar Jaquelyn Zita points out that changes listed are sometimes contradicting and she presents a table containing following opposed changes, “insomnia, hypersomnia; anorexia, craving of certain foods; decreased concentration, paranoia” (1984, p. 194). None of the changes usually reported are exclusively related to the menstrual cycle, and many, such as headaches, heart racing, etc. can all be signs of other conditions or be caused by stress (Ussher & Perz 2011). Pelvic cramps are usually also included in the PMS-diagnosis, even though cramps occur primarily during menses and typically would fall under dysmenorrhea – a disorder which, among many others, seem to have been absorbed by the PMS label (Chrisler & Johnston-Robledo 2002, p. 177-178). While most changes associated with
PMS are not gender-specific (Halbreich 2003), some are very gendered, for example, increased sex drive, anger, and food cravings. Feminist psychologists Joan Chrisler and Paula Caplan point out that it would not only be unlikely but even seem absurd to consider high libido, aggression, and enlarged appetite a sign of disorder in men (2002).

Zita calls PMS the “most unusual medical ‘syndrome’” as is it characterized by timing and cyclic pattern rather than the specificity of changes (1988, p. 83). Headaches, back pain and irritability can all be considered “symptoms” if they occur shortly before the menses. To be called PMS, “symptoms” must start to occur during the premenstrual phase and disappear within a few days of the onset of menses (Timby 2011). The focus on timing makes it difficult to separate changes related to the menstrual cycle and changes without connection since virtually anything could be considered PMS as long as it occurs during the second half of the menstrual cycle.

How severe the changes need to be to be considered PMS is not determined or agreed upon either. On the upper side of the severity scale lies premenstrual dysphoric disorder (PMDD). According to Halbreich and colleagues, the burden of the disorder is nearly equal that of major depression (2003, as cited in Timby 2011, p. 5). It is not clear whether PMS and PMDD should be considered separate entities or if they both are on different points of the same spectrum (Halbreich et al. 2007 as cited in Timby 2011). Even though relatively few women experience such severe menstrual related changes as PMDD, most women report on at least one physical or psychological change across the menstrual cycle. The prevalence rates for PMDD have been lying quite consistently on 3-8% in studies (Tschudin, Bertea & Zemp 2010), while the prevalence of PMS can be said to be anything between 2% using the strictest criteria to 100% using the loosest (Chrisler & Johnston-Robledo 2002, p. 178). These discrepancies depend largely on the difference in methodology or design and measurement instruments (Tschudin, Bertea & Zemp 2010). The results might also be skewed because women have been influenced by public discourse and beliefs spread about PMS in popular media (Nichols 1995).

Following this pattern of dissonance, there is no agreement on the cause of PMS either. The American gynecologist Robert Frank (1931) and the British physician Katharina Dalton (1977) were the first to describe premenstrual distress. They both considered female hormones to be the cause which was not surprising in view of the recently developed understanding of the role of sex hormones in the female menstrual cycle at the time (Oudshoorn 2004). Dalton theorized that PMS is caused by an imbalance between estrogen and progesterone. She suggested progesterone treatments to calm the estrogen-dominated nervous system.
Even though clinical trials failed to prove Dalton’s theory right (Chrisler & Johnston-Robledo 2002, p. 182), hormones might still play a significant role in the cause of some (pre)menstrual changes (see e.g. Walker 1995). Some research has suggested that women who suffer from severe menstrual cycle related changes or PMDD, might be overly sensitive to allopregnanolone, a naturally occurring hormone that affects the calming GABA-system in the brain (Timby 2011). Other theories suggest that (pre)menstrual changes occur when estrogen and progesterone interfere with chemicals in the brain called neurotransmitters. Healthy estrogen and progesterone levels vary widely, both within the same woman on different days, and between two women on the same day of their cycles. That said, there is research showing the strong influence of hormones such as estrogen, progesterone, and testosterone on the parts of the brain that regulate mood, emotion, and behavior (Garcia-Segura, Azcoitia, & DonCarlos 2001). How they influence individual women is harder to predict. Other explanation models include nutrition deficits and abnormal functions in neurotransmitters such as serotonin or dopamine deficits. Yet, the results from such studies are “contradictory, at best” (Chrisler & Johnston-Robledo 2002, p. 182).

PMS started out as a metaphor for certain physical and psychological conditions, but morphed into a consistent homogenous entity as science and medicine strived for uniform definitions. By naming shifting and changing forces, we simplify them, make them comprehensible. Thus, when a grouping together of a set of symptoms is being interpreted as “PMS”, it becomes reified as a clinical entity (Ussher 2004; Golden 2006). This clinical entity becomes positioned as that which causes the symptoms, rather than merely reflecting a cluster of symptoms (Ussher 2004). There have been discussions among both researcher and lay people whether PMS “exists” at all (see, e.g. Bures 2016), but I think that is to approach this question from the wrong angle. I hold sociologist Anne Figert’s idea for, if not flawless, then at least more fruitful: she asserts that “PMS is ‘real’ because, if for no other reason, people in different situations choose to define it as such” (2005, p. 102). That many women experience menstrual cycle-related changes, of that there is no doubt. That some people choose to call these changes PMS however, creates a condition which one can either identify or not identify with, and which has wide-reaching consequences not only for individual women but for all women. For even if not all women menstruate, all women will get associated with the idea of PMS and its social and cultural baggage. In turn, this idea and baggage will lay the grounds for women’s embodiment.

In this part of the chapter, I have provided a summary of what we know about (pre)menstrual change so far. It turns out that we do not know much at all. The medical model with its more or
less qualified guessings does not give us any satisfying answers. Instead, even more questions arise. For instance, if we accept that three-quarters or even half of women experience PMS, and we accept hormone fluctuation as the explanation, then a clear majority of all women have an abnormal hormonal cycle! Could we instead approach other explanations to how ordinary (pre)menstrual changes became a syndrome? In the next part, I will examine PMS from a more critical perspective.

How (Pre)menstrual Change Became a Syndrome

Scientific theories of bodily conditions, behaviors and the complexities of the mind, do not emerge in a vacuum. Stereotypes and social norms will play a significant role in how we shape and make sense of scientific research. Ussher has observed that women have historically outnumbered men in diagnoses of madness (2011). That is not to say that women are necessarily madder than men, Ussher says, but there is a masculinist bias in research that projects women to misdiagnosis and mistreatment (2011). One of the most commonly diagnosed “female” illness during the eighteenth and nineteenth centuries was ‘hysteria’, a condition thought to be caused by a wandering and somehow faulty womb. The symptoms of hysteria were conveniently adjusted to fit the cultural understanding of women’s sexuality at any given time (Zita 1988). Zita claims that many of the changes we today associate with PMS are similar to those described as hysteria. It was not until 1980 that hysteria was removed from the The Diagnostic and Statistical Manual of Mental Disorders, (DSM) which is the “official” handbook of psychiatric disorders, but as Zita stresses, it was not too long ago that PMS too was considered a “disease of the mind” (1988, p. 76).

In 1931, Frank published an article on premenstrual distress in which he put forth the idea that work, and especially intellectual work, made women ill. Interestingly, as social anthropologist Emily Martin points out, Franks original article was published during the Great Depression in the U.S., in a time where homecoming World War I soldiers needed work (2001). Suddenly, women were deemed unfit to work due to their menstruation and had to give up the jobs they had fought hard to get. As World War II was underway and men were once again relocated from factories to the battlefield, women were according to new studies deemed able to work after all and they returned to waged labor only to have it taken away from them again once the war ended (Martin 1988). This time around, in the 50s and 70s, Dalton was influential in providing a scientifically founded argument to why women should stay out of the workforce and return to their homes (Zita 1988; Martin 2001). Dalton made this female illness, which she
called “premenstrual syndrome” responsible for women battering their children, increased divorce rates, higher rates of car accidents, and even murder (Zita 1988, p. 77).

Despite the misogyny in Dalton’s statements, her work became widespread among women since she was one of the few medical doctors interested in menstruation and women’s bodies. Healthcare scholar Nelly Oudshoorn describes in her book Beyond the Natural Body how many women found comfort in PMS as a diagnosis (2004). The medicalization of PMS gave both doctors and menstruators an official name to women’s menstruation-related discomfort, and it became possible to talk about and receive medical aid for these issues (2004). In an article published by the American Psychological Association (APA), Caplan argues that the problem with this labelling, is that while it can be empowering, it can also be used by sexist society that wants to believe in an inherently emotional and psychological weakness in women that supposedly renders them crazy once a month (Daw, 1996).

It was not until the 60’s and 70’s that some researchers started to question the validity of diagnosing (pre)menstrual hormonal shifts as a psychiatric disorder (Figert 2005). They argued that women’s moods were influenced by social, cultural and symbolic factors, and that the distinction between biological and social causes is not clear cut. Martin cites Paige who writes that “the direction of causality is still unclear. Indeed, there is abundant evidence to suggest that biochemical changes occur in response to socially mediated emotional changes” (2001, p. 117, emphasis original). Human practices, culture specific or not, have biological consequences. Aside from discursive constructions, sleeping patterns, substance use, diet and childbearing practices all affect our biology. In the same way, biologic functions may affect both well-being and behavior. Today, PMDD has taken over PMS’s place in the discussion regarding mental illness, as PMDD in 2013 was defined in the fifth edition of the Diagnostics Statistics Manual (DSM). Feminists and women’s groups once again raised their voices against such a measurement, claiming that it contributes to a pathologizing of “natural” occurrences that in the Western world are constructed as negative (Ussher 2006; Rodin 1992; Chrisler & Caplan 2002). Caplan claims that many women who complain about severe PMS actually suffer from depression for internal or external reasons and argues that calling women who have experienced abuse or stressful life situations mentally disordered, is to hide the real reason for their troubles (2004).

Others have argued for the inclusion of PMDD in the DSM. Clinical psychologist Jean Endicott disagrees with the notion that the condition could be “used against women”, with the argument that other medical conditions such as heart trouble or cancer could also be “used against patients” and that this is not a reason to exclude PMDD “from the part of the
nomenclature where it logically fits” (2006, p. 3). Endicott claims that without the diagnosis, women are less likely to receive proper treatment for their severe problems. Psychiatry professor Jayashri Kulkarni argues that the belief that medicalizing PMS leads to harm and stigma is based on the erroneous “supposition that medicalization means that (male) doctors will force harmful, ineffective treatments upon passive, uninformed, powerless women” (2013). Kulkarni promotes “[p]atient empowerment through knowledge” and argues for the importance of integrating research on women’s biology, psyche and social context in order to gain full understanding of PMS and how it affects women (2013).

In summing up this chapter, I will turn to public health scholar Amanda Rittenhouse’s analysis of medical, popular and feminist literature in which she recognizes three different but overlapping ways of constructing PMS that has shifted over time (1991). We have the PMS-discourse emerging for the first time around the two World Wars where women made advancement in the paid labor force. The question was about women’s appropriate social and cultural role, and as Rittenhouse writes, “the discussions about PMS thus came to revolve… around contrasting assessments of the competence of women to participate equally with men in economic and political arenas” (1991, p. 413). The limited discourse on PMS during this time was single-track and constructed PMS as a private and medical problem. As in the early 80’s two women in Britain had their murder sentences reduced based on their severe PMS, a debate sparked on how PMS influence women’s judgement and their ability to control their behavior. After the trials, a new feminist discourse which challenged the medicalization of women’s cycles emerged. This new set of literature critically examined potential social, political, and economic implications PMS has on women, women’s bodies and their demands for greater equality and opportunity. Rittenhouse argues that the third shift was underway as she wrote her article. This shift was characterized by a differentiation of the concept of PMS. While medical literature made a distinction between PMS and premenstrual symptoms, feminist literature began creating its own definitions, independent of medial and popular literatures explanation models (1991).

Since Rittenhouse wrote her article almost two decades ago, a lot has happened. I would like to argue that the work on PMS we see today can be viewed as part of a fourth generation of conceptualizing PMS that takes its point of departure in social constructionism but widens the analysis to also include the material aspects of women’s lived realities. In the next chapter, I will go through some of the more influential literature on PMS from what I consider this fourth wave of feminist literature on PMS.
Previous Research

A lot has been written on PMS over the years. PMS has been examined from a number of perspectives including psychology, bio-medicine, social constructionism, and more recently, from a *material-discursive-intrapsychic* point of view. I have decided to organize this chapter roughly following my own research journey into the literature on PMS, taking my point of departure in my understanding of the topic and then moving on to those works that I have drawn upon in this thesis.

It was not until I was in my 20’s that I started considering whether the sudden feelings of hopelessness and over-sensitivity I sometimes experienced could be PMS. The idea was suggested by my partner at the time, and suddenly, things seemed to fall in place. As a person who has suffered from depression, it was not a long leap to think that chemicals in my brain once again had something to do with the way I was feeling. For a while I was content with PMS as an explanation as it seemed to fit so well. I nonetheless did not give PMS much further thought until I years later decided to write about PMS for my master thesis. I then began keeping a diary, and in the little book in which I was only supposed to register my mood, I developed a habit of also commenting about anything and everything that happened in my life. Interestingly, the more I wrote and the more I registered my feelings and thoughts, the less I believed I had PMS. Instead, I suddenly saw a connection between my emotions and other events in my life. It had been a stressful week at work, or I had had an argument with my partner. Perplexed, I concluded that I did not have PMS after all, I was simply affected by societal expectations.

Me giving myself a “clean bill of health” coincided with my initial research into PMS. Chrisler’s has published extensively on PMS over the years, and in the article *PMS As A Culture-Bound Syndrome*, she discusses PMS from a social constructivist perspective (2004). She discusses the development of PMS from being described as a little-known experience of (pre)menstrual tension in the early seventies to a full-blown syndrome with dozens of symptoms today (p. 155). Chrisler argues that the “symptoms” women experience are the result of stereotypes, social roles, and cultural images, rather than an underlying pathology (p. 158).

A cultural-bound syndrome, Chrisler explains, is a form of “disease” that is unique to a certain culture or socio-geographical group. Our bodies do not function differently in different parts of the world, but we interpret our feelings according to what diagnoses are available. In societies where fluctuation of emotions or changes in bodily well-being is viewed as a natural part of the menstrual cycle, these variations will not be considered signs of illness (2004). In other words, that PMS does not “exist” in some cultures, does not mean that women there never experience the sort of changes we associate with PMS. It means that those feelings and bodily...
experiences fall under other labels, or that premenstrual change in those cultures is not viewed as a problem (2004). As an example, Chrisler points out how Yu and colleagues found that women in China, Hong Kong, and Taiwan usually do not report on mood swings in relation to their premenstrual phase. Though they did report on sensitivity to cold which women in Western countries rarely, if ever, describe as a premenstrual change (Yu et al. 1996).

Together with Caplan, Chrisler has also written The Strange Story of Dr. Jekyll and Mr. Hyde, in which the authors draw on several theorists and researchers when they claim that the dominant Western discourse is that of the individual’s capacity to exercise control over her or his own life (2002). Following this, they cite Koeske who writes that “characteristics such as changeableness, rhythmicity, and emotionality have come to be seen as inherently unhealthy” (as cited in Chrisler & Caplan 2002, p. 285). Chrisler and Caplan go on to discuss the Dr. Jekyll/Ms. Hyde, “me/not me”-discourse which allows women to separate their “real” selves from that of the PMS-self (2002; see also Ussher, Hunter & Browne 2000; Swan & Ussher 1995). Through this dualist discourse, women can maintain a picture of themselves as living up to a feminine ideal of being cheerful, patient and content with their lives (see also Cosgrove & Riddle 2003). Anything that does not fit that picture – anger, irritation, moodiness – can conveniently be attributed to PMS. The authors also suggest that PMS could be a way for women to resist cultural demands: “I cannot lose weight, get all of my work done, keep quiet and calm, etc. because I have PMS” (2002, p. 288). This idea has been brought up by other scholars as well, including Ussher.

In her article Managing the Monstrous Feminine: The Role of PMS in the Subjectification of Women, Ussher draws on Foucault and his theorizing about self-policing and self-surveillance (2008). Ussher argues that during the premenstrual phase, women can no longer hold back what they usually keep in check: crying fits, outbursts of anger and behaviors that are not compatible with the feminine gender role. Ussher says that although women do experience premenstrual changes, these changes do not exist in a vacuum. Premenstrual change is not “simply caused by the reproductive body”, but are influenced by societal norms and ideas that construct PMS as problematic and distressing (2008, p. 4, emphasis in original). When PMS is constructed as an illness, women can position themselves (or be positioned by others) as ‘PMS-sufferers’ (Chrisler & Johnston-Robledo 2002).

Western medicine constructs the subject as linear and constant whereas subjectivity in a postmodern or Eastern framework is positioned as ever-shifting and pluralistic. Ussher writes:
difficult feelings and emotions arise in the normal course of life, and that if we try to repress or deny them, this will only be a temporary solution, as they will invariably come out at times when we are vulnerable or under pressure – the premenstrual phase of the cycle being such a time for some women (2008, p. 8).

She further argues that the constructed standards of idealized femininity against which women in Western societies measure themselves can only be upheld sufficiently enough three weeks a month. The split between the PMS-self and the usual self “foster a sense of alienation or distance from themselves” (p.12). Ussher suggests that a framework that does not conceptualize change as pathological might provide a richer and more complex understanding of PMS.

These three articles largely build on the social constructionist model, even though Ussher especially, acknowledges the role of the material body in her theorizing on PMS. Social constructionism makes visible how the very things we assume are naturally existing in this world, is constructed by language. What it does not fully conceptualize, however, is lived reality: for example, the lived reality of having a menstruating body. The experience of cramps or bloating during (pre)menstruation is almost universal among menstruating individuals. Social constructionism can explain why some people position these changes as signs of pathology, thereby not claiming that illness, for example, has no independent existence beyond language. What it does not capture, is how these changes are felt or how and why some menstruators resist a pathologizing discourse.

I have had a difficult time accepting social construction as an all-encompassing explanation to PMS because, – as suggested by Butler (1990) among others – social constructionism seems to lack explanation power to account for agency properly. When I learned of PMS as a social construction, I felt fooled, but at the same time relieved; it is not me, it is everything else. I made a second effort to track my cycles, this time with a period app instead of a diary. As I one month found myself sad and unsatisfied a few days before menstruation, my partner proposed his own theory of PMS. He said that he believed that women during the (pre)menstrual phase evaluate their current life situation to decide whether the timing and circumstances are favorable to become pregnant and to bring up children. I laughed at first, but the idea stuck with me. Maybe there was something else to my feelings of unhappiness: maybe they were in fact constructive? From that moment on, I tried to actively think about my (pre)menstrual phase and the changes I experienced differently. This idea was further fueled as I listened to a radio show about menstruation from 2013 (Sommar i P1). The Swedish writer, radio anchor and cartoonist Liv Strömquist told a story about the Swedish singer songwriter Annika Norlin who has very distressing PMS one day a month, but who utilized her sadness and anger as a source of creative
power to create music. In the same time period, a friend of mine told me how her breast grew and her libido sky-rocketed during the premenstrual phase, giving her a feeling of high satisfaction with herself and her body. These are but a few accounts of women who in diverse ways resist hegemonic constructions on PMS.

One of my interests for this study was this: how can PMS be conceptualized differently and what kind of resistance is already mobilized in women’s narratives on PMS? The article, *I used to think I was going a little crazy: Women’s resistance of the pathologization of (pre)menstrual change* by Ussher and sexual health scholar Janette Perz, was in this regard an inspiring read. Ussher and Perz examine resistance to PMS-discourse through a *material–discursive–intrapsychic* (MDI) model (2014), that looks at both material aspects (which exist on a corporeal level, examples are hormones, neurotransmitters, life stress), discourse (including analyses of discursive concepts such as ‘woman’, ‘illness’, ‘raging hormones’), and intrapsychic or psychological elements (such as modes of coping, or women blaming themselves for relational or work-related problems) (Ussher 2004).

