"THAT TIME OF THE MONTH": THE HISTORY OF PMS RESEARCH IN VANCOUVER 1983-1997

by

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Abstract

This thesis examines how the women’s movement of the 1960s and 1970s influenced scholarship in the social sciences, and how the feminism growing out of this movement affected premenstrual syndrome (PMS) research. Since the 1980s social science paradigms guiding PMS research have begun to consider how biology and the environment mutually influence one another to produce premenstrual changes. The work examined in this thesis uses feminism to challenge traditional scientific approaches to PMS, including claims of “objectivity,” negative evaluations of menstrual changes in women, the claim that women experience natural cycles and men do not, and the belief that the expression of anger contradicts the feminine role.

The research herein is based on all psychology research on PMS produced in the greater Vancouver area during the 1980s and 1990s. The knowledge that has been constructed about PMS through social sciences research also contributes to a common narrative about gender. This narrative holds that femininity and masculinity are not only linked to concepts of biological sex but also to concepts of culture that are heavily influenced by power relationships. The research examined here contributes to this narrative by challenging traditional theories about women’s nature and by implementing research methods that add to our understanding of the way that cultural values influence research and knowledge production. The image of women as passive victims of “that time of the month” has been called into question by an image of women that takes society and culture into account when explaining “women’s nature.”
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Introduction

In 1931, the American psychologist, R.T. Frank suggested the term premenstrual tension (PMT) to describe a constellation of unpleasant symptoms that were reported by some U.S. women the week before menstruation. These symptoms included bloating, headache, weakness and irritability, as well as other physiological and psychological changes. In 1964 the term premenstrual syndrome (PMS) was introduced by British physician, Katharina Dalton, to describe the same condition that Frank described as premenstrual tension. By exchanging the word “tension” for the word “syndrome,” Dalton meant to suggest that premenstrual symptoms constitute a disease, with their cause rooted in physiology. Dr. Dalton’s physiological explanation for PMS set the trend in PMS research for over thirty years, and largely contributed to the designation of premenstrual syndrome as a disease within the biomedical model.

Since Dalton first proposed the term PMS, a considerable debate has ensued over its definition. The terms PMS and PMT continue to be confused and used interchangeably and a precise definition for premenstrual changes has not yet been reached. The terms PMS and PMT continue to dominate common usage, but new terms have been suggested in recent years. For example, the

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3The biomedical model referred to in this paper is an explanatory framework that describes the behaviour of individuals and characteristics of societies in terms of biology. This model defines nature as physical and materialistic, and promotes the idea that there is a single, underlying, universalizable truth. See Ruth Hubbard, The Politics of Women’s Biology (New Brunswick: Rutgers University Press, 1990), 107-118, and Arthur Kleinman, “What is Specific to Western Medicine?” in Companion Encyclopedia of the History of Medicine, vol. 2, eds. W.F. Bynum, and Roy Porter (New York: Routledge, 1993), 15-23.
American Psychiatric Association suggested the terms Late Luteal Phase Dysphoric Disorder (LLPDD) in 1987 and Premenstrual Phase Dysphoric Disorder (PMDD) in 1994. While there is no universally agreed upon definition for premenstrual changes, each of the named terms serves roughly to explain the same phenomenon. This phenomenon, which I will call PMS throughout this thesis for the sake of consistency, has been the source of great debate since Dalton’s biomedical explanation for PMS first came under attack in the 1970s.

Challenges to Dalton’s explanation for PMS first developed in conjunction with the women’s movement of the 1970s, when several pioneers in the field of feminist psychology began to provide empirical evidence that contradicted the traditional theories of biomedicine. Mary Brown Parlee, Barbara Sommer, and Randi Koeske uncovered a number of assumptions in PMS research that can best be characterized as masculinist, or as upholding “an ideological perspective in which gender differences are depicted as binary oppositions, negatively weighted in favour of males and used to justify male domination over women.” Their attempt to challenge masculinist assumptions in biomedical models of PMS, and the introduction of methods that consider the influence of social variables in producing PMS, mark the beginning of feminist influenced PMS research.

PMS is currently the most common term used in North America and it is the term used by the researchers examined in this thesis. I will also use the term PMS, unless I am citing someone who uses an alternate term.


