Premenstrual Syndrome (PMS) has been defined in a variety of scientific and cultural ways over the years, but there is no consistent or agreed upon definition. For some women, the public legitimization of PMS and its symptoms as a real and natural part of the female body have led to a positive sense of vindication. However, a more negative image of PMS as something that controls women once a month, that makes them "crazy" and subject to their hormones, is much more pervasive in our contemporary Western culture. In this essay, the author explores the various definitions: PMS as a medical condition, as a social scientific and feminist issue, as an explanation for women's behavior and moods in the popular culture, and, finally, as something bought or sold in a market. The author shows how PMS is real because, if for no other reason, various people in different situations choose to define it as such.

Is PREMENSTRUAL SYNDROME (PMS) "REAL"? If the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) includes a PMS-related diagnosis, then are all or most premenstrual women mentally ill? These are questions that I am often asked. I am not always sure how to reply. I think that most people who ask these questions (usually women) want a medical opinion or validation that I am not comfortable (or qualified) to give. In my mind, any answers to these questions are political answers. My usual answers are yes, PMS is real; and no, all menstruating women are not mentally ill. The longer version of my answer implies that there are many variations and versions of what and how something is "real." An old axiom in sociology (paraphrased and based upon work by W.I. and Dorothy Swaine Thomas) suggests that if people define things as real, then they are real in their consequences (1928:572).

In this essay, I show how PMS is real because various people in different situations choose to define it as such. For example, when I first started investigating this topic in 1989, I clipped a three-sentence news item from the local newspaper, the Bloomington (IN) Herald-Telephone. The headline read: "School may change its PMS initials," and the item began: "Officials are considering changing the name of Pendelton Middle School or at least removing its initials from athletic uniforms to avoid embarrassment for its girls' teams." When and why did the initials PMS become such a source of embarrassment that people would actually consider changing a school’s name or buying new uniforms? Who was more embarrassed? School officials or the girl’s athletic teams? I never found out, but I knew that I had to understand the history and cultural meanings attached to PMS in my attempt to

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understand why late luteal phase dysphoric disorder (LLPDD) was so controversial. So, my question was, how is PMS "real" and why?

In this essay I explore the various definitions: PMS as a medical condition, as a social scientific and feminist issue, as an explanation for women's behavior and moods in the popular culture, and, finally, as something bought or sold in a market. The first answer to these questions takes us into the realm of science and medicine and how PMS came to be a twentieth-century (and particularly) Western notion of a treatable disease. A second set of explanations comes mostly from academic studies of how menstruation and PMS are firmly rooted in cultural notions and ideas about women and their role in society. A third way to explain PMS explores how its shape and image construct women's bodies and minds in Western popular culture. Part of the force behind this cultural portrayal of women and PMS comes from a fourth way in which PMS obtains definition—the PMS industry, which has tried to shape and explain PMS in a certain way (as something that makes women "crazy" and uncomfortable) to sell products.

What does this discussion have to do with whether or not premenstrual women are mentally ill? The image of women and how PMS is defined sets the stage for the discussion of how and why the American Psychiatric Association (APA) began to consider the inclusion of a PMS-related diagnosis in the DSM. Each of the ways that defines PMS as real helped to define the debate and controversy over whether PMS (as defined in LLPDD) is a psychiatric disorder. The discussion that follows does not attempt to provide the reader with a cultural history of PMS. There are several good articles and books that do this (Golub, 1992; Delaney et al., 1988; Martin, 1987; Buckley and Gottlieb, 1988). However, it is important to provide evidence for my argument that PMS has become an important part of current Western culture and society's definition of women.

The Science of PMS

The primary way in which new ideas or diseases achieve legitimacy or recognition in modern society is for scientists or physicians to call them real. Scientists and physicians have the "cognitive authority" in society to "define, describe or explain bounded realms of reality" (Gieryn and Figert, 1986; see also Starr, 1982 for a discussion of "cultural authority"). When M.D.s or Ph.D.s in chemistry or biology believe something is real, people usually go along with them. This is what happened to PMS in its various forms and incarnations in the twentieth century: PMS became real as a medical diagnosis and condition.

American gynecologist Robert Frank was the first to publish scientific studies about a condition he called "premenstrual tension" (1931). Frank identified excess estrogen as the cause of observed symptoms of this "medical" condition, which he described as hormonal in origin:

These patients complain of unrest, irritability, 'like jumping out of their skin' and a desire to find relief by foolish and ill considered actions. Their personal suffering is intense and manifests itself in many reckless and sometimes reprehensible actions. Not only do they realize their own suffering, but they feel conscience-stricken toward their husbands and families, knowing well that they are unbearable in their attitude and reactions. Within an hour or two after the onset of the menstrual flow complete relief from both physical and mental tension occurs (1931:1054).

What is more interesting in this article are his published comments about particular case studies. Under a list of patient complaints, Frank's notations include "husband to be pitied," "psychoneurotic," "suicidal desire," and "sexual tension" (Frank, 1931:1055). Frank's prescription for severe cases of premenstrual tension was either complete removal of or