The authors assert that their study offers more nuanced accounts of self-regulation than has many other studies on the topic (2014). Ussher and Perz show how many of their participants reject both the biomedical construction of women as ‘mad, bad, dangerous’ and out of control (Swan & Ussher 1995) and the (pre)menstrual body as the signifier of the *monstrous feminine* (Ussher 2006). In many of the women’s narratives, PMS was still used as a diagnostic category to explain premenstrual experiences, but not in a pathologizing way. The participants positioned fluctuations in mood and reactions to others as, “natural” and a reflection of “true feelings” that comes to the surface during breaks of self-silencing in the premenstrual phase (2014, p. 88). This is consistent with what Ussher found in 2006 (see above). The participants “manifest[ed] awareness of their own sensitivity or reactivity” and engaged in different coping strategies such as being alone, reading a book, exercise, and reduce relationship demands to reduce premenstrual distress (2014, p. 92). Ussher and Perz refer to feminist scholars Suzanne McKenzie-Mohr and Michelle Lafrance who write about “tightrope talk”, which refers to the way individuals can construct narratives in a “both/and” manner: “enabling women to take credit for coping with PMS and deflect blaming for ‘having’ PMS” (as cited in Ussher & Perz 2014, p. 93). Ussher and Perz conclude that awareness and acceptance of premenstrual changes as normal and reasonable were the keys to how participants managed and negotiated their premenstrual distress.

When PMS is pathologized and constructed as inherently negative, women are left with a restricted discourse to describe their (pre)menstrual experiences (Rodin 1992). Conversely,
when being presented with a more positive discourse, descriptions of the (pre)menstrual phase become more varied and include positive experiences as well (Chrisler et al. 1994; Nichols 1995; Lee 2002). In the article It’s Not All Bad, King and Ussher also used the MDI model to explore women’s construction and lived experience of positive (pre)menstrual change (2012). They found that many women do describe their (pre)menstrual phase in positive terms, mentioning changes such as increased creativity, well-being and energy and position the (pre)menstrual phase as enjoyable, a source of motivation, and a reason to engage in self-care (2012, p. 410). King and Ussher’s results suggest that “meaning of premenstrual change is fluid rather than fixed, and that no change is inherently negative, or positive” (p. 410). It also suggests that meaning can vary within a given culture.

After a few months of tracking my cycles, I discovered an unexpected pattern. The days I had marked as feeling the most “mentally stressed”, “sad”, and “sensitive” were not the premenstrual days, but the days around ovulation and during menstruation. My premenstrual days were in fact the most uneventful days of the cycle, when everything seems to run smoothly. I thus do experience changes in the course of my menstrual cycle, but they were not what I had learned to expect. As both researcher object and subject in this private study, I am of course biased. But I think that these findings nevertheless point to a multiplicity regarding (pre)menstrual change and a need to individualize care and treatment for distressing changes.

Another interesting discovery, was that the days I had marked as ‘sad and mentally stressed’-days, were also the days when I felt the most “sociable”, and, according to my own notes, I usually spend these ‘bad’ days in the company of family and friends. Philosophy professor Kristin Brown Golden (2006) has suggested something that resonates with me. She asks the question whether some of the changes we position as negative in association to PMS could be positioned as positive or neutral under other circumstances, and, if so, could we not transfer these insights to the PMS discourse? For example, could not “food cravings” be renegotiated to “creative and passionate appreciation for food, and could ‘crying bouts’ and ‘oversensitivity’ be moments of insight and emotional perceptivity?” (2006, p. 51). This would not only mean that we could start looking for positive changes during our (pre)menstrual phase; we could try to turn some of the supposedly adverse changes into positive ones by renegotiating our lived experiences. What if I changed focus from my monthly feelings of sadness, to the fact that I automatically seek the company of others during the days when I feel the most vulnerable? The view of PMS as altogether negative, obscures the possible empowering effect of (pre)menstrual sensitivity that might result in women acting to make constructive changes in their lives (see, e.g., Fabianova’s The Moon Inside You 2008).
In this chapter, I have given an overview of some of the articles that in the recent years have set the tone in PMS research. I have also provided an insight into my understanding of the topic. In the next chapter, I will turn to my own research and give an account of my epistemological standpoint and the methodology I used in this thesis.

**Design and Methodology**

The aim of feminist research according to feminist researchers Caroline Ramazanoglu and Janet Holland, is to “give insights into gendered social existence that would otherwise not exist” (2002, p. 147). No work is intrinsically feminist. What makes it feminist are the questions, the methodology and the purpose of the study. Feminist research should be framed by feminist theory, and produce knowledge that seeks to transform gender inequality and subordination (2002).

My epistemological point of departure is a position that challenges positivist assumptions about the world as already existing, waiting to be “uncovered” (Lykke 2010b). As a researcher, I am always embedded in the world I study, and the research itself will always be shaped and created through the interactions between myself and my research participants. Furthermore, my location in this world affect the ways I see and interpret it. For these reasons, it is necessary to acknowledge my part in the knowledge production process (see Temple & Young 2004, p. 164). In order to ensure full transparency and intersubjective replicability regarding the research method (see Kruse 2014), the specific research procedure I used in this thesis, as well as my relation to the participants will be made explicit in this chapter.

**Planning and Executing the Project**

My overarching aim of this project was to examine meaning-making processes around the menstrual cycle, PMS, and the body. I decided early on that a series of workshops would be the most appropriate way to set a stage for joint knowledge production around these themes. Originally, I planned and advertised for several workshops with 6-8 participants in each with pre-menopausal women in various ages. Because of reasons I will discuss further on, to none of the three scheduled occasions came more than two women at once, which meant that I had to change strategy ad hoc. Almost all the exercises I had prepared for the workshop were devised for several participants. In the end, I conducted three group discussions and one interview with seven participants in total.

There were two main reasons why I decided against conducting interviews only. Firstly, what especially interest me, is what happens when different experiences and lived realities collide with each other. Some thoughts, ideas, and attitudes only come into being through
interaction with others. My second reason is that group discussions where the researcher participates and shares her own experiences have the potential of reducing power differences between research subject and object (Ritchie & Barker 2005; cf. Oakley 1981 in Letherby 2003), especially if the researcher participates in the discussion herself, sharing her knowledge and experiences (cf. Oakley 1981 in Letherby 2003). In a group discussion, the emphasis lay on the interaction between participants rather than on the researcher and her questions. At the same time, feminist theorist Karen Barad (2007) argues that a momentary cut between researcher subject and object of research is methodologically necessary, and the relationship and boundaries between the two must be defined and outspoken in each research project.

In the end, the four research situations conducted in the scope of this study resembled, and were, respectively, a semi-structured interview. The important difference to an interview, was that in the instances where two participants were present, there was a discussion between both the two of them and the three of us together, creating a more versatile research situation.

**Research Apparatus**

In the beginning of each group discussion as well as the interview, I briefly told the participants about myself and my project. To not add additional emphasis on my role as ‘the one asking questions’, I made an effort to form a sitting circle with the participants. After I had asked the participants what PMS meant to them, and what kind of relationship they had to it, I did a short presentation of my understanding of the topic. I mentioned that there is no precise definition of PMS and that experiences of (pre)menstrual changes vary considerably among populations. The planning of the workshop/group discussions took place simultaneously with the first writing period of the thesis where I came across the most common explanation models for PMS, (the bio-medical, the social-constructivist and the material-discursive) which I briefly presented to the participants. I also mentioned a couple of articles which covered stereotypes, femininity, and cultural expectations (see appendix 1) that I was interested in hearing the participants thoughts on. These exercises aimed to critically look at some different debates regarding PMS. I wanted to explore together with the participants where PMS begins and where it ends, in the body, in society’s view of women and women’s bodies, and in our own experiences.

When it became clear that the first workshop would rather take the form of a group discussion, I converted the themes from my research guide into a rough set of questions which I then used for the remaining discussion and interview (see appendix 2). That I created most of the questions during the research setting itself, allowed me the flexibility to probe for details and the participants to elaborate on a specific theme. The questions were open-ended to make
sure that the discussions were shaped by the interviewee’s understandings of the topics (Kruse 2014). I tried to pose follow-up questions often because I wanted to make sure I got the narratives right and not just going with what I assumed they meant (Davies 2008).

In addition to the questions and the articles, I had prepared two questionnaires for the participants to look at. They were both loosely based the Menstrual Distress Questionnaire (MDQ) (Moos 1968) and the Menstrual Joy Questionnaire (MJQ) (Delaney et al. 1987) respectively (see appendix 3 and 4). The aim of the exercise was to encourage reflection about the way discourse has an impact on how we interpret and embody our experiences. Another purpose was to provide the participants with a broad (positive) vocabulary to describe their (pre)menstrual experiences (see King and Ussher 2012). This sort of research apparatus is “reality-producing” (Lykke 2010b, p. 152) in that the questionnaire sets both discursive and material momentary boundaries for how the research object can conceptualize their experiences both before themselves, but also before the researcher, who will interpret the results (see Barad 2007).

One of the participants readily associated one item on the list with her premenstrual phase, although she had never put the two in relation before. This made me think about the decision to include the questionnaires, and whether I am responsible for any “new” PMS-attributed changes the participants might experience because of it. To some extent, I might be, but then I am also in part responsible for any attributed positive changes, which, in a way, was my aim of the exercise: to open the possibilities to define our (embodied) experiences differently, and in the best case, positively. I received mostly positive feedback on the questionnaires, and many of the participants reacted with surprise at the notion of positive (pre)menstrual change. They had never thought about PMS in a non-negative way before. Comments such as “[it is] helpful so speak about it so POSITIVELY”, and “now I will pay attention also to the POSITIVE aspects”, mirror that what many other researchers have found (e.g., Chrisler, Johnston, Champagne & Preston 1994 as cited in Chrisler 2008), and shows that we still have a long way to go before we just as easily associate the menstrual cycle with something positive as something negative.

**Recruitment and Access to the Field**

Finding women who initially were interested and willing to participate in the study was not hard. Most of the women I talked to seemed intrigued by the topic. To get them to show up at the date of the workshop was trickier. I crafted a flyer (see appendix 5 and 6) which I send to a person who was to function as a gatekeeper (Kruse 2014), and she used her mailing list network of feminist, queer and anti-fascist activists and politically active (partisan and non-partisan) to
distribute the flyer, along with a recommendation from her. I also created a Facebook group with a non-public guest list to which I invited all my female Facebook friends and acquaintances living in my city. Additionally, I printed the flyer and hung it around the city.

For the first workshop on the 13th of March 2017, only two women showed up. I believe one of the reasons for the modest number of people showing was the timing of the workshop, both the particular date (during a university holiday) and the short time that passed between distributing the flyers and the day of the workshop. The second and third workshop was to take place on the 27th of March and the 4th of April. For these events, I updated the original information in a newly created Facebook event and on the flyer which I again distributed across town. On the 27th, one woman came, and on the 4th, again two women showed up. The third group discussion was the first conducted, as I did a test run with two friends. In the end, seven women participated in three group discussions and one in a one-on-one interview.

**The Participants**

The reason I initially sought to contact activists, was based on my assumption that among such groups are feminist questions prioritized and there are a stronger willingness and interest to discuss gendered norms, power relations, and resistance. As it turned out, three out of seven participants were activists of some sort, although not involved in menstruation activism. The participants were Danielle, Mathilde, Julia, Theresa, Christina and Jennifer who all engaged in group discussions two and two, and Helena, with whom I conducted a one-on-one interview.

A portrayal of a person based on snippets of her background, does not say much about who she is, but it will give a picture of the sampled group. The participants ranged in age from 21-30, and five of them came from and lived in the same region in southwest Germany. The remaining two also lived in the same southwest region but were from slightly bigger cities. They all came from working class or middle-class families. All except one were either currently studying at the university or had already received their degree. Three of them used hormonal contraception in the form of the pill or the ring, one just recently got off the pill, one used an IUD, and two of them used condoms for men as contraception. In two of the groups the women knew each other well or were acquaintances, in the third they were complete strangers. Five participants were heterosexual while one was bisexual and one called herself heteroflexible.

It is important to note that with such a small sample, it is not possible to draw generalizing conclusions about a larger population. The seven individuals participating in this study share many intersectional positionings with each other and with me: we are of similar age, we all identify and pass as women, we share the experience of passing as white, we live and partly
grew up in the same town in Germany, etcetera. Nevertheless, even though we also share the experience of having/being a menstruating body, our embodiments and becomings as that body is what differentiates us. This study can give us momentary implications of how meaning is constructed within a material-discursive framework of menstruation and PMS, but it neither provides us with a template nor generalizable patterns.

**Ethical Considerations**

Methodologically, feminist research differs from traditional research as it seeks to reduce power differences between researcher subject and object of research (Ritchie & Barker 2005). The feminist researcher must therefore be careful and apply certain ethics to protect the participants. My ethical considerations have followed me throughout the steps on this study and they have been made explicit throughout this chapter. Those considerations that need extra emphasis or extra explanation I have collected under this headline.

Ramazanoglu and Holland points to the importance of making sure the participants in a study know to what they consent (2002). In the meeting with the participants, I aimed to be as open as possible with my intentions for this study. Before the discussions and the interview, I told them that my interest in PMS is grounded in my own experiences. Afterwards, I answered any questions they had about me and my experiences. I did however leave out that I was specifically interested in examining resistance and agency in the context of meaning-making around PMS. I did this to minimize the impact on data production. They were also informed about what will happen with the data and for what it would be used (see appendix 7).

For the type of workshop or group discussion conducted in the scope of this thesis, where the participants will share personal and intimate stories, it is important to create a situation and atmosphere that conveys safety and acceptance, and where the participants can feel free to express themselves. Therefore, after we had cleared the confidentiality details in the beginning of the discussions and the interview, I asked the participants to make an agreement with me: whatever was said during the group discussion stayed in the room, and was not to be shared or talked about with anyone outside. For the same reason, I was interested in finding real groups, groups of women that already know each other with established social bonds (Kruse 2014). Such a group can, for example, consist of women from the same sports team, a group of childhood friends, or a group of women who regularly meet to do activist work. While only one of the discussions consisted of a real group, a second group consisted of two women who did not know each other personally, but belonged to the same social grouping where I too am peripherally located, and where a third participant is active as well (for reasons of anonymity,
this grouping will not be disclosed or discussed). At the end of each discussion and the interview, I asked the participants to fill out a consent form (see appendix 8).

**Record or Not Record**

I discussed with my supervisor whether I should record the planned workshop or only take field notes, alternatively record parts of the workshop. In a situation where people are moving around and engaging in different exercises with others over the course of a few hours, they are more vulnerable, as they have less control over their utterances. They might be put in a situation where they open up more than they wish to, and the pressure of the group dynamics or the situation itself hinders them from requesting that part to be erased. On the other hand, I also felt that not recording the workshop, and thus relying solely on my notes, might not make their experiences justice. I was afraid that the language barrier might result in incorrect quoting regarding what was said and who said what. With this in mind, I decided to bring both a recorder and a notepad with me. As it became clear that the workshop would rather take the shape of a group discussion, I returned to the recorder. This final decision also had to do with my wish of keeping a flow of the conversation as well as being able to actively interact with the participants instead of sitting hunched over my papers.

At the beginning of each group discussion and interview, I informed the participants that I was going to record our discussions, but that they at any time could request the recording to be shut off or that all or a part of what they had said not to be used. I further informed them that they could at any time withdraw from the study without any repercussions. Their real names have been anonymized, and I have left out any information that could be used to identify them. The anonymity of the participants is further ensured as I have kept their real names together with contact information separate from the rest of the material. The closed Facebook group has been removed.

**Translation Issues**

Writing this study, I have dealt with language issues of various kinds. While the thesis is written in English, the discussions and interview were all held in German, which meant that I had to translate a large part of my material. But even though I have been living and working in Germany for the last six years, and although English has been my second language since kindergarten, I will never attain native fluency in those languages since I was born and socialized in Sweden. The methodological challenge of being located between three languages is that people speaking different languages construct their worlds differently.
I agree with social scientists Bogusia Temple and Alys Young, who assert that “the relationships between languages and researchers, translators and the people they seek to represent are as crucial as issues of which word is best in a sentence in a language” (2004, p. 164). When translating, I have therefore not relied entirely on the dictionary, but tried to look beyond the text itself to find a translation that best captures the non-fixed meaning of each utterance. Thereby knowing full well that I, as the translator, interprets the text through my own experiences. It is furthermore impossible to know “which concepts or words differ in meaning across languages and which do not, or if this matters in the context of the translation” (Temple & Young 2004, p. 165). With this in mind, I took two main precautions aiming at reducing dislocation of meaning. Firstly, the translations I made from selected parts of the material were made as the last step, after I had transcribed and coded the text. This meant that I stayed in “German-mode” during the whole coding and theme-searching process. While analyzing, I always had both the translation and the original in front of me, and could thus stay closer to the original quotes. Secondly, I send all participants both the original and the translated version of all quotes that I used in the thesis for them to read and adjust where necessary. I then made corrections accordingly.

Coding and Analysis Process
The group discussions and the interview were all transcribed by me. I first coded them manually with pen on hard copies and later transferred to a coding software (NVivo) which I used to better organize my coding. I began the process by coding all the material in vivo, meaning that the text was marked in a way that allowed me to read and understand the text by reading the marked words only (Saldana 2009). Sociologist Kathy Charmaz suggests in vivo coding may help “crystallize and condense meanings” (as cited in Saldana 2009, p.75). After that, I went through the material again, reading each transcript carefully, looking for reoccurring patterns or thematizations. First in each document separate, and then all of them simultaneously, to see if there were any similarities. Each theme consisted of several codes and sub codes, 109 in total. I decided against determining codes beforehand, as I wanted to let the material steer me in whatever direction. The most frequent and thought-provoking of these codes formed the basis for the themes that I later analyzed.

I tried to make sense of the participants narratives by keeping both theories of bodies and power, as well as my research aim and questions in mind. But just as Ramazanoglu and Holland stresses, “[d]ata do not speak for themselves” (2002, p. 160). Researchers need to be aware that

---

7 These translations were included in the original thesis, but have been removed from the appendix of the published version.
a complete withholding of one’s own system of relevance is not possible. We interpret everything we see and learn about the world on the basis of what we already know. It is therefore possible that others would come to different conclusions than I did while analyzing the same material. To get a second input and substantiate my ideas, I formed an analysis group with two friends who both have some experience in feminist methodologies, and we all came to similar conclusions. In the next section I will set the conceptual framework for exploring issues about PMS and the body.

**Theoretical Discussions and Definitions**

I have written this thesis within Feminist Studies, a diverse area of research that stretches over and crosses boundaries of several disciplines. When working within, in between, or beyond this field, there is no universal or “correct” research model. Instead, researchers turn to various theories and methods, using them like tools from a toolbox (Lykke 2010a, p.141). I will focus on theories that in different ways allows me to theorize PMS as a compilation of both material and discursive components. Additional emphasis will be placed on possibilities and limitations for resistance, as one of the questions I set out to explore, is how menstruators resist common discourses on women, menstruation and PMS. I will also look at sexual difference theories, as they too can help expose constructive resistance to a male-centered model of material and discursive reality.

**The Road to Post-Constructionism**

The linguistic turn in the 1980s was a milestone in modern feminism, as feminist theorists presented the idea of gender as socially and linguistically constructed, as opposed to biologically determined (Lykke 2010a). Theorists such as Judith Butler (1993) and Elisabeth Grosz (1994), asserted that it is not only gender that is constructed through social and cultural practices, but also the biological body itself. According to Butler’s theory of performativity, both gender identity and sex, become materialized through reiterations of norms (1993). Gender is at the same time imposed on the subject (usually fitting their biological sex), and subjectivated by gender. This means that the subject, the “I”, only emerges within the gender matrix. The “I” thus becomes a subject only after the doctor has pronounced the baby “a girl” or “a boy” (Butler 1993). This gendering continues throughout life, where we perform according to, and thus construct our designated gender roles. Butler argues that the construction of sex also functions through *reiteration*, meaning repetition, through which it is both produced and destabilized. The way discourse on sex becomes matter, is through sedimentation of the reiteration of sex. Through sedimentation, sex becomes naturalized, and the baby girl seems
female. There are however gaps and fissures in these constructions that destabilize them. It does not matter how much a girl performs according to the feminine gender role, there will always be things about her that are not enough, or too much, feminine. This, Butler argues, is where the possibility for change lay, and what enables resistance (1993).