Psychology students in the Greater Vancouver area conducting PMS research since the early 1980s have adopted aspects of feminism in their work. Their work generally challenges the masculinist voice of "objectivity," the depiction of negatively evaluated changes in women, the claim that women experience natural cycles whereas men do not, and the belief that the expression of anger by women contradicts the feminine role. The research projects examined include those that explore the connection between intellectual ability and menstruation, those that explore the accuracy and usefulness of the PMS definition, and those that explore the role of stereotypes in the application of the PMS label. The introduction of feminist approaches to PMS in the literature has uncovered the extent to which our knowledge about PMS is constructed by a historically situated explanatory framework. Until the 1970s, no conceptual framework was in place to challenge biomedical models of PMS, but with the women's movement and developments in feminist theory, frameworks were created to propose an alternative explanation for PMS, showing that there is no single, universal possibility.

Feminist interpretations, however, have often been overlooked by mainstream reporting on PMS research. On January 23, 1998 the Toronto Globe and Mail carried an article that cites new reported research, the essence of which is captured by the headline "PMS cause is biological not emotional." This headline attributes the cause of PMS to biology, implying that PMS is in women's nature and unchangeable except through physiological interventions, for example hormone therapy, as the research under investigation in this article suggests. Currently, there is still no known cause for PMS, although, as one medical specialist has observed, "at least 50 treatment options have been

suggested to be effective, many of them based on the popular hypothesis of the moment." One-sided reporting has dominated the popular press, but has also characterized much of the scholarly literature on PMS. Numerous contradictions in the PMS literature has caused researchers, like those later examined in this case study, to argue that the biomedical model has failed to provide an understanding of the cause(s) and effective treatment solutions for PMS. This has led increasingly to the consideration of possible psychological, societal, and cultural factors in PMS.

PMS first gained considerable public attention in the early 1980s with two court cases in Britain in which the defendants, Christine English and Sandie Smith, were tried for separate violent crimes. Both were acquitted on the basis of PMS. Dr. Katharina Dalton, still the leading PMS expert at the time, testified that each woman was at the mercy of her monthly menstrual cycle and corresponding hormones. In Bernadette McSherry's 1992 article, "The Return of the Raging Hormones Theory," Dalton is credited with the "depiction of premenstrual syndrome as a 'disease' or 'illness' which could be treated." McSherry argues that reducing PMS to the "effects of raging hormones" takes too simplistic an approach, and that there is no firm evidence to show that "raging hormones cause conditions such as premenstrual syndrome...nor that such conditions lead to female

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Dalton’s biological view of PMS, however, was accepted by the courts in 1981 and further institutionalized in 1987 when it was included in the appendix of the American Psychiatric Association’s revised third edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R)*. Feminist groups, women’s health organizations, and the medical community again debated the social consequences of defining PMS as a disease and, in particular, as a mental disorder. Those who favoured the inclusion of PMS in the *Diagnostic and Statistical Manual* argued that it would legitimate the claims of women who suffered from premenstrual changes every month. Feminist groups, on the other hand, opposed the inclusion of PMS in the *Diagnostic and Statistical Manual* arguing that it would provide biological justifications for stereotypes of women when no known cause for PMS had yet been discovered. These debates in 1987, along with the trials in Britain in 1981, fueled a re-examination of PMS and suggested that it contains meaning beyond the purely scientific meaning suggested by biomedicine.

In the backlash that followed these events, the most outspoken critics of biomedical views were the growing number of women who identified themselves as feminists, some of whom were academics determined to re-shape the existing body of knowledge about PMS. The results of their work has been available since the mid-1980s, much of it growing out of research at post-secondary institutions. Universities continue to play a critical role in shaping intellectual trends and developing

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13 American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 3d ed. rev. (Washington, D.C.: American Psychiatric Association, 1987), 367-369. The *Diagnostic and Statistical Manual of Mental Disorders (DSM)* is a manual produced by the American Psychiatric Association and used throughout the United States and Canada to classify and diagnose various mental disorders. The 1980 publication is referred to as the *DSM-III*, the 1987 publication as the *DSM-III-R*, and the 1994 publication as the *DSM-IV*. 
new theories that subsequently become a measure of contemporary ideas on an existing subject. The role of university social scientists in the development of knowledge about PMS has been to provide competing intellectual frameworks to those developed in other professional fields. Since the 1980s, researchers, primarily in the humanities and social sciences like those examined in this thesis, have revived and tested the view that human behaviour is not a fact of nature but constructed by the social circumstances in which people live.

