INTRODUCTION

The topics discussed in this chapter (menstruation, menopause, pregnancy, birth, contraception, and motherhood) are central to the psychology of women. They are, after all, experienced only by women, and most women, despite the diversity of their lives, will experience menstruation and menopause and consider whether (and when) to use contraception. The majority of women will become pregnant at some point in their lives, and most who do will become mothers. Thus, our menstrual, menopausal, and reproductive experiences have the potential to draw together women who otherwise might not have much in common, and women do, under congenial circumstances, enjoy sharing with each other stories about menarche and mothering or arguing about whose labor or hot flashes were the most difficult to endure.

Although menarche can be a source of pride, pregnancy exciting, and motherhood the fount of our greatest joys, reproduction can also become oppressive to women. Obstetrics and Gynecology, the only medical specialty exclusively focused on women, essentially defines women in terms of the traditional roles of wife and mother, and it redefines normal developmental events in women’s lives into illnesses and medical emergencies (Gannon, 1998; Rosser, 1993). Medical imperialism (Gannon, 1998) and sociocultural pressures can combine to convince women that they have little control over their reproductive experiences or force them to be secretive about the decisions they have made. Therefore, counselors and psychotherapists who work with women should expect to hear a wide range of attitudes, concerns, and experiences with regard to the topics of this chapter.

MENSTRUATION

Most Western women can expect to experience monthly menstrual cycles for three to four decades. The regular appearance of the menses is a sign of good health, is symbolic of a connection to other women, represents biological maturity, signifies our ability to bear children, but lets us know we are not pregnant (Chrisler, 1996). The menstrual cycle provides a clear distinction between women and men, and, as a result, “its correlates, concomitants, ac-
companiments, ramifications, and implications have become intrinsically bound up with issues of gender equality” (Sommer, 1983, p. 53). Thus a consideration of attitudes toward, beliefs about, and the experience of menstruation is important to an understanding of the psychology of women.

**Attitudes Toward Menstruation**

Most Americans believe that they have a good understanding of the process and concomitants of the menstrual cycle, although they prefer not to mention the topic in public (Tampax Report, 1981). Even psychotherapists (especially men) have reported experiencing discomfort when their clients want to discuss some aspect of menstruation (Rhinehart, 1989). Despite our apparent sophistication and our having left behind most of the taboos of the past (when menstrual blood was thought to be magical or poisonous and menstruating women needed to be controlled and their activities curtailed), many Americans continue to accept the taboo against sexual activity during menstruation (Golub, 1992), believe that women are particularly delicate or susceptible to stress or illness at certain phases of the cycle (Tampax Report, 1981), and think that premenstrual women are dangerous and unpredictable. In a survey of college students (Golub, 1981), men were twice as likely as women to believe that menstruation affects the personality, thinking ability, and general functioning of women—despite considerable scientific evidence to the contrary (see Sommer, 1983, for a review).

It is not surprising that people who express these beliefs would also have negative attitudes toward menstruation. These attitudes are formed early and are less influenced by personal experience than might be expected. Clarke and Ruble (1978) asked boys and pre- and postmenarcheal girls to rate severity of the symptoms that they believed women experience during menstruation. Boys and premenarcheal girls had well-defined beliefs and negative attitudes toward menstruation; they reported that it is accompanied by pain, emotionality, and a reduction in social and physical activities. The postmenarcheal girls did not let their own experiences guide their responses; they thought that most girls experienced more severe symptoms than they themselves did.

Researchers have found that men tend to view menstruation as more debilitating than women do; women tend to rate menstruation as merely a “bothersome” event (Brooks-Gunn & Ruble, 1980, 1986; Chrisler, 1988). Men are more likely than women to describe menstruation as embarrassing and to report that their sources of information about menstruation have been negative (Brooks-Gunn & Ruble, 1986). Older adults perceive menstruation as less debilitating and bothersome than do college students (Chrisler, 1988; Stubbs, 1989).

These negative attitudes and inaccurate beliefs are reinforced by popular culture. Jokes about menstruation and women’s hormones are common, and several books of misogynist humor about the premenstrual syndrome have been widely read in the United States (Chrisler, 1990). A content analysis of articles published in North American magazines between 1980 and 1987 found a strong bias in favor of reporting on negative (and often exaggerated) menstrual cycle related changes (Chrisler & Levy, 1990). The articles presented a confusing array of symptoms (including some that do not appear anywhere in the medical or psychological literature) and contradictory treatment recommendations, supported stereotypes about women’s erratic behavior, and suggested that premenstrual women may need psychiatric care. Articles analyzed included “Dr. Jekyll and Ms. Hyde” and “The Taming of the Shrew Inside of You.” Many of the articles (as these titles suggest) emphasized a tendency toward violent, irrational, and out-of-control behavior during the premenstrual phase of the cycle, and the terms (e.g., “raging animals”) they used to describe premenstrual women came directly from newspaper