Butler’s account of materialization has been criticized by for example Barad (1998). While emphasizing how “brilliantly” Butlers links subjectivity and materiality, Barad asserts that Butler’s theory only explains how discourse come to matter and not how ‘matter comes to matter’ (1998, p. 90). Butlers assertion that there are no pre-discursive subjects has also been questioned, and critics have recognized “a pressing need for theories of sex/gender that can relate to pre-discursive ‘facticities’ [...] of bodies and transcorporeal relations” (Lykke 2010a, p. 131). In the wake of this argument, theories dealing with the body as a social and discursive but at the same time bodily material matter, have been further developed.

It is important to note that materiality within feminist literature has not previously been ignored altogether, as several theorists such as Donna Haraway, Evelyn Fox Keller and Sandra Harding have indeed engaged with materiality or biology (Ahmed 2008, p. 24). Gender scholar Nina Lykke stresses that the work of sexual difference theorists such as Hélène Cixous and Luce Irigaray who “[reflect] on the meaning of bodily materialities” runs parallel with constructionist theorizing (2010a, p. 133).

Several names have been proposed to describe theories dealing with the material-discursive, including “new materialism”, “corpomaterialism”, and “trans-corporeal feminism” (Lykke 2010a). Lykke suggests the umbrella term *post-constructionism*, which she emphasizes both includes and transgresses constructionism, which in many ways provides a foundation for current feminist theorizing on sex and gender (2010a; 2010b).

**Agential Bodies & Embodiment**

Embodiment, is in its most simple understanding, a personification, or concretization of an idea. It refers to the “experience of living in, perceiving, and experiencing the world from the physical and material place of our bodies” (Fahs & Swank 2015, p. 150). The concept of embodiment defers the Cartesian mind-body split and its counterparts man-woman, culture-nature and human-animal. In feminist critique of these dichotomies, the body is constructed as disrupting any dualist categorizations. Embodied beings are instead at the very locus of where the mind and body, as well as culture and nature, meet.

Cultural norms, ideas and stereotypes affect how we experience and interpret our bodies in the world. This is of course also true for femininity and menstruation. There exists an *idea of*
the premenstrual woman as moody and irritable, and so we may embody these stereotypes. Yet, as several scholars have suggested, although (pre)menstrual experiences *can* be positioned as PMS, they do not have to be (see Ussher 2006; Cosgrove & Riddle 2003). PMS is one outcome of an ongoing process of (re)negotiation of premenstrual change, and it is entirely possible to interpret and embody these changes differently.

When Haraway paraphrases Simone de Beauvoir: “bodies then, are not born; they are made”, she refers to the complex interplay between the organic, the discursive and the technological from which bodies come into being (1991, p. 208). Haraway calls this interplay, the *apparatus of bodily production* (ABP). The ABP falls under the post-constructionist umbrella and Lykke writes that ABP “makes up a basis for understanding sexed embodiment” since it can help bridge the gap between the materiality of bodies and the social construction of the same (2010b, p. 117). Included in the concept of the ABP is also a *trickster*, a reminder that “biological matters and non-human actors are active agents”, and as such, can never be fully controlled (ibid.).

**Somatechnics**

Somatechnics is an interdisciplinary subject area with roots in queer theory and phenomenology studies. It was cultural studies scholar Nikki Sullivan and her colleagues who coined the term in 2004, but the concept has a much longer genealogy than that. Dispensing the word “and” between technology and embodiment, somatechnics implies an inextricable connection between soma – material corporeality, and technés – those techniques and technologies through which bodies are shaped (Sullivan 2012). Cultural Studies scholar Joseph Pugliese and Gender Studies scholar Susan Stryker write that somatechnics “troubles and blurs the boundary between embodied subject and technologized object”, thus denies a dichotomous separation between the body and its environment, inside and outside, the embodied self and the world (2009, p. 1). Somatechnics, they continue, can be used to question the naturalization of the body as an objective, biological entity. It is a tool to critically analyze how embodied subjects are constructed through “soft” technologies of power, such as gender or sexuality, and “hard” technologies, such as computers, medicine, and prosthetics. In this thesis, I will use somatechnics to analyze the impact technologies such as mobile phone apps have on the embodiment of PMS.

**PMS as an Assemblage, In-Becoming**

I find the Deleuzoguattarian concept of *assemblage* very useful in thinking about PMS (Deleuze & Guattari 1987). According to philosopher Gilles Deleuze, an assemblage is a temporary
collection of heterogenous elements such as “states of things, bodies, various combinations of bodies, hodgepodge; but you also find utterances, modes of expression, and whole regimes of signs” (2007, p. 177). In other words, an assemblage is not a fixed entity, but may consist of both discursive and material components. Through our acting, thinking, speaking and inhabiting (as) female coded bodies, we form assemblages as women, that in turn are connected to the PMS-assemblage. The PMS-assemblage comprises multiple connections between medicine, philosophy and feminist theory: PMS is simultaneously a social construction, a lived reality, a medical condition, an instrument of power, a tool for agency, and so on.

It is the combination of elements within an assemblage that determines their character. As an illustration, mood swings between extreme states of sadness and/or joy can constitute a mental health disorder. Mood swings following intake of drugs may be a part of substance (ab)use. If mood swings occur in a woman in the week before her period, they may be a part of what we call premenstrual changes. Thus, different combinations (assemblages) of elements, create different subject positions, such as bipolar individual, drug (ab)user or PMS-“sufferer”. Because relations between components are contingent rather than determined, components can exit and enter different assemblages, which allows processes of change within the assemblage itself (Deleuze & Guattari 1987). If for example “increased motivation” or “increased energy levels” were to be connected to PMS, it might change the character of the assemblage from being considered predominantly negative, to be perceived in positive terms.

The concept of becoming is also useful in thinking about PMS. It describes an endless process of movement or change where human and non-humans alike continuously co/create each other through repeated connections. Haraway says, “to be one is always to become with many”, meaning that nothing is independently a “thing”, but rather becomes a thing through its relations with everything else (2008, p. 4). According to both Haraway (2008) and feminist philosopher Rosi Braidotti (2002) there is no essential characteristics of being; we are rather a collection of parts. These parts of our identities consist of ways of thinking and behaving in order to appear to “be” something, for example a woman. But in order to “be”, one must first “become”, and because there is no end stage to reach, one is always in a process of becoming.

The becoming of PMS can be described thusly: knowledge about the female body and psyche is produced on many levels of society, ranging from scientific research and medical textbooks to popular culture and social media. These ideas are internalized and embodied by women, who measure and attune their own (physical and psychological) experiences against this imagined picture of themselves and women in general. Repeated articulations of lived experiences more or less colored by above mentioned cultural constructions, reach other women, who add their
own experiences and project these as PMS, letting yet other women internalize the now slightly modified version. Thus, if we want insights into how PMS comes to be, we must let women express and explore their experiences in conversation with each other.

**Sexual Difference Theories**

The outset of sexual difference theory is the asymmetrical relation between Man and Woman, where Man stands for the ideal, abstract person and the nonbiased subject, whereas Woman is constructed as a non-Man, as Man’s *Other*. The strategic aim of the sexual difference project is to change the rules of the game, and “create, legitimate, and represent a multiplicity of alternative forms of feminist subjectivity” without disembodying the sexual difference of women’s experiences (Butler & Braidotti 1994, p. 40).

The relevance for sexual difference theory in the context of PMS is this: In accordance with feminist philosophers Luce Irigaray (2004) and Braidotti (2002), I argue that we must take the specific materiality of female bodies in consideration when analyzing the lived reality of these bodies. It must furthermore be made possible for women to speak on their own terms and from their own place about their experiences, without reference to masculinity.

In *This Sex Which is Not One*, Irigaray argues that everything we know about women in general, and their sexuality in particular, has always been theorized within “masculine parameters” (2004, p. 23). The problem as she sees it, is that we make sense of women’s subjectivity and sexuality through a male phallus-centered model that cannot possibly comprehend the plurality of the Woman (2004). Irigaray stresses that women neither “lack” a penis as psychoanalyst’s claim, nor can their sexuality be understood as the opposite of man’s. To the contrary, Irigaray asserts, women’s sexuality exists on its own terms and is self-referential (2004). The position of the *Same*, is taken up by “the subject whose speech reproduce the phallogocentric economy of signification”, in other words, the Man (Lykke 2010, p. 110). In this phallogocentric economy of signification, where sexual difference is discounted and the female subject is “lacking the mirror of the other woman”, women are offered one position only, the *other of the Same* (ibid.). In order to counteract how the female body has been scrutinized with a male gaze, Irigaray asserts that women must rediscover themselves through their own eyes (2004). In this way, the female subject can take up the position as the *other of the Other*, thus recognizing and articulating sexual difference and become the mirror of other women (Lykke 2010, p. 110).

I also want to mention Braidotti’s differentiation between three different structures of subjectivity: (1) Difference Between Men and Women, (2) Differences Among Women, and
(3) Differences Within Each Woman (1994). She stresses that these levels depict “different layers” which “occur simultaneously” and can be understood as “different moments in the process of becoming-subject” (1994, pp. 158-159). In this summary and this thesis, I will focus on level one, which is about exposing the way man and the masculine are always considered neutral and universal. Women can never reach subject status in a structure where the features used to define a subject is constructed as male (Shildrick 1994, p. 111). Feminism on this level aims to establish alternative forms of subjectivity, which are not formed in relation to the masculine. Braidotti’s point is that while we all share similarities, we all are different. There is neither a feminine nor a masculine essence, but we all exist on our own terms.

**The Body Politic**

The theory of the body politic corresponds with the first level of sexual difference according to Braidotti (1994). The body politic is a metaphor that regards the citizens of a state, a nation, a society, to be a collective entity, often likened with the human body. Philosopher Moira Gatens write that the representation of ‘the body’ in the body politic is not one of a diversity of bodies, but instead most often constructed to mirror that of the man; the white, heterosexual, able-bodied, middle-class man. It is his notion of rationality, his moral standards, and his imagined capacities that lay the basis for the political subject (1996). Gatens show how the entrance to this “semi-divine political body” is denied anyone who cannot speak its language, and as women per definition are “mere nature, mere corporality”, they can never have a “place in the semi-divine political body except to serve it at its most basic and material level”, that is, as mothers, wives and sex objects (1996, p. 24). The sexed specificity of ‘the body’ “swallows [women’s, and other’s bodies] whole”, and renders difference invisible (p. 23).

Even if the concept of body politic is somewhat anachronistic, something that Gatens readily admits (p. 25), I find it useful when analyzing the way women’s experiences are often ignored or dismissed based on their difference from a supposedly universal body. I will also use the concept of the body politic to examine pain and suffering as an experience that “ought not be” in the body politics, rendering women who in different ways suffer because of their Otherness (their menstruating bodies) invisible and left to their own devices (Cadwallader 2009, p. 20).

**Power and the Body**

Philosopher and postmodernist Michel Foucault has been very influential in providing an understanding of power as an everyday phenomenon embodied and enacted by all, rather than possessed and enacted by a few. With the term biopolitics, Foucault refers to how power in the modern world became increasingly concerned with that which previously was considered
Biopolitics is a tool to form what Foucault called *docile bodies*, that is, bodies that are malleable and upon which disciplinary power can be projected. Docile bodies are trained through various social institutions such as hospitals, prisons, schools, and family, to be responsive to certain ideas of how the ideal citizen should act and function (1977). Foucault writes about how the medical profession set standards for norms in society by distinguishing between sick and healthy, thereby also defining the normal from the deviant (Pylypa 1998, p. 23). Conforming to normality is within this discourse constructed as moral, or acceptable as ‘common sense’, which creates a desire among citizens to adhere to the norms.

Foucault calls this phenomenon *biopower*; a state-derived form of power that operates on our very bodies and is upheld by its citizens through self-regulation (1978). Medical anthropologist Jen Pylypa argues that biopower is a useful tool in analyzing the “social regulation of the physical body” and how subjects through bio-power are “implicated in their own oppression” by engaging in bodily habits, practices and routines (1998, p. 22). Society feeds us with assumptions about women’s bodies, and stereotypes of female gender roles, and we feel compelled to act them out.

Foucault sees power in terms of relationships where everything has a power relationship with everything else. Power, therefore, exists “everywhere” and “comes from everywhere” (1978, p. 93). But he also points out that “where there is power, there is resistance”, hence, resistance is both inevitable and inherent in any system of power (1978, p. 95). On the one hand, women self-diagnosing as “PMS-sufferers” could be seen as adhering to a general norm about menstruating individuals – women are expected to have PMS. But on the other hand, claiming PMS could also be viewed as a way of breaking cultural norms of femininity, and escaping the demands on women to always be pleasant and gentle (see Martin 2001).

I find it important to note that Foucault does not recognize power as just a negative or repressing force, but also emphasizes the way power can be a necessary and positive force in its production of reality (1977). Since power is a relation that needs to be continuously maintained, every person has the capacity to disrupt power relations. This does not mean that power relations are not dangerous, or that resistance does not come with a high cost for the individual, but it means that resistance can be exercised on a small, everyday scale. The accumulated acts of resistance from many individuals might eventually contribute to a change, or even collapse of an oppressive system.

In this chapter, I have provided an overview of the theories I have worked with while analyzing the material. In the next chapter I will present my analysis.
Analysis

In the following, I will present my analysis, which is divided into eight themes, each dealing with a certain line of narrative assembled from the group discussions and the interview. The themes are not distinct but rather interwoven, which is why some topics will appear more than once. The chapter on *The Menstruating Body*, deals with the materiality of the menstruating body as well as social and embodied perceptions of the same. In *Different shades of pain*, I continue the topic of materiality, this time concentrating on pain and the ways the participants handle both physical and psychological pain. *Women Imagine – Imagining Women* is about how women’s experiences are dismissed based on an (imagined) association with the menstrual cycle. In *Differentiating Being Woman*, I look at how women’s Otherness can be reconceptualized. In *The Savvy Body*, I examine the agenthood of the female body and the way PMS can function as a bridge between mind and body. In *Constancy and Consistency*, I look at how the participants manage the cultural demand of staying the same. *Managing Expectations* is about how certain tools or cues can generate embodiment and *The PMS-Label* is about dealing with PMS as a concept.

*The Menstruating Body*

In this first section, I will turn to the materiality of the menstruating body and the menstruation blood as a signifier for it. The mixture of endometrial tissue, cervix mucus, and blood that is being discharged from the body once a month, is loaded with symbolic meaning, and has historically been a source of fascination (for better or worse) across cultures all over the world. I could work out examples of diverse discourses concerning the menstruation in all group discussions. In the following I will examine a few of these, beginning with a view of the concept of the *monstrous feminine*.

*The Monstrous Feminine*

We have saliva in our mouths. When we KISS\(^8\) someone, the saliva does not matter. But, if you would theoretically collect saliva in your mouth and spit it out in a glass - I see you are all smiling already - (everyone laughs) would you then DRINK it?

---

\(^8\) Quoted words written in capital letter were emphasized by the participant at the time of the group discussion/interview. Quoted words written in italics have been emphasized by me in retrospect. For a complete style guide to the transcriptions, see appendix 10.
In this quote, Christina is pointing to the loss of distinction between the self and the other, between subject and object, of that which is called the abject. Urine, feces, spit, semen and menstruation blood are examples of abject material that are mentioned in the discussions. Matter becomes abject when it crosses the boundaries of the body and changes location from the inside to the outside. In other words, we experience abjection towards that which threatens borders (Kristeva 1982).

In the following quote, Mathilde contemplates the meaning of menstruation blood in relation to femininity:

I asked myself... whether you experience your menstruation STRONGER if you feel more feminine or if it’s rather something disgusting, like, blood on the outside when it is supposed to be on the inside. That it’s rather dirty and you distance yourself from it

Some scholars have argued that there is a connection between raised levels of internalized femininity and women’s tendency to position themselves as PMS-sufferers (Cosgrove & Riddle 2003). But Mathilde asked if feeling more feminine might also mean to shun away from menstruation and menstrual blood, since the blood might be positioned as disgusting, as abject.

The monstrous feminine, a term coined by feminist theorist and filmmaker Barbara Creed, and further theorized by Ussher among others, is a term describing the way the feminine has been feared and abjected throughout history and across cultures (2006; Creed 2007). Ussher argues that from the point of menarche, girls are taught to hide their menstruation and any signs of it. These acts of surveillance aim to contain the monstrous feminine, and protect society from the contamination of the polluted and dangerous menstrual blood (Ussher 2006, p. 3). Mathilde said, “it’s not a topic you would speak about loudly. I think I would still feel uncomfortable if I dropped a tampon”. On the same theme, Danielle said, “people still whisper when they ask for a tampon you know (laughs)”. The tampon becomes a sign of the leaking body and of the menstrual blood which Ussher asserts must “remain unseen” and which represents “the shame that must be hidden” (2006, p. 21). In a discussion on how menstruation is presented in the media, Jennifer talks about how everyone in the commercials for pads and tampons “always have such pretty WHITE pants (everyone laughing) and EVERYTHING is clean and LIGHT BLUE”. Julia brings up how these types of commercials almost always show pictures of “dancing women” with “FLOWERS in the air (laughs)”. She also points to how they “pour this blue fluid” on pads and tampons to show their absorption abilities. Ussher argues that showing

---

9 The three dots, or ellipsis points in the middle of a quotation, indicates that I have left out words that are not relevant to the point I am making.
menstruation blood is taboo, for the sight of the “red ink would be too close to the real deal… too abruptly dispelling the fantasy of the female body that does not leak” (2006, p. 21). Bleeding is also viewed as a sign of inferiority in a society which premieres non-bleeding males.

Just like Mathilde noted, the bleeding body is oftentimes positioned as dirty. In a passage about men’s reactions to women’s menstruating bodies, Jennifer talks about expectations of cleanliness:

I think that especially young women must be CLEAN above all, and menstruation, among men especially, who never had it, is associated with something extremely DIRTY. It even says in the bible that you are DIRTY when you have your period.

Here, I find it important to note what Ussher (2006), Douglas (as cited in Grosz 1994, p. 192) and others (Kristeva 1982) have pointed out, namely that the abject is not that which is dirty, as nothing is dirty in itself. Rather, dirt is that which is out of its place, which disrupts the order of things (Douglas as cited in Grosz 1994, p. 192). In the same way, the female body is not abject, but has been positioned as such, “with significant implications for women’s experiences of inhabiting a body so defined” (Ussher 2006, p. 7). These implications include the constructing of women as dangerous and pollutant which in turn lead to disciplinary practices aimed at keeping women constrained (ibid.). Through the lens of biopower, we see how women themselves engage in self-surveillance and personal hygiene checks to conceal leakage and avoid being outed as uncontrollable not-men.

**Managing the Menstruating Body**

It’s unbelievable, all the things we need to consider because of our anatomy. We have to be responsible for contraception, we have to sort out all the menstruation things… we must go to the gynecologist. Actually, there is a lot of work with the biological apparatus.

Managing the menstruating body was in the discussions constructed as something fundamental about being a woman. The following was Jennifer’s comment about periods as a daily business:

I believe that as soon as you are an adult woman, you MUST be able to deal with it, and everyone thinks ‘it’s uninteresting, I’ll manage’. Maybe it’s just an uninteresting topic for most people. They think this topic is not so IMPORTANT, it’s like breathing.

Other participants constructed their experiences with menstruation slightly less unproblematic. Christina initially had problems coming to terms with the new development of her body that
was her period. In a discussion on how their understanding of their menstrual cycle has
developed since menarche, Christina describes her experiences as follows:

In the beginning, it was like this strange, yuck it’s all disgusting! I don’t want it.
And then like, ok I have it, that’s how it is. And now, I don’t feel totally, entirely
different. It’s like I have it, it’s a part of me, I accept it. Yeah, more like it belongs
to me and not ‘YUCK what is THAT?!’

Dealing with menstruation has become part of an everyday routine for Christina, even though
she initially had problems coping with the idea. Now, for every new cycle, she is becoming-
with her menstruation (Haraway 2008, p. 4).