This thesis argues that feminist theories and methods have had a great impact on PMS research since 1980. It looks at psychological research conducted in Greater Vancouver, British Columbia, focusing on graduate and undergraduate research produced at Simon Fraser University (SFU) and the University of British Columbia (UBC). I argue that the rise of feminist theories and methods since the 1970s has changed the way that PMS is understood. This paper is a case study of the entire output of psychology research on PMS in the Greater Vancouver area, between 1983 and 1997.

From the Dissertation Abstracts database I was able to retrieve 14 dissertation titles relating to PMS in Canada. Dissertation Abstracts includes only Ph.D. dissertations, so the Masters theses and one Bachelor honours essay I retrieved were located through UBC and SFU's library databases. Of the dissertations located, just over 70% were produced between 1987 and 1992, a few years after PMS had gained most of its notoriety through the trials in Britain. The first dissertations appeared in 1981-1982 in Ontario to suggest that some research was being conducted in Canada prior to the trials. Of the six dissertations produced after 1990 four were produced at Universities in British
Columbia, all from within the discipline of psychology.\textsuperscript{14} This suggests, perhaps, that BC’s universities and, more specifically, their psychology departments, offered a special opportunity to conduct research in this area.

While the field of psychology is not the only field conducting research on PMS in Greater Vancouver, it is the most productive field of research on PMS and the one that most reflects the influences of feminism. Psychology has also generated the most diverse body of work my research uncovered. Six students completed major research projects on PMS including one honours graduating essay, five Masters theses and three Ph.D. dissertations in psychology, as well as several publications that grew out of the work of one UBC student and her supervisor. By comparison, I found only two Vancouver psychiatrists and one endocrinologist who conducted research on PMS.\textsuperscript{15}

\textsuperscript{14}An overwhelming number of the dissertations produced are primarily affiliated with psychology departments. Secondary affiliations with women’s studies departments are common and on occasion the primary affiliation is with education, or sociology.

\textsuperscript{15}Psychiatrists, Diana Carter and Shaila Misri, opened British Columbia’s first PMS clinic at Vancouver’s Shaughnessy Hospital in 1986. The facility changed its name to the Women and Children’s Hospital of British Columbia in 1990, but the PMS clinic has remained under the direction of the named physicians. Carter and Misri began to conduct research on the patients that visited their clinic in 1986, but no archival material (publications, annual reports, pamphlets) was kept until 1990. The first available measure of research conducted at the clinic is the publication of an article in 1995 in \textit{The New England Journal of Medicine}, reporting the results of a Canada-wide fluoxetine study [Meir Steiner et al., “Fluoxetine in the Treatment of Premenstrual Dysphoria,” 1529-1534]. Fluoxetine is a pharmaceutical drug known as a serotonin re-uptake inhibitor. It facilitates the production of serotonin, a compound in blood serum that acts like a neurotransmitter in the brain. Fluoxetine is used to treat symptoms of depression by some physicians, including Carter and Misri.

Vancouver endocrinologist Jerrilyn Prior has also conducted research on PMS. Two articles that represent her work in the area are: J. C. Prior, “Conditioning Exercise and Premenstrual Symptoms,” \textit{Journal of Reproductive Medicine} 32 (1987): 423-428, and J.C. Prior, “Cyclic Medroxyprogesterone Treatment Increases Bone Density: A Controlled Trial in Active Women with Menstrual Cycle Disturbances,” \textit{American Journal of Medicine} 96:6 (1994): 521-530. What is significant about Dr. Prior’s work is her effort to accommodate both feminist and scientific goals. She received a Bachelor of Arts before completing her medical degree and becoming a Professor of Medicine in Endocrinology at the University of British Columbia. Dr.
Although PMS research has also been conducted Canada-wide in the fields of nursing, family science, kinesiology and education, I have discovered no examples of Vancouver-based studies in these fields. Greater Vancouver is a strong center for PMS research because it has several large hospitals, including British Columbia’s only Women and Children’s Hospital, and also two universities that operate as sites for major research projects in a number of fields. The University of British Columbia is a school of over 35,000 students\textsuperscript{16} and has some of Canada’s leading research facilities. Also, the university has fostered an interest in Women’s Studies since 1991, the first year that UBC students could major in Women’s Studies. The Women’s Studies programme at UBC encourages interdisciplinary research and as a result there are scholars across many fields working from a feminist perspective.\textsuperscript{17} While SFU has approximately 18,000 students\textsuperscript{18} and no medical school, their program in Women’s Studies predates UBC’s. A Bachelor of Arts program was established in 1975, and a Master of Arts program was established in 1985,\textsuperscript{19} indicating early and continuing support for Women’s Studies education at SFU.

While no single academic researcher dominated the research at SFU, the feminist psychologist, Dr. Tannis MacBeth Williams, guided the research of both of UBC’s graduate


researchers on PMS, Jessica McFarlane and Shelley Moore. Williams' involvement with these students spans over fourteen years, almost the entire period under study in this thesis. Williams co-authored three articles with McFarlane, "Mood Fluctuations: Women Versus Men and Menstrual Versus Other Cycles" (1988), "The Enigma of Premenstrual Syndrome" (1990), and "Placing Premenstrual Syndrome in Context" (1994), indicating the proliferation of their work in the field of psychology. Also, McFarlane and Moore were assisted financially in their studies as employees of Williams, who won a Social Sciences and Humanities Research Council (SSHRC) fellowship for a long-term study of PMS. This suggests that their research was considered sufficiently important to warrant funding from a national granting agency. McFarlane and Moore tested different hypotheses in their research, but their projects were part of the same, larger collaborative enterprise between Williams and themselves. Shelley Moore is a sessional instructor in the Women's Studies programme at UBC, and Jessica McFarlane is a counselor for women, children and families in Vancouver.

Of the researchers who completed work on PMS at SFU, Judith Youdale, the only Ph.D. recipient and most likely candidate to have publications has not published in scholarly journals. As far as I have uncovered, no other SFU researchers have scholarly publications, nor have they continued to have a professional interest in PMS. I have been unable to locate information about Masters student, Delores Escudero, but each of Cheryl Fraser and Holly Prochnau went on to complete Ph.D. degrees in other areas of psychology at SFU.

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Literature Review

Early challenges to the traditional view that science is value-free were developed in the philosophy of science by such pioneers as Thomas S. Kuhn. His seminal work, *The Structure of Scientific Revolutions*, first appeared in 1962 and argued that scientific theories are replaced through a subjective process whereby specific scientific communities consensually agree to accept a new theory in place of an old one. This transformation, according to Kuhn, has more to do with generational ties, individual loyalties, and personal beliefs than it does with scientific facts. Kuhn suggested that science is no less historical than any other discipline and is therefore susceptible to the context in which it is produced. Kuhn’s ideas about scientific paradigms influenced a branch of sociology and the general field of science studies that emerged in the 1970s. Two leaders in science studies, Bruno Latour and Steven Shapin, have argued that science is socially constructed and that scientists, scholars, and the public need to consider the role that beliefs and values play in the construction of knowledge and the practice of science.

Feminist studies of science since the 1970s and 1980s have also concentrated on the mechanisms used by science to socially construct knowledge, but more specifically they have

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23 Social constructionism is “the idea that the meaning of the body is changeable...culture may shape the body...the body has no enduring natural language” in Ann Snitnow, “A Gender Diary,” in *Feminism and History*, ed. Joan Wallach Scott (New York: Oxford University Press, 1996), 513.
concentrated on how science constructs knowledge about gender. Evelyn Fox Keller, in her groundbreaking book, *Reflections On Gender and Science* (1985), shares nine essays in which she explores how concepts of gender are constructed through representations of the body and how these representations are specifically influenced by the concept that "science is bound up with the idea of masculinity." According to Keller, the social and political forces that shape science are part of a patriarchal ideology that casts objectivity, reason, and mind as male, and subjectivity, feeling, and nature as female. Science, in the west, has been produced almost exclusively by white, middle-class men and has been promoted as an objective activity, as opposed to, "deeply personal as well as social activity." Keller argues that such concepts of gender influence the production of science and are an important consideration in the analysis of traditional scientific theories and methods. The earliest research to apply these feminist assumptions in the study of PMS grew out of the social sciences where new methods were developed to emphasize the role of culture in its production.