Becoming-with is a conceptual framework from Donna Haraway that emphasizes how we
are always the result of our relations with everything else – human, non-human and ‘more than’
human (2008). ‘More than’ human refers to technologies, objects, and organisms which in
Haraway’s world all have agency. The partners, Haraway writes, “do not precede the meeting”,
but are becoming through the meeting itself (2008, p. 4). In her book When Species Meet,
Haraway speaks specifically of ‘becomings with’ with regard to cross-species relations (2008).
Menstruation does not represent a cross- or multispecies becoming in the sense that
menstruation is already a part of the body, and it is our own cells that are being flushed out.
However, Christina initially experienced menstruation as abject and distanced herself from it.
Eventually, she found a way to turn menstruation from something that crossed the boundaries
of herself to something that was herself – she became-with, and continues to become-with her
menstruation10: “now, I don’t feel totally, entirely different… it’s a part of me… it belongs to
me”. The blood (regardless of its location) was no longer positioned as apart from the self, but
rather an integral part of it.

Menstruation carries with it societal discourse about being a woman, as well as personal
history and anecdotes from friends and relatives; all of which are incorporated in and part of
the package deal when a girl reaches menarche. When we become-with menstruation, we
become-with these notions of womanhood, but we also become-with the practical matters of
managing a menstruating body: visits to the gynecologist and administering contraceptives for
example. Additionally, we also become-with the material reality of periods: the blood itself, the
risk of leaking and the handling of seeping tampons. In the following I will have a look at the
symbolic meanings of two body fluids – menstruation blood and semen.

10 A detailed analysis on how this transition took place would have been interesting, but unfortunately, Christina
did not elaborate, and I failed to ask the proper questions.
**Body Fluids & Fertility**

The subject of fertility came up a few times in the discussions, often in direct connection to menstruation. Julia’s position was that menstruation should be associated with fertility, but she stressed that in her opinion, people generally disagree. She also pointed to a discourse where menstruation is likened with feces and other forms of body waste. In her research, Martin has observed how medical textbooks describe menstruation as useless waste, the “debris” of the uterine lining (1991). “But”, Julia maintained in the discussion, menstruation “IS simply not a waste thing”, it is rather “the reason we can have children. I mean, I CANNOT equal that with poop, because I won’t have a child from poop”. She listed other things associated with fertility such as “healthy nails, healthy hair and curvy women” and asked why those things are considered signs of fertility while menstruation is not: “it’s actually, ‘look! I can have my period’, and not only, ‘look I have wide hips’. They [men] make no sense really (laughs)”. To Julia, the connection between fertility and menses seemed natural.

Gender Studies scholar Margrit Shildrick writes that the reproductive body is constructed as essentially female and the value of women is measured by their ability to reproduce. The valuation of the female body will nonetheless always remain less than that of the male body (1994, p. 16). Moreover, Shildrick writes:

> The very sign of fertility, the menses, has been regarded as evidence of women's inherent lack of control of the body and, by extension, of the self. In other words, women, unlike the self-contained and self-containing men, leaked (1994, p. 25)

The discourse of the leaking female body and the, in contrast, sealed male body, was briefly interrupted in the discussion, as Julia pointed to a form of male leakage, namely semen. Julia argued that sperm is “the proof for fertility, that the MAN is fertile when he produces sperm… maybe when it’s a LOT, then he is fertile”. Compared to menstruation blood which preferably should be kept hidden and out of sight, Julia exclaimed that sperm is: “almost GLOWING”. Martin found that the language used to describe reproduction in medical textbooks is often biased. Descriptions portray men’s sperm production with over 200 million sperms an hour an amazing achievement, while the 2 million eggs present in women at birth from which ca. 400 mature during a lifetime, are considered a waste of resources (1991; 2001). Sperm is furthermore not considered a leakage in the same way menstruation blood is, nor is it considered disgusting (Goldenberg & Roberts 2004).

Martin writes about how in medical stories, women are often constructed as a mere vehicle for the fetus that was conceived as the active sperm fought their way towards the egg and
penetrated its surface (Martin 1991; 2001). Shildrick points to how biomedical literature of New Reproductive Technologies “is full of the imagery of male progenitors - technodocs, donors, even spermatozoa - as unified, self-present agents controlling fertilization, achieving pregnancies and claiming birth” (1994, p. 156). Treatments available for heterosexual couples at infertility clinics are most often aimed at the woman, and even located in her body, even in those cases where the cause of infertility has been identified in the man’s sperm (Shildrick 1994, p. 18). Martin notes how although new research showed how the sperm is much weaker than previously thought and the egg indeed plays a very active role, this was not reflected in papers and articles until years after its original discovery. When it became clear that the egg functions a bit like a magnet for the sperm, the explanation models instead shifted focus to construct the egg as disturbingly aggressive, bringing a cultural stereotype of “woman as a dangerous and aggressive threat” into play (1991, p. 498). Martin’s examples show that when cultural myths are allowed to operate on cell-level, we risk a naturalizing of social stereotypes, which in turn become scientific ‘truths’.

In the discussions, another, more positive and agential picture was painted on the meaning of menstruation. Jennifer agreed with Julia that menstruation should be connected to fertility. She said that, “psychologically, menstruation often makes women mentally aware that they are FERTILE, that they are an organism that functions”. Together with narratives about the reproductive organs as active and able, quotes like this position the menstrual flow not as a lack of control, but as a sign of health and a sign of bodily functionality.

**Different Shades of Pain**

Another, less appreciated marker of the facticity of the female body, is pain. Whenever we in general talk about menstrual-cycle related topics, pain in various form and degree is almost invariably a part of the discussion. The pain of menstruation comes with a history. Billions of people before us have experienced the diffuse, sometimes nauseating physical pain that plague many people’s abdomens once a month. And yet, although the pain stems from the same region of the body and is the result of the same organic processes, every menstruation pain is different and all menstruators experience it differently. Menstrual pain includes both physical and psychological aspects, the latter making up the foundation of that which in the West is commonly known as PMS. In this subchapter, I will discuss pain from different angles, both physical and psychological, as something that marks us as individuals, but also as something which unite us as people.
**Pain as a Marker of Bodily Materiality**

Although any body can be in pain, and almost all bodies are in pain at some point of their existence, pain is in the participants narratives constructed as a female trait above all, and a consequence of the material processes of menstruating bodies. While we in one of the group discussions were discussing men’s capacity to understand women’s menstrual pain, Jennifer stated that women, unlike men, have a habit or a well-developed ability of *in sich selbst reinfühlen*, which can be translated from German to, ‘actively perceive inward’, or, to ‘turn to the within of oneself’. Christina agreed:

Yes, that’s right. During menstruation, our complete attention is directed to the inside of our abdomen. And even if you would LIKE to not think about it because of the pain or whatever, your attention is still permanently focused on it

In the narratives, the *lower abdomen* frequently recurred as an enlarged zone (Grosz 1994, p. 76), a region of the body that periodically accommodate pain, but, perhaps paradoxically, is also the “source of life”, as Jennifer put it. Most days, we do not think about our lower abdomen. Then comes menstruation, and we suddenly become acutely aware of its presence. Feminist scholar Sarah Ahmed states that “the affectivity of pain is crucial to the forming of the body as both a material and lived entity” (2014, p. 24). Pain plays a significant role in how we perceive ourselves. It is through painful or pleasurable encounters, “that the effect of boundary, surface and fixity is produced”, and we become aware of our embodiment (ibid.).

Ahmed further claims that the ability to experience *affects* – the experience or feeling of emotion – is crucial to the forming of the material body (2014). When I asked Helena to describe her cycle, she explained how she had a “HORRIBLE time” using the contraceptive pill\(^\text{11}\). On them, she experienced “EXTREMELY strong mood swings” two days before menstruation. Because of these mood swings, she decided to insert a copper coil instead:

For about one and a half years I did not notice anything. Sometimes I say it was like *living like a man* (laughs) because you aren’t bleeding, you have no pain, you don’t even NOTICE your body

In this quote, Helena draws on cultural, religious and social discourses that links the gendered female body to pain and to leakiness. She describes how the insertion of a copper coil relieved her of both pain and bleeding, resulted in a loss of contact with, and awareness of, her female body.

\(^\text{11}\) I will henceforth refer to the contraceptive pill or birth control pill as simply “the pill”. 37
Language studies scholar Elaine Scarry, claims that pain is a destroying force that disassembles subjectivity (as cited in Maher 2010). Organizations studies scholar Valerie Fournier argues along similar lines, claiming that pain “engulfs and empties subjectivity”, and that pain can act “to remove power and agency from the experiencing subject” (as cited in Maher 2010, p. 3). Other authors, such as feminist theorist Wendy Lee, seeks instead to reframe pain and “asks whether there might be applications of pain that work to produce rather than erase subjectivity” (as cited in Maher 2010, emphasis added). Lee argues that subjects are “not rendered mindless through the experience of pain, but rather quite mindful”, meaning that the experience of pain disrupts the Cartesian hierarchy of mind above body and instead brings mind and body together (2006, as cited in Maher 2010). Subjectivity can thus be understood as emerging through pain in the body (ibid.). In Helena’s case, menstruation with the associated pain and monthly bleeding could be seen as part of what established her gendered embodiment as a woman.

**Relieving Pain**

Numerous women and feminists have argued for menstruation and (pre)menstrual change as normal and natural parts of being woman (Chrisler & Caplan 2002; Ussher 2006; Rodin 1992). Nevertheless, normal or not, (pre)menstrual change can be both annoying and painful. The participants all had similar experiences of dealing with physical or psychological menstrual cycle-related pain, and together they had gone through an array of medical and homeopathic interventions out of which none had a satisfactory long-term effect. To help relieve her (pre)menstrual pain, Mathilde sought the advice of her mother:

I talked to my mother about what I could do, and she gave me ‘Schüßler salt’¹². I think that’s like magnesium that you can always take, or like you can take a lot because it’s homeopathic, but it does <<laughing> nothing really>. I still take it though. And THEN the gynecologist asserted, ‘take the pill, it will help’. Which, in hindsight, was <<laughing > not the CASE>

According to Cultural Studies scholar Jessica Cadwallader, bodies (soma) are always shaped by their intertwining with technologies (technés), and medicine, is the “dominant contemporary technology of the body” (2009, p. 12). Medicine is also “situated as the primary means of dealing with [suffering]” (p. 20). However, in the body politic, where “a singular image of ‘the body’ [is] … made to stand in for the diversity of bodies” (p. 16), suffering is an experience

---

¹² Schüßler salt is a homeopathic remedy believed to repair and restore the body’s mineral household. The salts are based on the work of homeopathic doctor Wilhelm Heinrich Schüßler (1821-1898) and based upon the assumption that diseases are caused by disturbances of minerals in the body’s cells.
that “ought not to be”, since it “threatens the coherence of the social contract, which is … premised on the protection of those within it from suffering” (p. 20, emphasis in original). In other words, the body politic premises upon its protection of its civilized members from suffering. A suffering individual therefore, shatters this premise and threatens to disrupt the body politic. Nevertheless, should suffering arise in any form, then is medicine and medication positioned as the appropriate approach to deal with it (2009).

The pill is one of the biomedical inventions supposed to eliminate women’s suffering of distressing (pre)menstrual-related change. Historically, the pill has been of great significance for women’s emancipation, as it provided women with a tool to gain control over reproduction, and consequently, their bodies. Today, the pill is prescribed not only for contraception but for almost any kind of menstrual- or non-menstrual-related issue. Menstrual cycle-related changes are regularly pathologized (Ussher 2006), and as such, viewed as the single cause of women’s suffering, although research has shown that it is not necessarily the changes in themselves that are distressing, but the lack of understanding from one’s social environment and possibilities to tend to the changes in a way adequate for the individual (Ussher & Perz 2011).

When suffering is regarded as a force that can produce the dissolution of the body politic (Cadwallader 2009, p. 20), then the pill with its assumed suffering-relieving abilities can be viewed as a regulatory element that shall prevent the body politic from collapsing. On the other hand, Cadwallader draws on physician and public health scholar Eric Cassell who presents an understanding of suffering as a symptom of something contained “within this individual body” (p. 21, emphasis in original). And so, in this understanding, Cadwallader argues that “when an individual body becomes pathological... when the suffering arises from a perversion within the body” (ibid.), then it is no longer the responsibility of the body politic to protect this perverse body. From this somewhat cynical perspective, the pill can be seen as a remedy supposed to “cure” women’s suffering in order to protect the body politic against fragmentation.

The pill is often presented as the solution to women’s menstrual-related suffering, but it is also the only solution medicine provides, and it is far from flawless. The gynecologist in Helena’s narrative urged her to “take the pill” and assured her that “it will help”, which in the end, it did not. The participant’s experience with the pill varies significantly. For one participant, the pill gave rise to severely distressing (pre)menstrual changes. Another got rid of

---

13 There is indeed other medication as well. The controversial substance Serafem for example, promoted as a cure for PMS but is nothing but Prozac in form of a feminine packaged pink and purple pill. Critics point out that PMS and PMDD for which Serafem is being prescribed are not mental disorders and should thus not be treated as such. They also warn against overdoses since few women know that Sarafem and Prozac are the same drug (see e.g. Caplan 2004)
hers after she started taking the pill, and yet another felt as if she “turned into another person, weird” while on the pill. Thinking with Cadwallader’s theorizing on suffering, I suggest that the idea of “curing” all women through the one pill14 is based on an image of one Woman standing in for all women, in the same way Man gets to represent the universal and neutral individual in the body politic. When suffering is not relieved among all women, their bodies can be considered individually perverse, and so they are no longer the responsibility of the body politic. Women are therefore left to tend to their (pre)menstrual changes on their own, using for example minerals or other remedies without scientifically proven effects.

Currently, the non-chemical treatment suggestions for PMS often revolves around changes in diet and sleep patterns, reduced intake of sugar, alcohol and nicotine, increased sport activity as well as reducing stress (Morse 2006). These suggestions are very universal, and not specifically directed at PMS. For physical pain there are painkillers, cramp relieving medication and the pill, to a certain extent. While discussing ways of relieving (pre)menstrual distress, Mathilde suggested “medication (everybody laughs) and to TORTURE oneself… and TRY not to SHOW it. Would probably be the only possibility”. We all laughed when she mentioned “medication”: all three of us had made the experience that no medication helps against mood swings or other psychological changes. On the same topic, Helena said that even if she felt socially “INCAPABLE” at work, her only option was to “really try to pull [her]self together”. While talking about possible medication for PMS, Danielle asked an important question:

Is it really so BAD that there is no medication for [PMS]?... I mean, THAT would leave a bitter taste in my mouth if I realized that PMS is suddenly a huge theme, and there is a medication for it!

I agree with Danielle that the idea of a universal medicine that “cures” all women of PMS is neither desirable nor possible; what exactly would such a medication cure, seeing that (pre)menstrual change not only manifest itself differently in different women, but also in the same woman over time? The pill helps some women, but in other cases, sweaty workouts, placebo such as Schüßler salt, or time off from stressful life situations, is just as good as anything else. This is backed up by literature (Ussher & Perz 2011) and would suggest that the

14 There are of course not only one kind of pill, but several different brands. Although they are very similar, some pills work better for some women. My point is that there is relatively little research done on the subject and alternatives to the pill are very scarce.
level of external support, as well as life situation plays a more crucial role in relieving menstrual cycle-related distress than could ever a one-size-fits-all chemical preparation.

While in the discussions, managing the menstruating body was positioned as “normal” and “just like breathing”, it also meant dealing with various forms of pain for which the help available is unreliable at best. Scurry argues that suffering and the experience of pain is radically individual because it is contained within an individual body (1984). According to her, the experience of pain “resists language” which creates a difference and a rupture between the self and others (p. 4). In both my and the participants experiences, there is widespread support among women to help each other deal with these painful experiences. Although this support does not necessarily reach outside of close female friendships or family bonds.

**Women Imagine – Imagining Women**

Many of the participants in this study had experienced how their accounts of distressing or unpleasant (pre)menstrual changes had been trivialized by others as a part of women’s biological destiny, or as existing ‘only in our heads’ (see Martin 2001). This was Jennifer’s unhesitating answer to my first question, “what does PMS mean to you?”:

> PMS… happens before the period and I believe that it is a kind of a phantom or something that society treats like a phantom, that women behave really strange emotionally and probably also physically before, and also during their period. But I think so far it was always brushed off as: they only imagine things.

I found the idea of PMS as a phantom an interesting metaphor. According to language reference website Thesaurus, a phantom is an “appearance or illusion without material substance” (Dictionary.com 2018). Danielle described a situation in which her roommate wanted her to go with him to a club, but, she explained to us, “before and during the first days of my menstruation I usually do NOT feel like partying”. Since she did not want to lie to her roommate, she told him that she was about to have her period and “did NOT feel like it at all” because she was “tired”, “found [herself] shitty” and was simply “not well”. He reacted by saying, “don’t make such a fuss! That’s not a reason!”. Theresa explained that lack of understanding was common even if the same unpleasant experience would count as grounds “to be treated with care” under other circumstances. She gave an example:

> I can’t go to work and say, ‘OH MAN, I have my period, and I’m feeling really shitty’, that’s simply not, I mean, it’s not as recognized as, ‘I have a headache,

15 Although, I want to point out that the development of safe, well-functioning and personalized medical remedies could possibly ease the lives of many, and should as such be encouraged.
I’m not feeling well’. Then you’ll be treated with care, but you stand there like ‘boah I’m having my period’ and every woman, or most women will know what I’m talking about

Headaches are commonly accepted reasons for feeling unwell. Any person can have a headache for a number of reasons. But even though many of the participants mentioned in the discussions that they often experience headaches in relation to their cycle, the headaches connected to their cycles were not accepted as a reason for feeling unwell at work or in other social situations. In the following, I will explore the participants narratives around having their (pre)menstrual experiences dismissed by others.

Metaphors

You will IMMEDIATELY get thrown at you that, ‘oh you’re bitchy’ or, ‘you’re ANNOYED’... You SAY, yes, it is bothering me and I do not want that. ‘Oh, come on! You must be on your period, stop whining’

During the group discussion, Julia explained how she used to not tell anyone about where she was in her cycle, because you will “IMMEDIATELY” be called a bitch. In this quote, I have translated the German word ‘zickig’ to ‘bitchy’ even though that is not a quite adequate translation. “Zickig”, literally means female goat and is an animal metaphor that is used about girls or women who are considered difficult, who have made a complaint of some sort, been indecisive, or, inversely, promptly stated their standpoint or intentions. It is a form of insult that is often used in connection to PMS, regardless whether the woman is premenstrual or not. Mathilde told us, “my mother sometimes accused my sister of it, when she was displaying allegedly bitchy [zickig] behavior, ‘aha she has PMS’”. When asking my German friends about this expression, one of them explained, “I’m only [zickig] when my counterpart doesn’t realize that HE and HIS behavior has a direct impact on how I’m acting”. Whether someone is called zickig, depends a lot on the accuser. Accusing someone of being “zickig” can be a way of dismissing that person’s experiences by asserting that she simply imagines herself unjustified, or that she complains without a reason. The accusation also lifts any responsibility from the accuser together with his or her potential involvement in the situation.

In her book Imaginary Bodies, Gatens writes that using derogatory zoomorphic terms about women who “step outside their allotted place”, is supposed to make clear that their speech is not recognized as human and thus not worth listening to (1996, p. 24). Gatens discusses what she calls “imaginary bodies”, a notion that refers to those “ready-made images and symbols through which we make sense of social bodies and which determine, in part their value, their
status, and what will be deemed their appropriate treatment” (p. viii). Gatens is primarily concerned with the political effects of cultural imaginary, and argues that feminism must seek out and expose those metaphors that shape our political reality. The imaginary body relates to the body politic, a metaphor that “functions to restrict our political vocabulary to one voice only: a voice that can speak of only one body, one reason, and one ethic”, by shutting out anyone who does not conform to its image (p. 23). To call someone a bitch or a “zicke”, is according to Gatens, a strategy aiming at silencing women or anyone who dares speaking with another voice.

Although Gatens recognizes that her analysis of the ‘bitch metaphor’ is somewhat outdated in that excluded groups increasingly have access to both political and public spaces, she stresses that people can still be silenced even if they are present. The body politic has not (yet) changed its form, and access for women and other Others are only granted based on sameness, or as Gatens sarcastically adds, “we can be ‘cured’ of mere animal existence by ‘becoming men’; ‘cured’ of hysteria by ‘hysterectomy’” (p. 25). Within this framework, womenness has no intrinsic value.