The best known work in the early feminist psychology literature on PMS is that of Mary Brown Parlee, Barbara Sommer, and Randi Koeske. In a 1973 article titled "The Premenstrual Syndrome," Parlee argued that control groups of non-menstruating individuals were rarely used in PMS research and the absence of such controls biases the explanatory theorizing. In 1974, Parlee pointed out that the most common questionnaire used in PMS assessment almost entirely focused on negative symptoms, and, in a 1982 article that appeared in *Psychology of Women Quarterly*, Parlee

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noted that there were discrepancies between subjects’ daily self-reports and reports in which they were asked to recall past menstrual experiences. Parlee argued that this discrepancy possibly reflects cultural stereotypes.  

Sommer noted in 1982 that while 8-13% of women suffered from disabling abdominal cramps during menstruation, this figure did not lead the medical community to promote these symptoms as a universal female disease, as they were prompted to do with PMS. Finally, Koeske’s ground breaking work in 1983 suggested that the labeling of premenstrual phase emotional states may be more dependent than we think on external environmental and cultural cues.

Empirical research on PMS, like that conducted by Parlee, Sommer, and Koeske, developed in conjunction with the women’s self-help health movement in the United States during the 1970s, a movement that focused on women taking responsibility for their own health. The goals of this movement are most clearly articulated in the Boston Women’s Health Book Collective’s, Our Bodies, Ourselves, first published in 1973. This publication was largely concerned with the consequences of a male-centered health care system, the political and cultural barriers to women’s full and fair participation in the health care system, and the desire to transform the existing medical care system.

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Our Bodies, Ourselves marks the beginning of women’s efforts to reclaim their bodies from the medical establishment. It also marks the development of both political activism and theorizing about the effect that the medicalization of normal life processes has had on western culture. One of the earliest studies to specifically apply a woman-centered perspective to the discussion of menstruation is Susan S. Lichtendorf’s, *Eve’s Journey: The Physical Experience of Being Female*, published in 1982. It is a comprehensive exploration of the female body and how women change throughout the life cycle. In her section on “premenstrual tension,” she focuses on encouraging women to “break the silence about premenstrual tension.” Lichtendorf’s efforts to draw a marginalized subject forward are exemplary of the consciousness-raising that characterized early feminism and the women’s self-help health movement in the 1970s and 1980s.

Sophie Laws, Valerie Hey, and Andrea Eagan each published essays that reflect a more radical feminist and social constructionist point of view in their edited collection, *Seeing Red: The Politics of Premenstrual Tension* (1985). Laws’ essay, “Who Needs PMT? A Feminist Approach to the Politics of Premenstrual Tension” (1985), argues that PMT is a political construct used to oppress women’s behaviour when it does not conform to social norms. She argues that one of these norms restricts women from expressing anger and that when women express distress or anger the

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feeling is invalidated by blaming it on their "female bodies." 36 Valerie Hey provides a specific example of this invalidation in her essay, "Getting Away with Murder: PMT and the Press" (1985). Hey provides a feminist critique of media coverage in the British trials of Christine English and Sandie Smith in 1981, arguing that PMT was a mechanism used by the medical and legal establishments for dealing with female "difference." 37 The utilization of a PMT defence marginalizes other possible sources of female anger, problematizing women's bodies by explaining female violence in terms of their biology, but not problematizing the male behaviour that contributed to the violent outcome. 38 Eagan's essay, "The Selling of Premenstrual Syndrome: Who Profits from Making PMS 'The Disease of the 1980s?';" turns its attention toward treatments for PMS. Eagan questions the use of progesterone in the treatment of PMS, arguing that the commercial interests of pharmaceutical companies who manufacture and sell it take precedence over the ethics of its distribution. Research in the 1980s had not provided evidence that PMS is caused by a hormone deficiency, and no clinical trials had been conducted to test the efficacy and safety of progesterone suppositories. Many physicians, however, prescribed progesterone as a treatment for PMS anyway. 39 Laws, Hey, and Eagan each argue that the institutions of medicine, law, and business privilege male-centered value systems and knowledge. They argue that the narrative on premenstrual changes in women is shaped by the values and knowledge that are embodied by these institutions and it is women's right and responsibility to challenge this narrative and attempt to re-write it.