I find it important here to note that I do not believe that Mathilde’s mother called Mathilde’s sister “zickig” because she wanted to silence her daughter or deliberately mock her. The word has become so common that many people use it without giving its meaning much thought. Some women also use zickig about themselves in a way similar to how many LGBTTIQ people have reclaimed the word queer16. However, if we begin to analyze in what situations and to whom the accusation of being zickig or bitchy is made, a pattern emerges. Sociologist Steffani Engler & ethnographer Barbara Friebertshäuser points out that “zicke” is often used when a woman does not conform to gender-stereotypical behavior, which calls existing power relations into question (1992). Sociologist Cordula Dittmer writes that “in most cases, not the conflict itself, but the form of the conflict is discussed, whereby the woman’s gender is defined as the explanatory variable” (2015, p. 195, translation by me). It is thus not the woman’s behavior, but her femaleness itself that is positioned as problematic.

**Relocating the Problem**

Reducing a woman to her sex, by “treating her speech and her behavior as hysterical”, is yet another way of patronizing and silencing women listed by Gatens (1996, p. 25). Both tactics –

---

16 For an interesting account on how parts of the LGBTTIQ community reclaimed “queer”, see e.g. Tiina Rosenberg’s book Queerfeministisk Agenda [Queer Feminist Agenda] (2002).
In the article “Bitch Is The New Black” Emek Ergun analyzes and discusses t-shirt slogans with the word ‘bitch’ that was used by both supporters and opposers of presidential candidate Hillary Clinton in 2008. Ergun shows how Clinton-supporters have reversed or reclaimed the sexist term ‘bitch’ (2008).
‘animalizing’ the speaker, and reducing women to their sex – are supposed to emphasize how women’s irrational and uncontrollable female embodiment are fundamentally different from the image of the body politic, and thus have no place there (ibid).

Hysteria, as it is commonly used about women today (suggesting that women are erratic and unreliable), has little resemblance with the “illness” many men and women were assumed to suffer from in the nineteenth century. Nevertheless, women’s experiences are still today dismissed and ignored on basis of their (imagined) origin in the faulty female body:

I have very often experienced that I brought something up and then the reaction would be ‘AHA OKAY you’re on your period’. And it would be totally downplayed. And it would be like, ‘then I don’t have to take it so seriously’. And I’m like YES YOU DO, this has NOTHING to DO with that!

In this quote from Danielle, it seems her counterpart assumes that she only brings the subject up because she is premenstrual. In other words, she would not have brought the issue up had she not been premenstrual. This assumption (re)locates any problem to her and the (imagined) facticity of her female body. Julia had similar experiences:

It’s treated like, when you are sad, your sadness is worth less, or is less threatening. When you’re on your period, and you’re sad, then it’s always like, ‘you’re on your period’. Yes, but I can STILL have problems, and I can STILL be sad. But often people say, ‘it is not a real problem, it is only hormones’.

The idea that women’s mood or behavior are influenced by female hormones and that these, in themselves, constitute a reason not to take women’s experiences seriously dates back to ancient times (Chrisler & Caplan 2012). Ussher writes that women’s strange or “mad” behavior is often constructed as being inherent in their reproductive body, and considered caused by “raging female hormones” (2011, p. 7). Elsewhere, Ussher (1996) has formulated this nicely:

the reproductive syndromes… have become catch-all diagnostic categories that conveniently attribute female distress and deviance to the reproductive body... This has significant implications for the ways in which we, as women, inhabit our bodies, for knowledge about what our bodies are, and what they are meant to do, materializes in our experience of our fecund flesh, and more broadly, in the development of our subjectivity, our sense of ourselves as women (p. 3)

The above examples from the group discussions, show how the participants in different situations have been silenced and their experiences have not been taken seriously. The idea of how women are on their periods, – moany, whiny, behaving strangely – is a ‘known fact’, or a
part of a **regime of truth**, established by society. That is to say, certain discourses in a society that are accepted and functions as truth. (Foucault 1976, p. 13). At the same time, the reasons women might have for complaining – unpleasant physical issues, a stressful life situation, a non-supportive social environment – are not acknowledged, and something women “only imagine”. Again, it is femaleness and the female body itself that is constructed as the problem, which relocates responsibility from anything and anyone that might be causing the problem, to the one uttering the problem.

**Refusing Silence**

Feminist scholar Sara Ahmed writes in *Feminist Killjoys* about how answering anything other than ‘good!’ to the question: ‘how are you?’, shatters the comfortable but fragile social image of everything-is-just-fine (2010). If we, despite knowing better, should point to a wrongfulness, we become the ones responsible for it; by pointing to it and dragging it into the light, we become the ones creating it. We have seen examples of this kind of rhetoric throughout this chapter. Ahmed argues that political struggle involves a struggle against happiness. She quotes radical feminist theorist Marilyn Frye who argues that speaking up about one’s unhappiness, goes against what is expected from “the oppressed” (as cited in Ahmed 2010, p. 5). “Anything but the sunniest countenance”, Frye continues, “exposes us to being perceived as mean, bitter, angry or dangerous” (ibid.). It goes with the role of the oppressed to smile and be happy about one’s allocated position.

The participants had different ways of dealing with silence-treatments. Many of them choose not to talk about (pre)menstruation-related issues with others, or only talk about it “primarily among female friends”. Danielle explained how men usually react when she brings up menstrual-cycle related issues: “in my experience, men often react like, ‘oh no’, yuck, quit it!”’. “Although”, she said, “actually I’m thinking ‘oh MAN’, fifty percent of all people are women, it’s just so ridiculous”. The participants experiences are similar to the results from a study conducted by the period tracker app Clue in collaboration with International Women’s Health Organization (2015). The study showed that 76 percent of German women felt comfortable talking with other women about menstrual-related topics, while only 25 percent felt comfortable talking about it with men. Julia explained how she used to not tell anyone when she was on her period. It was only after she met an older female friend who spoke unabashedly about menstruation, that she dared to as well. In the last couple of years, she had begun being open about it because: “honestly, I AM different when I’m on my period. And I can say to my boyfriend, ‘be careful with me today, I’m sensitive, I have my period’”. Most of the participants
expressed similar experiences; regardless of their current attitude, the road there had always
gone from a state of being less to being more open.

Feminist psychologists Robin Kowalski and Tracy Chapple argues that young girls internalize a menstrual etiquette that includes concealment and self-regulation (2002). They further assert that there is a stigma around menstruation, where women feel disgust and anxiety around their menstruating bodies (2000). Kowalski and Chapple hypothesized that since people are aware of and interested in how others perceive them, they engage in “impression management” to control the impressions others form of them. Stigmatized individuals, would therefore be “hyper-motivated” to “repair the damaged image of themselves” (2000, p. 74). An experiment was conducted in which menstruating and non-menstruating women knew that the male interviewer was, or was not aware of their menstrual status. The results were interpreted so that participants whose “stigma” was not concealed before the interviewer, adopted a stigmatic identity, something the authors conceptualized as signs of “decreased self-presentational motivation” resulting in “self-presentational resignation” (2000, p. 78). While Kowalsky and Chapple’s argument might be valid – women ‘give up’ trying to hide their menstruation status for others when they realize it can no longer be concealed – I wonder whether this really is a sign of resignation. Could it not be that the women were not trying to hide their menstrual status in the first place? By assuming that women resign rather than make active, deliberate choices, we obscure possible resistance.

Some of the participants in my study had tried to overcome silencing attempts by speaking up even louder or by actively embracing their bodies and celebrate their sexuality. Julia said:

> If my tampon sits crooked I DON’T CARE who is around. Then I’ll say, ‘FUCK, my tampon is twisted’… I don’t care what people want to HEAR. There is something that is bothering me right now, and so I’ll say it out loud

While talking about femininity in relation to PMS, Helena said:

> I feel that I am happier with my sexuality BECAUSE I just DO more due to my increased libido [during the (pre)menstrual phase] … Because of the increased [libido] you might FEEL more feminine, or, you could also say, you feel more human (laughs)

In this quote, Helena resists the association between PMS and menstruation with being a non-human, an Other, and instead explained how she during the premenstrual days are even “more human” than otherwise, due to her increased libido.
To be a person who disrupts the status quo and who refuses to stay silent about any form of uncomfortableness, who objects happiness and who kills joy, can, according to Ahmed, be a political project (2010). Julia spoke in the discussion about how she sees a new development in society regarding how women are speaking up about uncomfortable things and about how this is received. At some point, I asked her if she thought that we will ever get to a point where menstruation-related matters will be a topic just like any other. She was doubtful at first, saying that, “I think men will do all in their power to avoid it (laughs)”. When I asked what she meant, she answered: “don’t you think, I mean [menstruation and PMS] is such a shameful topic that minimizes us. Look, it is supposed to make us uncomfortable”. But then she added “when there are no more THINGS that somehow hold us back or are uncomfortable, and the more we trust ourselves, the more power men will lose”. According to Foucault, power is everywhere, and where there is power, there is also resistance (1978). When Julia talks about men having and losing power in the context of menstruation, I assume that she is talking about the kind of diffuse power that is not localized in any particular place or person, but is present everywhere, as a regime of truth. But since power relations are always relational, there is always room for resistance, and since we are never outside of power, we mold our resistance from the very point where power relations are formed, making our resistances all the more effective (1978). Changes in regimes of truth are very slow, but possible. If we refuse to comply with a regime that holds us back, and we refuse to smile and we refuse to feel ashamed, and instead we “trust ourselves”, our bodies, our experiences and our truths, power will shift.

**The Savvy Body**

There were many different and at times contradicting positionings of the body throughout the discussions and in the interview. Some of the participants talked about how the female body is often positioned as sick, and how PMS is considered a sickness. Jennifer said, “something is HAPPENING in women, and you are talked into believing that this illness EXIST and that you as a woman is supposed to HAVE it”. Helena said, “you’re reduced to, yeah, ‘you’re sick’ (laughs) ‘you’re in your PHASE, and you can’t do anything about it’”. Women and their reproductive organs have historically been pathologized, and raging female hormones have long been considered the reason for women’s erratic behavior and uncontrollable bodies (Ussher 2011). The participants opposed a positioning of the (pre)menstrual body as sick. Instead, they positioned the body as an independent agent that can both act in our favor by supporting and caring for us, and act against us, playing tricks on us. In the following, I will explore the participants accounts of the body as an agent.
The Agentic Body

Just before the period is also the moment in the body where the ovary decides that nothing is going to happen this month… In the womb, there’s probably things happening without blood flowing… The womb begins to renew itself long before we bleed.

Jennifer talks about the ovaries and the womb as actors, carrying out various tasks in the body. Christina makes the comparison between the way snakes shed their skin and the way wombs sheds their lining to make everything “nice, new and good” for the future baby. Jennifer suggests jokingly that the reason we get “depressive” during the (pre)menstrual phase, might be because the body realizes it is not pregnant. The body in these narratives, or rather, the female reproductive organs, are constructed as decision-making actors who carry out behind-the-scene tasks, who can plan ahead and even have feelings that can get hurt. In a discussion on the effect of hormonal contraception on the body, Julia said:

I think the idea that you are fooling your body into thinking that you are terminating a pregnancy, it must be in a CONSTANT state of STRESS, CHAOS. Because the body cares for you, it cares for you hormonally. When you lose a baby, your body will look after you. But my body CAN’T do that anymore because every month it thinks, ‘oh my god this poor woman out there is losing her baby. But oh wait, didn’t she recently loose another one? She is actually ALWAYS losing a baby’. My body must probably think that I’m EXTREMELY unfertile, since I’m always losing babies.

This way of talking about the body as an autonomous being with feelings and thoughts of its own is similar to how Haraway theorizes matter as a witty agent beyond human control (1991). In the above quote, Julia’s speaks about her relationship with her body in what I would call a dis/connected sense: while their movements are synchronous, they exist in a symbiotic rather than unified state. Her actions affect the body such as the stress she inflicts on it through hormonal contraceptives. Her body on the other hand, is positioned as a carer who reacts in to her actions. She positioned the body as ‘true’, as “an agent, not a resource”, and as such independent and engaging (Haraway 1991, p. 199).

I found it interesting to see how Julia spoke about her body as a(n) (witty) agent or trickster so humorously. For Haraway, “acknowledging the agency of the world in knowledge makes room for some unsettling possibilities, including a sense of the world’s independent humor” (1991, p. 199). But the participants did not only position the body as an amusing, trustworthy companion. Sometimes the meaning behind the body’s actions were harder to interpret. Julia
described how despite being on hormonal contraception that prevents ovulation: “my body is luring me to believe that I can feel the drawing pain [of ovulation] and I feel it alternating. One month here the other month there”. Haraway’s term ‘trickster’ describes a cunning and wily character who plays tricks on everything that seems permanent and unchangeable, thereby revealing its actual, changeable nature. In this sense, the body as witty agent and trickster show how “we are not in charge of the world” (p. 199), but that we must simply live in it and with it, and make sense of it with the tools we have available.

Dis/Connection of Body and Mind

The interactions between body and mind was a reoccurring theme in the participants narratives. Danielle describes PMS as something that “takes place on an emotional level, but is physiologically induced”. Emotions seemed more difficult to place and seemed to belong to a category of their own. In a discussion on how the period app can function as a self-fulfilling prophecy of PMS, Helena said:

When I imagine that I have PMS, I have it… I mean I imagine a LOT of things. But, what I notice, body wise, I mean not the bodily- not pain, that’s not what I mean, but when I really know that I am not imagining, but rather, realize I simply cannot process my emotions, then I trust my body. And I DON’T believe that it comes from my psyche

In the following, I will provide an example of how I analyzed the material in detail. I interpret the above quote as follows: firstly, when the app marks today as a “PMS-day”, it is easier for Helena to “imagine” having PMS, since the label presents itself to her so conveniently. Any unexpected emotions during these days can easily be marked as PMS. She does not position this as odd since she finds that many things can be “imagine[d]” the same way. It is possible that she refers to hypochondria or similar conditions. She then begins saying “what I notice, body wise, I mean not the bodily-” only to interrupt herself, correcting “body wise” to explicitly exclude pain: “not pain, that’s not what I mean”. The omitting of “pain” can suggest either that pain is something we usually do not imagine – therefore it is not necessary to include it when talking about “imagining things” – or, when it comes to processing pain, she can trust her body, but not when it comes to processing feelings. After this, she said that there is a difference between accepting the PMS-label because it is conveniently served – even though one’s experiences might not be ‘real’ PMS – and the feeling of not being able to process emotions, which is a sign of ‘real’ PMS. In other words, imagining having PMS is not about pretending but about attributing changes differently. It seems emotions can either be processed and felt through the body, in which case they are more trustworthy and ‘true’, or through the psyche, in
which case they might be affected by outer influences and are therefore not necessarily true. Helena does thus construct the body as more reliable, credible and authentic than the mind.

Danielle on the other hand, constructed body and mind as being in dialog. She suggested that the premenstrual phase has a “translating function” between the two:

So, WHAT happens then is that (laughs) during the PMS period, physiology connects with psychology. And I don’t find that so bad, because maybe it also has a protective function you know ... It has a translating function. You say, ok somehow, I am not feeling well, so I should really take it easy. That is definitely not necessarily a bad thing. I find it hard to ignore or dismiss it, because it could be something really functional. Maybe me and my body need that which I really want to do right now, which is to lie down in bed and cry. Maybe that is purifying.

The connection between body and mind is positioned as having a protective function in the sense that the one translates its needs to the other. The body is exhausted and “wants” to “lie in bed and cry”, a desire that gets translated through the psyche, which tells the self: “I am not feeling well, so I should really take it easy”. Danielle’s careful emphasis (“I don’t find it so bad”, “not necessarily a bad thing”) on the positive effects of such a protective function, may suggest that she senses a discourse that neither encourages, nor is sympathetic to a person who is “not feeling well” or who wants to “lie in bed and cry”. But the body and psyche takes little notice of any societal discourses, and are primarily led by their own desires. Herein lies the “protective function”: whether or not it is socially acceptable to express certain affects, both body and mind will find ways to express their needs through the being, which is what I call the inextricable connection between body, mind and self.

Some scholars have put forth the idea that some women during the premenstrual phase find it more difficult to keep up a façade, or the level of socially accepted behavior that they usually manage to maintain (see Chrisler & Caplan 2002). Danielle is acknowledging how it is “hard to ignore or dismiss” when she feels unwell. While other studies have shown how this break premenstrually is usually constructed as a loss of control (Landers 1988, as cited in Chrisler & Caplan p. 288), Danielle constructs it as “something [that could be] really functional”. Lying in bed crying is in Danielle’s narrative positioned as “purifying”. The same idea also appeared in other narratives. Julia said, “it could be that PMS is simply a psychological cleansing. It ISN’T ‘oh shit I have PMS’, but, it really has a REASON”. Theresa agreed, and suggested that PMS might be a “purification of the soul”, in that dammed up feelings would be let out, releasing space for new ones.

Just like Julia acknowledged, we are never really in charge of matter, even if it constitutes our own flesh. Yet, all the narratives in this chapter, show a significant amount of trust in the
own body. But while Helena positions mind and body as separate, where the body gets to stand for truth and facticity and the mind is constructed as susceptible for manipulation, Danielle constructs the (pre)menstrual phase as a time of wholesomeness, where mind, body and self, merge together, creating a *being*. Several participants furthermore talk about “PMS”, or rather, the (pre)menstrual phase as constructive, as a time when we clean up our insides and get rid of old sweepings in order to start fresh on a new slate.

**Differentiating Being-Woman**

The point is not that we are all alike, but precisely that we are all different and that conventional categories are simply a convenient way of simplifying the irreducible complexity of corporeal forms. To a greater or lesser extent, none of us is entitled to claim a singular body (Shildrick 2015, p. 16).

This quote from Shildrick’s discussion on the somatechnics on disability points to a central theme in the participant's narratives, namely, the variety of differences that constitute women as a group. While women are united in their experiences of pain, change, and diversity – a substantial number of women experience a menstrual cycle with accompanying shifts in the form of (pre)menstrual change, pregnancy, lactation, etc. – their particular cycle and their experiences of it, differ. These differences, just like pain or the experience of dismissal, were among the participants not seen as something that keeps women apart, but rather, exactly what keeps them together.

**(Re)conceptualizing Otherness**

Throughout the discussions, there was a recurring narrative of redefining the female subject in different ways. One approach was to resist the supposed perversity of the feminine by constructing the feminine body as more valuable than the masculine body, based on its adaptability and abilities to bear life. Again, we see a clear line drawn between women and men in these narratives, corresponding with Braidotti’s first level of sexual difference (1994). This separation builds on partially essentialist constructions. Women in the participant's narratives, because of their discursive and material connection to menstruation, are more in contact with their bodies than men:

It’s like that JOKE that men wouldn’t be able to bear the pains of childbirth or menstruation, because they never listen to or pay enough ATTENTION to the inside of their abdomen *like WE do*
Men, on the other hand were constructed as biologically less able to grasp or handle pain: “I think that men, because of their hormones, simply cannot understand it, that it can HURT”. Men were also constructed as “less valuable” for human reproduction, with the argument that “a man could generate 500 children a year if he wants to, but a woman can only produce one child a year”. Women, on the other hand, were positioned as the bearers and creators of life:

The special thing with menstruation is that every month, a cycle is taking place in the lower abdomen, that is vital, and that does not occur in men. We can produce a perfect egg, which in a cyclic way always travels through the womb… This is life to me, and a sign of particular vitality and body renewal

Furthermore, men were constructed as having only one mode: to be strong while egoistic, whereas women were constructed as more diversified. Women could be both strong and altruistic, tough and soft, as well as stand up for their rights while being considerate to the needs of others:

I find that being-Woman is this rather soft but at the same time attentive, and also TOUGH because we need to overcome much pain and PREJUDICE. And I think that we women have BOTH sides, not like the men, ‘ok I’m HERE, I’m STRONG you can all kiss my ass’ kind of

In all these narratives, the difference between men and women is emphasized. When men, in contrast to women, are constructed as not being in contact with their bodies, or as biologically incapable of understanding the bodily pain that the female bodies endure and so on, it taps into a traditional dichotomy where women are connotated to gender and body, while men remain gender-neutral and bodiless. The theory of the gender system builds on the two principles of difference and hierarchy; men and women are fundamentally different, and man is superior to woman (Hirdman 2001). In a system where the man and the masculine gets to represent the norm, there can only be one sex, the female. She becomes the man’s Other, meaning the one who is not the Same as him (Irigaray 1985; Hirdman 2001). Women are thus reduced to their bodies, while men, who are constructed as universal, get to represent the human. Political scientist Maud Eduards writes about how you in the gender system can either be a woman or a rational, thinking individual. You can never be both, as the two are mutually exclusive (2007).

According to Grosz, women’s reproductive powers are constructed as their main characteristics, and simultaneously the very thing that renders them vulnerable and imperfect (1994). This construction also functions as a self-justification for women’s secondary social position. To talk about women as having special insights or access to knowledge that men do
not, is furthermore reflected within egalitarian-, liberal- and first wave feminism. Within this line of feminism, the body is biologically determined and the roots of women’s oppression lie in their biological bodies. Equality can only be achieved if the “effects of women’s specific biologies on women’s roles as social, economic, cultural, and sexual beings” are “eliminat[ed]” (1994, p. 15-16, emphasis added). Therefore, Eduards writes, before a woman can claim subject status within the gender system, she must deny her own body that has been rendered deviant (2007).

However, women in the participants narratives were not rejecting their bodies, on the contrary. They were embracing the reproductive body with claims of a source of power in menstruation and womanhood. Christina and Jennifer positioned women as active, bodily beings who “can communicate things smoothly and say ‘hey, stop, no’, and also stand up for [their] rights”, and who “also have this FIGHTING spirit in [them]”. In the same way, Jennifer’s choice of words: “special thing with menstruation”, and “[w]e can produce a perfect egg”, shows a construction of reproduction in positive and agential terms that differs significantly from the way women’s bodies are traditionally described. The participants narratives also stand in contrast to how medical textbooks often depict women’s reproductive system. In the book *The Woman in the Body: A Cultural Analysis of Reproduction*, Martin sets out to examine how pervasive medical explanations are in the American society (2001). She studied numerous medical texts and conducted her own research on how women themselves experience menstruation, childbirth and menopause. Martin was surprised to find that while some women in her study largely bought the medical explanation of menstruation as the waste product of failed pregnancy, others explained the process in the exact opposite way, by focusing on the body and how menstruation felt, referring to it in terms of life change (2001).

In the present study, the participants used an agentic and constructive language while talking about menstrual cycle-related topics. In addition, there was a lot of jokes and laughter and Helena even invented a new word to describe what others might describe as mood swings:

Helena: I notice that I get *schwubbelig* with my emotions
Andrea: Schwubbelig? (laughs)
Helena: (laughs) yeah that they go up and down

In accordance with the Cartesian split which associates men with culture, mind, and reason, the participants associated women with nature, body, and emotion to a large degree. While doing so, Christina, Jennifer and Helena above all, challenged the hierarchization of men *above* women, mind *before* body and so on. Instead, they reformulated the meaning of these concepts
as well as redefined their value. For instance, the socially constructed dichotomy of rational/irrational, associates the former with men and the latter with women. When Helena described what PMS means to her, she said that she becomes “irrational” in the premenstrual phase. When I asked what she meant by irrational, she answered:

I have a feeling that my emotions just boil over ten times as fast than on normal days. When something is annoying me then it annoys me ten times more. Or, I go out of the house and the sun shines and I’m happy and I’m flooded with hormones. And it’s like that with sexuality too; sometimes I’m just really grumpy, in a really bad mood, or I’m in a really good mood and then at the same time, I’m just full of LUST\textsuperscript{17} for the world. It’s both somehow…

She did not reject the notion of ‘female irrationality’ per se, but instead connected irrationality with strong emotions rather than logic, and revalued it to not mean non-logical or without reason, but to rather refer to the shifting and accelerating, as well as polarization of emotions. I think this resembles Irigaray’s concept of \textit{mimesis}, which refer to the way stereotypes can be repeated imperfectly in order to show their weaknesses (1985, p. 76f). Irigaray argues that if a woman talks ‘irrationally’ about irrationality, she undermines that stereotype of herself. When Helena and the others attach new value to traits traditionally associated with the feminine, they are reconceptualizing otherness – what it means to be Other.

Irigaray argues that in the ‘economy of the same’, our point of reference will always be the man. The female subject in such a system will “[lack] the mirror of the other woman” (Lykke 2010, p. 110). By renegotiating what it can mean to be a woman, to be an Other, the participants create mirrors that firstly allow for an otherness that is self-referential and secondly, create a reflection of women as sexually specific beings not derivative of the male subject. I would like to end this chapter with a quote from Jennifer who in a discussion on how only women can create life, said the following: “feminism sometimes says that WE have to be like men”, but, she continues, “we ARE not like men at all! And that doesn’t mean that we are not equally POWERFUL”. Women are just as powerful as men, \textit{and} they are different from men.

\textit{Sisterhood}

When you SUFFER from menstruation, it’s like, we always suffer from child bearing. We have to be pregnant, we have to give birth, and we must also bear the period pain… To be receptive of life, for that one must pay a price

\textsuperscript{17} The original German word she used was “GEIL”, which can have a sexual meaning where it stands for ‘horny’ and ‘lustful’, but it could also be used as a positive adjective, meaning ‘awesome’ or ‘terrific’.
Women in the participants narratives have a common experience that bind them together and from which men are excluded: the cyclicity of their menstruation, and, connected to it, the pain associated with “creating life”. These shared experiences create a *sisterhood* based on a solidarity of “fellow sufferers”, as Jennifer expressed it. For some of the participants, an important part of this sisterhood was to keep all things menstruation-related among women. To reconnect with what we saw in previous chapters, many of the participants felt that there is not much support or sympathy from a society based on a body that is constructed as their very opposite. The workplace was positioned as a specific location where menstruation-related issues receive no (or only negative) attention. The only reaction one can count on there, Theresa said, are people “being indignant” or “rolling their eyes”. In separatist rooms though, women offer their companionship and help:

> At work, you know, it’s like ‘hey do you have a heat cushion or a heat pad?’, like ‘oh you have your period! Sure, here you go!’ (laughs) So, there you certainly help each other

Instead of risking unwelcome reactions, men were explicitly excluded from any discussions.

But the sisterhood did not only build on the shared experience of pain and hardship, but also on a celebration of femaleness. Christina said: “that’s again something completely breathtaking, the idea that, ‘oh my god, SOMEONE is growing inside of me’. And I believe that men cannot really understand that”. In separatist rooms, women can concentrate on building a parallel system from where real change can be made. Arguing for sameness (women and men are the same) keeps women within the patriarchal system feminism aims to change or abolish. Emphasizing difference while highlighting the role of reproduction in women’s lives, does not correspond to Irigaray’s argument that women’s social existence must be separated from the role of the mother (1993). But it nevertheless became a source of embodied power for many of the participants.

**Constancy and Consistency**

Changes in mood, body status and general level of well-being can all have an impact on our ability to perform, in both a social and a productive sense. The (pre)menstrual phase is a time where many women all over the world experience stronger and more distinctive changes in body and psyche. In this chapter, I will look at how the participants negotiate a perceived cultural demand to always be able to function, and to always function in the same way.
Functionality

The participants all talked in different ways about a perceived cultural demand to keep up with norms of constancy and consistency. Danielle said:

The problems with these terms, ‘syndrome’ and ‘symptomatology’, is that they are associated with reduced functionality… It’s not something that you permanently suffer from, but it might mean that you do not function as well.

As we were discussing PMS as a social construction, I told the participants about a study in which the authors argue that the duration of stay in the U.S. affects the “risk” of experiencing PMS and PMDD among Asian, Latina and Black women living in North America (Pilver, Kasl, Desai, & Levy, 2011). In response to this, Danielle said:

That would rather speak for the social constructivist model. If the awareness [for PMS] in a certain country is greater, then you will get the symptomatic yourself. OR it’s just that the Western industrial countries in comparison have extremely high levels of EXPECTATIONS when it comes to the professional, the social and also career wise. Maybe that’s where it makes itself felt… Maybe the question we need to ask is, why did they come to the U.S? Maybe simply for professional or social reasons, and so THERE you will see setbacks.

Danielle touches upon something that Martin (2001) among others have written about; the high demand of functionality, productivity, and constancy that is dominant in Western conceptualizations of the profitable individual. Is it possible that the experiences the women in Pilver et al.’s study recognized as PMS, could have been precisely those traits that were deemed undesirable in that particular social and economic system (2011)? Could it be that social or economic pressure in their new home country left the women with very little room to tend to psychological or physical (pre)menstrual change in an adequate way?

The demand for functionality is based on the imagined capacities of a norm body and the assumption that everyone functions the same and are constantly functioning. In some phases of life – pregnancy or the first years with small children, periods of illness or pain – our usual patterns of living may be disrupted for a shorter or longer period. In a discussion on how (pre)menstrual change can affect one’s daily life, Danielle said:

I would NEVER lower my expectations on myself by thinking, ‘ok I have my period, so I CAN’T do that now’. But actually, sometimes you REALLY can’t do it, because you don’t take into account that you might have stomach cramps and won’t be able to do almost anything… And then I notice how I get really ANNOYED and think ‘MAN! That can’t be, I have to do this and that’, and I
think, ‘what a SHAME’. Or, I know people who have real INTENSE pain and migraine, and I’m thinking, how harsh that there is no ROOM for that.

Pain in any form is, of course, unpleasant and may reduce function or performance. To be unable to perform satisfactorily because of pain can be distressing, but I do not think that it should be considered odd or unexpected.

Menstruation-related changes come and go in a cyclic rhythm. I found it interesting that this characteristically rhythmic regularity was often brought up during the discussions as a relativizing element of the severity of (pre)menstrual changes, or the need to take them seriously:

I think to myself; it is really not a good reason. I have it once a month. I should not get myself worked up … I don’t know how I will see it in two days

During her (pre)menstrual phase, Danielle does not feel like socializing, she is irritable and has headaches. Since this happens every month and usually for only two days, Danielle prompted that she should not get herself worked up about it. Nonetheless, knowing that something will end does not make it less unpleasant once you are in it. Once you are through it moreover, you know it will start again in a month. Mathilde said:

Yeah, that’s the weird thing, it comes so regularly. As I had such strong pains, I thought ‘oh no not again’. And you TRY to live with it somehow, without stressing yourself out too much, which, in turn, stresses you out even more!

The problem then is not so much the psychological or physical pain itself, but as Danielle said in the quote above, that there is no room to talk about (pre)menstrual changes and the effect it has on the women who experience them.

Ussher argues that constancy and consistency of subjectivity, mood and bodily experience is integral to the modernist idea of identity as unitary (2008). This view constructs any deviation from the norm of the rational and consistent individual as a sign of illness (p. 8). Had there not been such strong cultural expectations on flawless and consistent performance both at work and in social relations, maybe women, with societies acceptance, could better allow themselves to feel bad from time to time.

External Circumstances vs. Internal Characteristics

I think it’s simply stigmatized. I mean, it’s not so IN to say, ‘I don’t function very well right now’… It is PMS, and there’s the word ‘syndrome’ in there. And at that moment when you say, ‘I HAVE it’ and nobody REALLY knows what it
is, you can stigmatize yourself. Because you put this label on you that says, ‘I have PMS, and I ALWAYS have it’

In the above quote, Danielle constructs PMS as a life-long condition: once you admit to “HAV[ING] it”, you will “ALWAYS have it”. The menstruating body is not something one can easily flee from, even though hormonal pills prevent ovulation and might help relieve many (pre)menstrual issues\(^{18}\). Danielle also points out the general lack of knowledge about (pre)menstrual change and how that affects how women are perceived in society.

Danielle compares PMS with how other “psychological abnormalities” are also stigmatized in Germany and Europe and how people generally do not talk about mental illness. To get around the stigma, Danielle suggests changing the name “PMS” to something “prettier”:

… just like ‘burnout’ is preferred to ‘depression’. That’s definitely a marketing term. I would think that if there was a different terminology available… Burnout is… freer from stigma and relatively trendy because of that, since you then justify externally why you feel a certain way. You can say, boy my life is really STRESSFUL right now, I have achieved so much lately, it’s been way too much, and I can’t do anything about it

PMS is not the only condition connected to efficiency and accomplishments both at work and at home. Burnout, according to psychologists Christina Maslach, Wilmar Schaufeli und Michael Leiter, is an individual’s response to chronic emotional and interpersonal stressors within the workplace (2001). Burnout is not a sign of disease, but a reaction to a stressful environment with unusually high (or low) job demands and low job resources. Burnout is sometimes connected to the “good girl syndrome” [“duktig flicka-syndromet” in Swedish], a term that refers to women who (tries to) live up to an idealized idea of women as capable, high-achieving, and hardworking (Ernsjöö Rappe & Sjögren 2004). Social anthropologist and gender scholar Lena Gemzöe points out that one of the side effects of being a good-girl is an increased vulnerability to stress-related illness, partly grounded in how high-achieving good-girls often set their own needs aside (2012).

When I asked Danielle to elaborate on her thoughts regarding burnout and stigma, she said: “[Burnout is] DEFINITELY less [stigmatized] than depression. Because then you’re the hero, you’ve done a lot, and now it has become TOO MUCH”. By taking on a subject-status as burnout-, rather than depression-sufferer, one can point to external circumstances rather than

\(^{18}\) Here it would be very interesting with a discussion on what it would mean for women to stop menstruating completely. This is especially relevant considering the current ongoing discussions on a pill that would reduce periods to four times a year or remove periods altogether. Unfortunately, that would be beyond the scope of this thesis (for a discussion on the topic, see e.g. Martin 2001).
internal characteristics to explain one’s ‘illness’. This could be viewed as an act of resistance towards a discourse that promotes a productive kind of citizen. Foucault argues that power produces the types of bodies that society requires (1978). For example, if capitalist, productive society needs over-achievers, it will make little sense to punish workaholics by stigmatizing them. Therefore, is could very well be argued that burnout in such a society has a higher status than depression.

If we return to PMS, Danielle calls for a term that is less connected to the body, though she pointed out that it is “REALLY difficult because it IS biological too somehow”. Unlike burnout, she argued, PMS is grounded in the body, and so, therefore, it is harder to attribute stressors externally. The question I would like to ask here though, is if linguistically disconnecting PMS from the body by giving it a new name will change anything to the better? A post-constructionist view of subjectivity gives that biology is an active agent in the becoming of the self. Our biology and the matter of the body is not separate from us, but an integral part of our beings. The body is an ongoing process of change that continuously constructs us anew (Lykke 2010b). As we have seen so far in this thesis, (pre)menstrual change is a phenomenon partly grounded in the body, with changing hormone levels or cramping muscles interacting with psychological predispositions, personal circumstances as well as cultural constructions. All these factors together contribute to the difficulties of constantly conforming to social norms that require calm, happy and constant productive citizens.

A Change for the Better

It is important at this point, to point out that women in general, including the participants of this study, are not passive victims of a social rhetoric that premieres constantly and consistently functioning bodies. During the group discussion and the interview, the participants used a vast vocabulary to describe bodily and psychological changes during the (pre)menstrual phase. Although negative connotations could be found in all the participants narratives, many of their accounts were neutral – “I see PMS rather as a change in my cycle and not necessarily, the ‘bad days’ of the month” – others outright positive.

Some of the participants did express surprise when I asked about positive experiences:

Ehm (laughs) I just thought about whether it’s normal to have positive feelings during PMS, because really, I’m ALWAYS happy, and I appreciate that about myself. I REALLY had to think about it, if I don’t also have positive feelings during PMS, and then I really had to think hard (laughs) because the negative things are in the foreground
Helena’s quote is an example of how PMS has become almost synonymous with the (pre)menstrual phase, so that it becomes difficult to imagine positive feelings in connection to it. On the same topic, Mathilde exclaimed: “I have NEVER heard about PMS as a positive thing (laughs) I mean it is a syndrome! So, it has a rather negative connotation”. She was not the only one who talked about how PMS contains the word “syndrome” and thus automatically is assumed to be a negative experience (see Nichols 1995).

Among PMS-scholars, ‘change’ rather than (pre)menstrual ‘symptom’, is the preferred term to describe the bodily and psychological differences and shifts that occur during the (pre)menstrual phase, precisely because it is neutral and does not suggest a pathology (Lee 2002). Foucault emphasizes how language affects how we construct our thoughts (1978). Setting up a different linguistic frame for a phenomenon will influence the way we construct and understand both ourselves and our experiences in relation to it.

Despite that many of the participants initially associated PMS with negative things, all of them ticked the boxes with positive changes when I presented it to them in form of the MJQ. The MJQ suggested the following: six participants indicated moderately to strongly increased “vitality” premenstrually, five participants indicated that they experienced strongly increased “sexual lust”, moderately increased “motivation”, and moderately to strongly increased “Tatkräftigkeit”, which is a German word that means to be full of energy and willingness to get things done. Four participants indicated moderately to strongly increased “creativity” and “energy” respectively. This is how they with their own words described (pre)menstrual experiences as positive: one claimed she becomes “thinking fever” which results in increased “creativity” and ability to solve problems, another said: “I find it GOOD, you KNOW that you are alive, that the body DOES things, that you are fertile”. There were also many accounts of positive experiences regarding sexuality: “it’s STRONGER, not better, because it wasn’t BAD, to begin with, just stronger, or MORE (laughs)”, “increased libido”. One said: “[the breasts] become BIGGER and then you feel prettier, because it looks nice and more feminine”. Others talked about “increased attractiveness” in form of smelling better and more interesting to men.

Women’s health scholar Gwen Morse (2009) as well as Chrisler et al. (1994) and have shown how attitudes in popular culture and authorities affect how women view their menstruation and their bodies. These authors also show how a positive attitude of the experimenter and measurement tools had a reframing effect of women’s attitudes towards their menstrual cycle. According to Haraway, nothing in the world exists independently, instead all things exist because and through reciprocity and interplay with each other (1991). Menstruation and (pre)menstrual change obtain their meaning in how we talk about and make sense of our
experiences using the available discourse. Meaning-making also proceeds from bodily experiences; how does it feel? Where do I feel it, and in what ways does this experience affect my well-being? In both cases, we give meaning to ourselves as menstruators and as individuals who experience (pre)menstrual change.

Situated knowledge gives that there are no inherent boundaries between the observed and the observer or between nature and culture (Haraway 1991), instead, what makes a difference, are agential cuts (Barad 2007). When an individual who has never heard the word PMS uses the lens of bio-medical discourse to make sense of her (pre)menstrual changes, an agential cut is made that differentiates between seemingly random headaches, and ‘symptoms’ of a female illness that this person now realizes that she “suffers” from. Barad explains that agency must be understood as a practice rather than a property of an individual or object (2007). Since agential cuts do not enact permanent difference, different cuts using different measurement apparatuses can be made that produces different kinds of knowledge. Alternatively, agential cuts could be done with a discourse that constructs the female body in positive terms, by emphasizing its ability to adjust, its flexibility and vitality.

Managing Expectations

Under this title, I will discuss expectations in relation to the menstrual cycle and the body, but also expectations of what PMS ‘is’, or feels like, and how the participants deal with these. Some studies have suggested that the discourse on PMS has gained such validity that women expect to have it (Cosgrove & Riddle 2003; Chisler et al. 1994). In that way, PMS can function as a self-fulfilling prophecy.

Know Your Body

Most of the participants felt various changes, shifting in character and strengths, a few days or even a week before the start of menstruation: “maybe a few days, or a day before, I know I will get my period”, “PMS for me is that I always NOTICE… I have these mood swings that seamlessly passes onto the period days”. For some of the participants, the attribution of changes to PMS often took place in hindsight. Mathilde said: “oh, I’m so tired, what’s going on? I was fit the whole week. And then I thought ‘ah, you’ll get your period today’”, Danielle said:

I am kind of a cycle zero. It’s not present in my mind at all… I’ve also considered the app, simply to get SOME kind of awareness. In my day to day life, I just forget it. EVEN when I’m about to have PMS, I NEVER think ‘oh, right’, it’s always in retrospect, and having an app might create awareness for it
Retrospective reporting is a reoccurring phenomenon within PMS-research and is often criticized for being unreliable. Such measures rely solely on memory and people may be influenced by social expectations (Chrisler & Caplan 2002, p. 282). Cosgrove and Riddle cite Tavris who argues that “menstruation itself provides women with the cue they need to decide when they have been premenstrual” (2003, p. 47). Therefore, it is important to use a consistent method to measure PMS in order to differentiate between PMS and other unrelated patterns.

For some of the participants, the period app plays a major role in managing one’s expectations of PMS. Mathilde said:

I have this period tracker… I don’t have a very holistic picture of my cycle… [With the tracker] it’s not ‘WOW what’s the matter’, but you can estimate it a bit better what is actually happening

Technology theorist Melanie Swan (as cited in Nicholls 2016, p. 101) has stated that mobile apps such as period trackers, allows for the body to become “a more knowable, calculable, and administrable object’, with an ‘increasingly intimate relationship with data as it mediates the experience of reality”. There are a number of period tracker apps (PTA) on the market. Some examples are Clue, Flo, Glow, Period Tracker, and OvuView. With the help of a PTA, the user can note their periods on a calendar, and the app then calculates when the next menstruation will start. Many apps can track changes in energy levels, emotions, pain, vaginal discharge, and stool, only to mention a few measurable items. Some PTA’s can also track ovulation and fertility, and can thus be used as a contraceptive method. There are of course many reasons why someone would want to track their menstrual cycle. Some of the reasons mentioned in this study were to “raise [one’s] awareness” of the own body and „to get SOME sort of reference point”, but the main reason was to be able to plan ahead and not get knocked back when the period starts.

The somatechnical analysis – that is, an analysis that looks at how the body interacts with technology – of mobile apps is still in its early stages. In an essay from 2016, critical theory and media researcher Brett Nicholls deploys a somatechnical lens as he looks at health motivation apps (HMA). Mobile apps and technology he claims, are “particularly visible technology of somatechnic embodiment, which physically and discursively produces users within the specific cultural contexts” (2016, p. 102). Nicholls lists seven ways HMA’s work, and in the following, I will use his framework to examine the PTA Clue, which I have been using to track my cycles.

First of all, in both the HMA’s and the PTA, the users fill in data of themselves. In contrast to HMA’s, PTA’s usually do not require the user to fill in gender, age or weight, as gender is
almost exclusively assumed to be female. Some apps, Clue included, do “talk about period beyond gender” and mention that not all women menstruate and not only women menstruate (2017). Others, have a very gender-specific design with a pink or purple layout. Second, users set their goals with the tracking. Goals include avoiding pregnancy, trying to conceive or simply tracking one’s cycle. Unfortunately, in Clue, there is no possibility of opting out of having one’s fertile window shown. The fertile window “option” is not only irrelevant but can also be excluding for people who are queer, infertile or voluntarily child-free. Third, the app tracks specific activities of the user’s life and body: most apps allow the user to fill in variables such as mood, energy and motivation level, spotting, the heaviness of flow, cravings, cramps and sexual activity. Tracking one’s sexual activities could be interesting for various reasons, but when one can only choose between “protected,” “unprotected,” and “withdrawal,” the problematic assumption is that the user is heterosexual. Clue allows for tracking of nutrition, sleep and bowel movements but fails to track changes in diet or extreme physical activity, things that can have a significant impact on the cycle. Four, there is a long-term tracking of personal patterns, which five, can be evaluated and measured against previous data to calculate future cycles. Six, the app generates recommendations for the user such as “today is a good day for a breast check” (Clue), and seven, the app allows the user to share information in social networks.

Many users consider Clue to be one of the better apps regarding for example gender-neutral language and design (Epstein et al. 2017), but it is still far from perfect on many accounts. One thing that I especially reacted upon, is how Clue automatically marks the days before my expected period with a big cloud, a feature one cannot opt out of. Clue thus predicts when I am to have PMS, even though I personally mostly experience and mark other days as “PMS-days”. I have contacted Clue about this issue, but so far, they have not given me any satisfying answers. Helena, who also used Clue, talked about how looking at the app made her very aware of where she is in her cycle:

If I always look at the app like, ‘OH I will get my period tomorrow, let’s see how I feel today!’ Then, of course, you will be paying more attention. I would say that you FOOL yourself. You play with your psyche when you say, ‘I will GET it tomorrow’, or when you check, ‘AHA I had my period on those days’

The PTA can function as a tool that generates a certain embodiment. Nichollis writes that carrying around “self-produced data… provides the basis for reconfiguring everyday practices” (2016, p. 103). We assume that experts are responsible for both design and content of apps, including any medical advice or instructions to live a healthy life. This kind of
recommendations “lays the groundwork for the conduct of users” Nicholls writes, and argues that following the apps instructions then becomes a “wager”, rather than a choice (2016, p. 107). This, Nicholls points out, is a good example of how biopower works.

A significant difference between a HMA and a PTA, is that the period tracker does not have increased performance as a goal. For many women, the aim is simply to keep track of where one is in the cycle (Epstein et al. 2017). But when an app such as Clue tells me – based on what I, as a user, assume are scientifically calculated algorithms – that the days before my period will be distressing, I might be more likely to “believe” and embody the apps predictions.

**The PMS-Label**

It’s the same thing with food for example, when someone says, ‘when I eat that, I feel like this’, or, ‘I’m SURE it’s the weather’. I mean you can always think like that. You look for a reason or a CAUSE to why you feel like you do. And if you fit this template [the PMS-template] then you’ll be quicker to think ‘aha that’s the cause’

I think that this quote from Helena pinpoints an important question, namely, what difference does a label make? If I call my experiences PMS or if I call them out by name, one by one – cramps, headaches, irritability, sensory sensitivity – or if I do not call them anything, does that make a difference in how I understand them? In how I cope with them? Categorizing certain experiences as PMS can be a way of coping with unpleasant or unwanted changes. The PMS-label thus play a significant role in how women experience and embody PMS. In the following, I will go through some of the different effects and functions of PMS as a label.

**Finding a Cause**

The PMS discourse presents individuals with a ready-to-go label they can slap on experiences that fit a certain template. Are you feeling bad or are you experiencing something out of the ordinary the days before the period? It must be PMS! Danielle who has a background in psychology, talks about how these labels come into existence in the first place:

> Within psychology, disorders often emerge because you focus your attention on something in particular. Before that, the same things were just brushed off. First, he was just Fidgety Philip\(^\text{19}\), now he has ADHD… I think that a certain awareness for something can only emerge once you have heard about it for the first time

---

\(^{19}\) Fidgety Philip, or Zappelphilipp/Zappel-Peter in the original, was a children’s book character who would not sit still at dinner and eventually knocks all of the food onto the floor, to his parents’ great displeasure (Hoffmann 1845). The story is an example of how behavior that was considered simply “naughty” almost 200 years ago has morphed into a genetic mental disorder today.
Danielle describes how science lump together certain symptoms, deem them as pathological, and then label them as something new. She describes how the accumulated symptoms that now comprise ADHD went from being character traits to a coherent, treatable disorder. We can compare this to how in the 1930’s, certain physical and psychological changes in the premenstrual phase were lumped together and labelled PMS, thus in a way, creating PMS as a distinguishable condition.

After Mathilde had filled out the MDQ and we had discussed how stereotypes could have an impact on embodiment and our perceptions of ourselves, Mathilde realizes she had readily ascribed a physical change to PMS after reading about it in the questionnaire:

That’s funny because when I read ‘circulatory problems’, I thought, yeah, I had that the last few days. But back then I didn’t associate it with PMS AT ALL. I never have ‘circulatory problems’, so what could be the cause? And now when I read this, it’s like, yeah, of course, I just had my period…There’s probably an interpretation there, I should feel a bit bad, and so that’s why I’m feeling bad

Before the group discussion, Mathilde’s experience with PMS was limited to “joke[s]” and “PMS-allegations”. But even though PMS was not a big issue in Mathilde’s life, and she usually never experiences circulatory problems, she attributed these problems to PMS, knowing that women are supposed to “feel a bit bad” before the period.

Questionnaires or similar instruments (such as PTA’s) function as apparatuses from which different subject positions – such as ‘PMS-sufferer’ – arises (Haraway 1991). This (and other) position(s), is the result of the interaction between the apparatus (the app or questionnaire), the user, and the inherent, uncontrollable trickster in both apparatus and subject, through which both parties act (ibid.). Feminist researcher Mary Brown Parlee argues that women tend to report symptoms or changes they believe that other women experience, rather than what they experience themselves (as cited in Chrisler & Caplan 2002, p. 282). This is also consistent with accounts of social desirability, where participants give their answers based on what they expect to be socially approved or desired within the research setting (see Bühner 2011). In other words, when Mathilde concludes that her “circulatory problems” is connected to her having PMS, the position as ‘person with PMS’ can be viewed as the result of the discursive interactions between the apparatus – which appeal upon the subject to take up a certain position – herself, – who reacts upon the apparatus, and whose reaction might have been an account of social desirability towards me, or a wish to conform to a social construction of women – and the tricksters of both her and the apparatus, who always have agency of their own.
Is it PMS or is it Me?

Sometimes I thought yeah SURE, but then there was this and that, and then I had a FIGHT with someone, or it didn’t go well with my master thesis or something. And then I thought, I don’t know if I should check this box because I can’t really say if it was because of THAT or not

This quote from Danielle is an example of a reoccurring theme in the narratives, namely the question of causality behind emotions or bodily experiences in the context of the (pre)menstrual phase – is it PMS, or is it me? Several times in the discussions, physical or psychological changes were attributed to PMS by the participants themselves or other people in their narratives, solely based on their timing in the menstrual cycle. Other times, PMS was attributed to experiences that do not fit one’s normal countenance. Helena for example said:

When I’m in a bad mood, then it MUST be because of [PMS] because I am someone who is ALWAYS in a good mood… my emotions… are going up and down. And I notice how I get annoyed at everything and then there was this thing [a fight in her flat share] and I flipped… I came home CRYING and ran to bed and didn’t feel like doing anything and normally I never DO that

Up until this point, this narrative resembles the Dr. Jekyll/Ms. Hyde or me/not me-discourse suggested by several scholars, which is a discourse that allows women to separate their “real” selves from their PMS-self (Ussher, Hunter & Browne 2000; Swan & Ussher 1995; Chrisler & Caplan 2002). Some scholars argue that through the separation, women can maintain a picture of themselves as living up to a feminine ideal, while everything that does not fit that image can be attributed to PMS (Swan and Ussher 1995, p. 365). Helena mentions nothing about femininity, but she initially frames those experiences as PMS that does not correspond with her self-image as a person who is “ALWAYS in a good mood”. Mid-sentence though, Helena seemingly switches positions, saying that the reason why she felt annoyed, “was OF COURSE because of stress from university and many other things, maybe because I was hungry (laughs) and that I had to deal with that [a fight in her flat share]”. Here, Helena acknowledges that the underlying causes of her distress “OF COURSE” were stress and hunger.

What Helena initially described – boiling emotions, crying fits, and sensitivity to conflict – correspond to common descriptions of PMS. However, they are also normal responses to for example physical or mental pressure or famishm, something that Helena seemed aware of. I think that these two narratives do not necessarily rule each other out, but instead point to a complex phenomenon where both bodily and discursive elements interact to create certain embodiments. Perhaps Helena was trying to live up to an idealized picture of herself, but I think
that is a simplification. A self-diagnosis of PMS can have many different reasons. It can be a way of legitimately ‘letting go’, in a society that premieres self-restraint and control, as Chrisler and Caplan have suggested (2002). Here exemplified by Helena:

And then I’ll sit at night in front of the TV and eat a kilo of ice cream (laughs) and say, ‘oh poor me, I’m feeling so shitty, I have PMS’. People like doing that I think

Self-diagnosing PMS can also be a way of escaping various kinds of demands that can be social, familial, personal or work-related. Danielle explained that “you say that you have PMS but ACTUALLY that’s not it at all. Maybe you’re just a bit stressed. That you are making it worse than it is”. To frame experiences as a “syndrome” might furthermore be an expression of agency towards the medical establishment in a society where ‘women’s issues’ are not taken seriously.

In a society and culture where the public discourse on PMS and other menstruation-related issues is so narrow, there are only a few constructive discussions to be had, and people must make sense of their experiences with the means they are provided with.

**Resisting the PMS Label**

There was also outright resistance among some of the participants against this type of PMS labelling. Cosgrove and Riddle have argued that some Western women experience negative or unpleasant changes (pre)menstrually but do not construct these as distressing, or position them as PMS (2003). Other scholars have suggested that these women are ‘false negatives’, that they have PMS, but are not admitting it (Hamilton & Gallant 1990, as cited in Ussher & Perz 2013).

I agree with Ussher and Perz who argue that to draw such conclusions, would be to “[reinforce] the notion of women as passive dupes, rather than active agents”, who can make informed decisions about their bodies, and make sense of their bodily experiences in a multitude of ways (2013, p. 910-911).

Out of the participants, Danielle was the one who most explicitly opposed a labelling of her own experiences as PMS. Early in the discussion, she said:

I imagine that you MAY notice an inner defense reaction, ‘moodiness? NO’. You know? I mean I know from my own experiences that I sometimes find it stupid when someone insinuates it because then I’m thinking, ‘NO, something happened, and that’s why I’m SUDDENLY in a bad mood’

Danielle asserted that the shifts in mood she experiences, do have a source or a reason, and she opposed the assumption that her reactions would not be reactions to something. She positioned
mood swings as normal reactions to sudden changes in events rather than a sign of pathology. Later, she discussed the pros and cons of labelling (pre)menstrual experiences as PMS:

… because I think that women who really suffer are HAPPY that it’s being thematized and that they have found an explanation, or maybe a regularity. So, they don’t think that they have depressive phases but that it's related to something else. I mean, I could IMAGINE that it could be relieving to KNOW, ‘okay, there’s something biological behind this’, but at the same time, it could be BURDENSOME, because you would think, ‘okay great, I can’t do anything at all, my hormones are freaking out and I’m completely POWERLESS’

Toward the end of the discussion, Mathilde, Danielle and I talked about how some research has suggested that women are more receptive to stress during the (pre)menstrual phase, so that issues that one would normally brush off, suddenly seem unbearable (Chrisler & Caplan 2002). Danielle asked how it would be possible under those circumstances to separate PMS from conditions such as “recessive depression”, and whether such conditions are “mutually influential, if people who are sensitive to stress also have more PMS?”. When I told her that some research suggest that this is the case, she exclaimed, “well THAT’S, I mean, that’s exactly the point for God’s sake! (exhales sharply) Quit this CATEGORIZING, it does not bring anyone ANYTHING!”. I understand Danielle’s frustration. During this research journey, I have often had problems to really conceive of PMS. I have tried to take a step back to get a picture of PMS in its entirety, but every time I try, its boundaries become blurry and it slips out of my hands. On the one hand, categorizing certain occurrences as PMS, creates a consistent phenomenon that can be studied, and people undergoing (pre)menstrual change can refer to PMS to receive recognition and assistance if needed. On the other hand, as Danielle points out, the PMS-label might under certain circumstances render individuals disempowered because it suggests PMS is a fixed and unchangeable biological entity. On a third hand, if the changes women experience (pre)menstrually are so varied and arbitrary as many studies (Halbreich 2013) suggest, might it not make more sense to treat each experience for what they are, detached from an unsatisfactory (medical) label? I believe that the broadening and re-working of the PMS-concept and the apparatuses that produce bodies-with-PMS is essential in the strive for productive change.
Conclusion

In this thesis, I set out to answer three questions, (a) how do the participants negotiate and manage PMS and menstruation as both social and embodied phenomena? (b) in what ways and to what extent is agency enacted in relation to PMS, but also in relation to the own body as it undergoes (pre)menstrual changes? and (c) how is resistance in relation to PMS as a material-discursive phenomenon manifested in the participants narratives?

PMS is an awkward phenomenon to cope with, and it is difficult to form any kind of success narrative around PMS. It is discursively trapped in a way that provokes various kinds of resistance narratives. There are not many other options to turn to when one lays debilitated by pain, and at the same time, is being discredited by discourse. Some of the participants created a narrative in which they found power in their menstruation and its cycles. Others refused to deal with the discourse altogether and simply brushed off any references to it. What follows, is a stitching together of these different narratives, loosely structured according to the three research questions.

Social and Embodied Phenomena

Menstruation and all things associated with it has in many societies throughout history been viewed as abject, and as such, shunned and hushed up (Ussher 2008). The participants were highly aware of this discourse, and some of them had internalized the idea of menstruation as abject, and had at least in the beginning of their careers as menstruators felt disgust and shame around their periods. However, confidence and acceptance around the menstrual cycle grew with age. It was also clear that the times we live in change. Even though the age difference was not very large between the participants, the narratives of the two oldest participants contained more feelings of shame around menarche than did the narratives of the younger ones.

At the same time, there was a discrepancy between how the participants personally felt about being open about menstrual-cycle related topics, and how they perceived the level of societal acceptance for speaking about such topics openly. They spoke about how accusing someone of having PMS could be made reason not to take women and their experiences seriously. Jennifer coined the term PMS-phantom to describe the way women’s lived experiences are treated like ‘phantoms’, that is, something that only exists in their heads. There were two distinct approaches among the participants to deal with this type of silencing, ridiculing and/or ignorance: either to speak up even louder, or, to keep menstrual cycle-related matters among women only. Historically, but also in certain places today, women are being isolated during their menstruation. In many cases this has been a part of a desire to restrict and control women.
But self-selected separation can also be a way to promote sisterhood. In those cases, separatism might not be so much about keeping women away from men or men away from women, but to keep women together. The participants wanted to be heard, respected, and taken seriously. This meant that they sometimes gave instructions to men on how to approach and behave around them, but there was only limited desire to engage with men on these topics.

Menstruation and PMS are the very symbols of a body that do not correspond to the imagined norm body which has clear boundaries (does not leak), is stable (has no mood swings), bases its decisions on logic (is not irrational), is strong emotionally and physically (needs no support or help from others), and is robust (does not need maintenance). In comparison, the female body’s cyclicity und changeability can appear diseased and thereby become viewed as an individual, pathological exception (Ussher 2008). This view was in part embodied by the participants who expressed concern around not being able to live up to a glorified idea of a constantly functioning citizen. But in one narrative, the connotation between the notion of ‘woman’ and concepts like body and emotion was emphasized in a sometimes almost mimetic (Irigaray 1985) way. As an illustration, the femininely connotated word ‘irrational’ was reinterpreted to refer to emotions rather than reason. The female body furthermore, was constructed analogously to the stereotype (women are unstable etc.), but with its characteristics revalued. In this narrative, women were constructed as highly adaptable, life-creating, and attentive, and positioned as the standard against which the male body was contrasted and also rejected as maladaptive, unproductive and insignificant. To a large degree, men were also completely disassociated from the body. This amplified ‘bodyness’/emotionality of women helps undermine the dichotomies of woman/man, body/mind, emotion/reason. Exaggerating the connection between woman and body, can thus be a way of taking back and reinterpreting what a woman is, and what a body is.

Nonetheless, femaleness comes with a price. Pain was among the participants constructed as a female-associated affect, and suffering was positioned as the ‘price of admission’ for being a woman. Ahmed argues that affects are crucial to the forming of the body (2014) and menstrual pain, both physical and psychological, can be understood as part of the female embodiment. This particular pain was in the discussions not necessarily positioned as a power that erases subjectivity, as some scholars have suggested (Scurry 1984). For some participants, menstrual cycle-related pain and suffering contributed to a feeling of connectivity with other women, strengthening the bond between “fellow sufferers”. This did not mean that they welcomed pain or stoically suffered for the sake of it. Rather, through the common experience of having to endure both physical and psychological pain on a regular basis and rarely finding support or
even understanding for their situation in a society built for bodies different from theirs, they turned to each other and often found shelter.

To refuse silence about being in pain, or of feeling extra sensitive because of menstruation or PMS, include exposing oneself to being perceived as a killjoy and being made responsible for one’s own infortune (Ahmed 2008). Still, some of the participants were determined not to stay quiet. They took up a space they felt they were entitled to, and aspired not to comply with structures that “hold us back” or are meant to keep “us” embarrassed and uncomfortable. Here again there was a reference to the importance of sisterhood, as having a female role model to pave the way, had for Julia at least, been prerequisite for letting her voice be heard.

Agency

Agency is about the capacity to make deliberate, independent choices. All the participants had experiences with the pill, and all of them recognized a discourse constructing the pill as an omnipotent remedy. But when the pill is presented as the solution, and in practice is the only remedy promoted, this obviously restricts one’s agency regarding the choice of treatments. Agency then, can be acquired by turning to alternative medicine such as homeopathic treatments, or by actively reframing that which is perceived as PMS to enable alternative ways of managing (pre)menstrual change. If material or psychological changes experienced (pre)menstrually would be interpreted as reactions to stressful or otherwise uncomfortable events, relief could be provided by taking time off, change in diet, or engagement in meaningful activity rather than relying on chemical or hormonal preparations. The success of these suggestions obviously depends on the type of changes one experience. I am not saying that people with debilitating changes would feel better if only they went for a run or ate a chocolate bar. I am however saying, that the way we frame our experiences within the given frames of the matrix that produces us as subjects, affect the way and the extent to which we can exercise agency.

The ability to deal with (pre)menstrual change is a question contingent of various factors such as social and economic situation, (dis)ability and geographical location, but also cultural norms and personal attitudes. The participants, as well as many of my German friends, all agreed that in the conservative, southwest part of Germany where they were socialized, menstrual-cycle related topics were not spoken about in public at all. Most of them remember sex education in school as only covering contraception. PMS existed as a shapeless ‘truth’ about women that many adopted once they reached menarche. Whether or not the experiences they had learned to associate with PMS, actually (and always) derived from the premenstrual phase,
we cannot know. But many of the participants exercised agency as they (re)positioned the (pre)menstrual phase and the changes that come with it as having purpose and meaning, rather than simply constituting a meaningless but necessary evil. The most common hypothesis regarding the meaning of PMS included a view on psychological (pre)menstrual change as “psychological cleansing”, or “purification of the soul”. A way of get rid of the old to welcome the new. Connected to these theories was Danielle’s idea of the premenstrual phase as having a “translating function” between body and mind. This translation is supposed to “protect” the being – “maybe me and my body need that which I really want to do right now, which is to lie down in bed and cry” – by making sure its needs are tended to.

PMS as a distinct condition does not materialize on its own. Instead, the interactions between certain ‘things’, such as discursive ideas about women and the material changes many women experience (pre)menstrually, make agential cuts. In turn, these cuts generate fluid boundaries around the grouping of those ‘things’, thereby producing PMS as a phenomenon (see Barad 2007). By having other ‘things’ – such as a discourse constructing PMS as a “translator” between body and psyche – interact with women’s experiences of (pre)menstrual change, a different cut can be made that positions the premenstrual phase in a more constructive light.

Resistance

Resistance in various forms, against the view of PMS as a sickness, against the idea of (pre)menstrual change as meaningless etc., was present both implicitly and explicitly throughout the participants narratives. There was also resistance against labelling anything as PMS at all. One such argument, was that knowing that “something biological” is behind PMS, could be “BURDENSOME”, as it would render the individual “POWERLESS” against her own body. Another argument was that because of the low awareness-level of menstrual cycle-related matters, a PMS-label could stigmatize an individual, much like a depression diagnosis could. According to these arguments, it is the biological component of PMS that causes trouble by suggesting an inherent, internal flaw in the individual.

The most explicit form of resistance in the material, manifested itself in the way many of the participants refused to stay silent about things that bothered them, regardless of the reactions. Actively ignoring this social etiquette, can be seen as a form of resistance to the powers creating such norms. I find Julia’s quote worth repeating here: “when there are no more THINGS that somehow hold us back or are uncomfortable, and the more we trust ourselves, the more power men will lose”. To go against or even to not give in to strong norms, requires a lot from the individual and few are privileged enough to do so without serious repercussion. But one can
hope to take advantage of the Zeitgeist. The aftermath of “The Year That Menstruation Went Public” (Cosmopolitan 2015) in the Western world might very well be the spark we have been waiting for. It remains to see in what ways this small revolution will affect how German women, European women, and women of the world will negotiate their (pre)menstrual experiences in the future.

**Suggestions for Future Research**

While writing a master thesis, one must not only to decide on what to include, but also on what to leave out. One aspect of resistance and agency that I did not cover in this study, is what kind of resources an individual woman have or need in order to resist a certain discourse. Additionally, to what extend does those resources correlate to the severity of her (pre)menstrual changes. Psychologist Benjamin Gottlieb among others, have established the importance of social support in managing premenstrual change (as cited in Morse 2009, p. 189). In this thesis I only scratched the surface of sisterhood as a source of support. Future research could focus more on sisterhood as a strategy for resistance.

I am an enthusiastic supporter of reframing studies that aim at reframing people’s perceptions of menstruation cycle-related experiences. Reframing studies are needed that are longitudinal and use a diverse sample of women from rural areas, older (pre-menopausal) women, women with several children, immigrant women and women with lower education. Morse (2009) conducted a study with a follow up after four months, but her sample was mostly Caucasian, and all of the women were between 37-40.

In this study, I did not come into contact with menstruation activists. It would be interesting to examine how women who are surrounded by menstruation (both literally and figuratively) manage and negotiate PMS and (pre)menstrual change. And lastly, are there PMS-activists, and if so, what are their interests and strategies and what are their biggest challenges?
References


---, 2014, The cultural politics of emotion, Edinburgh University Press Ltd.


Bühner, B 2011, Einführung in die Test- und Fragebogenkonstruktion, Pearson, Germany.


Dittmer, C 2015, Gender Trouble in der Bundeswehr: Eine Studie zu Identitätskonstruktionen und Geschlechterordnungen unter besonderer Berücksichtigung von Auslandseinsätzen [Gender trouble in the army: a study of identity construction and gender order with particular focus on foreign assignments], Transcript, Bielefeld.


Moon Inside you 2009, motion Picture, Arte, France, produced by Avenue B Productions; directed by Fabianova, D.


--- 2008, When Species Meet, University of Minnesota Press.
Irigaray, L 1985, This sex which is not one, Cornell University Press, Ithaca, New York.


Ritchie, A & Barker, M 2006, ‘There aren't words for what we do or how we feel so we have to make them up: Constructing polyamorous languages in a culture of compulsory monogamy’, Sexualities, vol. 9, no. 5, pp. 584–601.


Rosenberg, T 2002, Queerfeministisk agenda [Queer feminist agenda], Atlas, Stockholm.


Shildrick, M 1994, ‘Leaky bodies and boundaries - feminism, deconstruction and bioethics’, PhD, University of Warwick.


Timby, E 2011, Allopregnanolone effects in women clinical studies in relation to the menstrual cycle, premenstrual dysphoric disorder and oral contraceptive use, PhD, Umeå University.


---, 2006, Managing the monstrous feminine: Regulating the reproductive body, Routledge, London.


Walker, A 1995, Theory and methodology in premenstrual syndrome research, Social Science and Medicine, vol. 41, no. 6, pp. 793-800.


Appendix

1. Research articles mentioned to participants  
2. Research guide  
3. MDQ  
4. MJQ  
5. Flyer – English  
6. Flyer - German  
7. Data privacy statement  
8. Consent form of participation  
9. Letter of information for participation in research  
10. Transcription rules  
11. Library Sheet
1. Research articles mentioned to participants

In a study from Cosgrove and Riddle (2003), thirty women were interviewed regarding their experiences and perceptions of PMS. Some of the women self-diagnosed as PMS-sufferers, and some did not. The women were also measured according to the BEM sex role inventory that determines where on a femininity-masculinity scale a person situate themselves. Cosgrove and Riddle found that a high score on femininity correlated with a self-positioning as PMS-sufferer. The PMS-self was also more negatively constructed in contrast to the “normal” self.

In study from McFarlane, Martin & Williams (1988), 12 women with normal cycle, 15 women on the pill and 15 men were asked every day for about 2 months about their physical and mental health. They did not know the purpose of the study. After 2 months they had to retrospectively evaluate their mood every day for those 2 months. In the data from the daily observations, no relationship could be found between day in the cycle and well-being. Other factors such as day of the week was a much more important predicator. Women who were not on the pill even reported more pleasant moods during the menstrual phase than anyone else. Retrospectively, however, all women remembered unpleasant moods during their premenstrual and menstrual periods. Interestingly, the study also showed that men too showed signs of moodiness.
2. Research guide

*German original*  

- Was versteht ihr unter PMS? / Was verknüpft ihr mit PMS?
- Würdet ihr sagen, dass ihr PMS habt?
- Wie drückt sich das aus? / Wie beeinflusst dich PMS?
- Inwiefern beeinflusst PMS deine Erfahrungen in deinen Rollen als Partnerin, Freundin, Arbeitskollegin?
- Wie beschreibt ihr euer Menstruationszyklus?
- Hat sich dein Verständnis von PMS und Menstruation im Laufe der Jahre verändert? Wenn ja, wie?
- Haben sich deine eigenen Erfahrungen mit PMS / Menstruation im Laufe der Jahre verändert? Wenn ja, wie?
- Was bedeuten folgende Wörter für dich: Femininität, Frausein, die weibliche Geschlechterrolle?
- Wie wird PMS in der Gesellschaft und in den Medien dargestellt?
- Wie werden Frauen mit PMS in der Gesellschaft und in den Medien wahrgenommen?
- Wie wird PMS in deinem Umfeld thematisiert?

*English translation*  

- What does PMS mean to you? / What do you associate with PMS?
- Would you say that you have PMS?
- How would you describe those experiences? / How do they affect you?
- How does PMS influence your experiences in your role as partner, friend, colleague?
- How would you describe your menstruation cycle?
- Has your understanding of PMS and menstruation changed since you had your first period? If yes, in what ways?
- Have your experiences of PMS and menstruation changed since you had your first period? If yes, in what ways?
- What does the following words mean to you: femininity, womanhood, the female gender role?
- How do you feel that PMS is presented in society / the media?
- How do you feel that women with PMS are perceived /presented in society / the media?
- How is menstruation and PMS addressed by those around you / how do people around you speak of menstruation and PMS?
3. MDQ

Kennzahl* ………………………Datum…………………………

*Deine persönliche Kennzahl wird aus dem Datum deinem Geburtstag und die drei ersten Buchstaben der Name deiner Mutter. Wenn du also am 12 März geboren bist und deine Mutter Sara heißt, wird deine persönliche Kennzahl 12sar.

Menstrual Distress Questionnaire

Unten ist eine Liste von Empfindungen, die Frauen manchmal erleben. Bitte bewerte deine Erfahrungen mit diesen Empfindungen in der Woche vor deiner letzten Periode. Bitte die Lücke ankreuzen die am besten zu deinen Erfahrungen entspricht:

<table>
<thead>
<tr>
<th>PMT - A</th>
<th>A. Gar nicht</th>
<th>B. Ein Wenig bis Mäßig</th>
<th>C. Stark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angst</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anspannung</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aggressivität</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Innere Unruhe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stimmungsschwankungen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reizbarkeit</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PMT - C</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Kopfschmerzen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heißhungerattacken</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verlangen nach Süßigkeiten</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kreislaufprobleme</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PMT - D</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoffnungslosigkeit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weinen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schlaflösigkeit</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PMT - H</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Schmerzende und geschwollene Brüste</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blähungen oder aufgeblähter Bauch</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wassereinlagerungen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gewichtszunahme</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PMT - S</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lärmempfindlichkeit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lichtempfindlichkeit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kälteempfindlichkeit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geruchsempfindlichkeit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Symptom</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dysmenorrhöe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rückenschmerzen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gelenkschmerzen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muskelverspannungen</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Kennzahl* …………………….Datum………………………….

*Deine persönliche Kennzahl wird aus dem Datum deinem Geburtstag und die drei ersten Buchstaben der Name deiner Mutter. Wenn du also am 12. März geboren bist und deine Mutter Sara heißt, wird deine persönliche Kennzahl 12sar.

Menstrual Joy Questionnaire

Unten ist eine Liste von Positiven Empfindungen die Frauen manchmal erleben. Bitte bewerte deine Erfahrungen mit diesen Positiven Empfindungen in der Woche vor deiner letzten Periode. Bitte die Lücke ankreuzen die am besten zu deinen Erfahrungen entspricht:

<table>
<thead>
<tr>
<th>PMT – V</th>
<th>A. Gar nicht</th>
<th>B. Ein Wenig bis Mäßig</th>
<th>C. Stark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erhöhte Kreativität</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Erhöhtes Selbstvertrauen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tatkräftigkeit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leistungsfähigkeit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PMT – E</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lebensfreude</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Erhöhte Energie</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Erhöhtes Selbstwertgefühl</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glücksgefühle</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Euphorie</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PMT – B</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Erhöhte sexuelle Lust</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wohlbefinden im eigenen Körper</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entspannung</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Erhöhte Attraktivität</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PMT – F</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Zuversicht</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hoffnungsvoll</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PMS!
WORKSHOP
INVITATION TO A WORKSHOP ABOUT PREMENSTRUAL SYNDROME (PMS)

DO YOU HAVE PMS?

OR DO YOU BELONG TO THE GROUP OF WOMEN* WHO NEVER OR ONLY RARLY EXPERIENCE PMS?

Would you like to participate in an interesting discussion with other women* about bodies, mind, and emotion?

20. March 2017, 18-20h

Please email workshop.pms@web.de for more information.

No previous knowledge required. Drinks and snacks will be provided.

*Individuals who identify as women, have uteruses (ovulation) and who are of reproductive age.
6. Flyer German

**HAST DU PMS?**

**MÖCHTEST DU AN EINER INTERESSANTEN DISKUSION MIT ANDEREN FRAUEN* ÜBER KÖRPER, EMOTIONEN UND GESELLSCHAFT TEILNEHMEN?**

Im März/April 2017 findet eine kritische Auseinandersetzung mit PMS statt.

Keine Vorkenntnisse erforderlich. Getränke und Essenskleinigkeiten werden zur Verfügung gestellt. Der Workshop wird ca. 1,5 - 2 Stunden dauern.

Habe ich dein Interesse geweckt?

Bitte Email an andrea.nordlander@gmail.com für mehr Information

* Menschen jeder sexuellen Orientierung die sich als Frauen identifizieren, die Eierstöcke (Eisprung) haben und derzeit im reproduktiven Alter sind.
DATA PRIVACY STATEMENT
Assurance of anonymity and data confidentiality

Research on Premenstrual Syndrome (PMS)

This study is conducted on the basis of the data protection act.

I, Andrea Nordlander, and everyone involved with the project have an obligation to secrecy and are committed to maintain data confidentiality. They are not allowed to speak with anyone outside the project group about the data collected.

The data protection act requires that I inform you about my approach and that I get your explicit permission to be allowed to use the data collected and evaluate the workshop. It also requires that I explicitly point out that no disadvantages will arise from a non-participation. You may also refuse answer individual questions.

I practice the following method to ensure that no personal data can be used to draw conclusions about your person:

I am handling data very carefully: the workshop is being recorded and later transcribed and you can get a copy of the transcription if you wish. The transcript in its entirety will not be published and is only accessible internally for evaluation. Excerpts are quoted only if an identification of the participating person is excluded. I will take notes during the workshop; these notes can be available to you after the workshop for approval. I anonymize, that is, I change all names, places and street names and where possible, professions are replaced by other comparable professions. If I have learned your name and contact information, they will be anonymized and kept safe (in the case of clarification of any issues during the projects period) during the project period only with your explicit consent.

The consent form of participation signed by you is kept separately. It serves only as a verification that you agree with the evaluation in the case of an inspection by the Data Protection Office. You can no longer be associated with the workshop.

I thank you for your willingness to participate in the project! If you have any questions, please do not hesitate to contact me on my email provided on the right.

........................................................................................................................................................................

Date Andrea Nordlander

This letter is yours to keep for future reference.
8. Consent Form of Participation

CONSENT FORM OF PARTICIPATION

Research on PMS by Andrea Nordlander

1. I agree to participate in Andrea Nordlander’s research study about PMS by participating in a workshop together with other invited people.

2. The purpose and nature of the study has been explained to me verbally and/or in writing.

3. I give permission for Andrea Nordlander to tape-record the workshop in which I participated on the date of .......................... and later transcribe it for evaluation. The transcriptions can be available to me afterwards for approval.

4. I understand that the recordings will be erased after completion of the study.

5. I give permission for Andrea Nordlander to take notes during the workshop. These notes can be available to me afterwards for approval.

6. I understand that anonymity will be ensured in the write-up by disguising my identity.

7. I understand that disguised extracts from the workshop may be quoted in the thesis and any subsequent publications.

8. I understand that I can withdraw from the study without repercussions, at any time, whether before it starts or while I am participating.

9. I understand that my name and contact information will be handled and kept according to the data privacy statement (in the case of clarification of any issues during the projects period) and will be erased after completion of the research.

My signature below indicates that I have decided to participate voluntarily in this study and that I have read and understood the information provided above.

........................................  .................................................................

Date  Signature

........................................  .................................................................

Date  Signature Andrea Nordlander

LINKÖPINGS UNIVERSITET
Sweden.

Andrea Nordlander

Tel. [...] Email: [...] Freiburg, Germany
13.03.2017
Dear Ladies*,

I am a student at the Institute of Gender Studies, Intersectionality and Change at Linköping University, Sweden. In the course of my Master thesis, I am conducting a study about women and Premenstrual Syndrome (PMS). Through a set of workshops on the topic, I wish to acquire insight of the ways women negotiate their experiences related to the menstrual cycle.

For the study, I am looking for people who identify as women and who are currently of reproductive age, of any sexual orientation. To participate in the workshop and the study you do not need to have experienced PMS yourself.

During the workshop in which 6-8 women will participate, you will take part in various small exercises as well as engage in interesting discussions about phenomena surrounding the menstrual cycle. I will ask you to share everything that you find relevant and important and that you are comfortable sharing. The workshop will last approximately 2 hours.

You may choose not to answer a specific question or withdraw from the study at any given time. The workshop will be recorded for later evaluation. All the material in the study will be handled strictly confidential and anonymous. All personal data that can be used to draw conclusions about your person will be erased or made anonymous and the recordings will be deleted after completion of the research. If you would be interested, I will send you the finished results of the study as well as the transcript after the completion of the research.

I would really appreciate it if you would be interested in participating in this workshop and thus help me conclude my research successfully. If you have any questions, do not hesitate to contact me.

Sincerely,
Andrea Nordlander

This letter is yours to keep for future reference.
10. Transcription Rules

GAT-RULES

<table>
<thead>
<tr>
<th>Pauses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(.)</td>
<td>Micro pause</td>
</tr>
<tr>
<td>(3)</td>
<td>Pause 3 seconds</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emphasis</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>WORD</td>
<td>Emphasis</td>
</tr>
<tr>
<td>!WORD!</td>
<td>Strong emphasis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nonverbal</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(laughs)</td>
<td>Nonverbal act</td>
</tr>
<tr>
<td>&lt;&lt;laughingly&gt; word&gt;</td>
<td>Nonverbal act</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>[…]</td>
<td>Omitted word, sentence or whole section</td>
</tr>
<tr>
<td>[Interviewer: mhm]</td>
<td>Inserted comments from listener</td>
</tr>
<tr>
<td>-</td>
<td>Cut (“it’s going to be har-“)</td>
</tr>
</tbody>
</table>

Abstract

Premenstrual syndrome (PMS) was originally coined to describe the various changes that many women experience the days before their period. Today, we understand PMS as a complex phenomenon that not only involves the materiality of the body, but also discursive ideas and cultural mythology around women and femininity. The field of PMS-research is fragmented and includes a medical, a social constructivist, and, more recently, a material-discursive-intrapsychic perspective.

This study takes its starting point in the latter approach, which allows for a multidimensional analysis of both material, discursive, and psychological aspects of PMS. To avoid pathologization, the use of premenstrual change, rather than -syndrome when discussing material experiences of menstrual cycle-related experiences, is supported and encouraged. Theoretical concepts such as bio-power, the body politic, and sexual difference, are used to make sense of the material which consists of three semi-structured group discussions and one interview with seven German women between 21 and 30. The study centers around how these women negotiate and make deliberate choices around PMS and menstruation, including embracing and/or resisting PMS as a material-discursive concept. The study aims at gaining insight into how we can make sense of PMS as a social and embodied phenomenon.

Findings suggest that rather than considering premenstrual change as disempowering or as splitting menstruators lives into bad days and normal days, it can be viewed as a translator between the needs of body, psyche, and being. Premenstrual change, together with menstrual cycle-related pain, can furthermore form the basis for a supportive sisterhood.