Many of the challenges to this narrative were first conceptualized by feminists who worked as physicians or scientists in the United States during the 1980s, including feminist biologist Ruth Bleier. Bleier edited an early collection of papers by feminist scientists presented at a symposium, *Feminist Perspectives on Science*, at the University of Wisconsin, Madison, in April 1985. Elizabeth Fee’s paper in this collection, “Critiques of Modern Science: The Relationship of Feminism to Other Radical Epistemologies” (1986) reports that, “in the early stages of the women’s movement, science and technology remained at the periphery of [feminist] vision. Consciousness-raising and the construction of theory began with women’s immediate experience and extended in time and space to history and anthropology...At the core of the women’s movement were the politics of personal relationships, sexuality and reproduction.”\(^{40}\) Since the 1970s, the production and application of scientific knowledge has moved toward the center of contemporary feminist theory and practice, and feminist theory and practice have increasingly been considered in the production of scientific knowledge. Bleier points out that feminists who participated in the early stages of developing a feminist science hoped to change a science that had “evolved within a patriarchal society, developed a decidedly masculine tone, became distorted by a pervasive male bias, systematically excluded women from training and participating in science...and was, furthermore, most effective in propagating stereotypes of ‘the feminine’ that made it seem self-evident that women were unsuited for ‘penetrating’ nature’s mysteries.”\(^{41}\)

In the introduction to *Feminist Approaches to Science* (1986), Bleier summarizes some of


the principles that might characterize feminist science, principles that are identifiable in the work of UBC and SFU's psychology students working on PMS. First, scientists need to acknowledge that they like everyone else have values and beliefs that affect how they practice science. Second, they need to explore how these subjectivities specifically affect their perspectives, approaches, and actual scientific methods. Third, scientists should be explicit about their assumptions, open in their interpretations of each study and its significance, and clear in describing the limitations of their findings. Lastly, they must be responsible in the language they use to convey their results to the scientific and nonscientific public.42 While feminist scientists, like Bleier, suggested methodological changes that might characterize feminist science, researchers in the humanities developed theories that challenged male-centered ideologies of science.

Cynthia Eagle Russett's *Sexual Science: The Victorian Construction of Womanhood* (1989) has demonstrated that the development of scientific models to explain sex differences between men and women has had a long history. She traces this history to the emergence of biology in the early eighteenth century and later to Charles Darwin's theory of evolution, which enshrined the idea that "women's nature, like men's, was rooted in their biology. It was nature, not nurture, that mattered."43 In a 1990 article, "The Definition of Male and Female: Biological Reductionism and the Sanctions of Normality," Gisela T. Kaplan and Lesley J. Rogers discuss the debate over "human nature" in more general terms than does the historical study by Russett. They argue that it is significant that "as the feminist movement gained momentum in the 1960s and 1970s it almost immediately met arguments and theories which countered questions concerning power, status, and

freedom with biological answers concerning innateness.44

Arguments against women's equality have had little legitimate claim in biological facts and often theories of biological sex difference have been invoked to maintain the status quo and "explain" women's inferiority. Most studies, as do traditional studies of PMS, imply that genetic and/or hormonal differences between the sexes have determined the sex differences in behaviour, largely ignoring the impact of social variables. Kaplan and Rogers point out that after the 1960s when women began to demand rights to enter the business world, a set of biologically-based arguments about the negative behaviours said to occur as symptoms of "premenstrual tension" were applied to all women; "presumably to raise doubts about women's suitability for certain professions."45 The radical feminist perspective adopted here argues that equality can only be brought about by exposing the fallacies of belief systems which condone social inequalities of women based on pseudo-scientific arguments.46

Feminist sociologists have taken a particular interest in belief systems and the way that they influence knowledge about PMS. Sophie Laws' recent monograph, Issues of Blood: The Politics of Menstruation (1990), is an empirical study of cultural attitudes toward menstruation and is designed to open up the subject of menstruation, a topic which has long been guarded by secrecy. Through an examination of medical textbooks and interviews with ordinary men about their ideas on menstrual

45Kaplan, and Rogers, "The Definition of Male and Female," in Feminist Knowledge, 207.
46Kaplan, and Rogers, "The Definition of Male and Female," in Feminist Knowledge, 208.
For other expressions of this view see Marian Lowe, and Ruth Hubbard, Woman's Nature: Rationalizations of Inequality (Toronto: Pergamon Press, 1983), 1-147, and Ruth Hubbard, The Politics of Women's Biology, 107-140.
problems, Laws provides "an analysis of male political power over women which regards such domination as socially rather than biologically created."\textsuperscript{47} Laws argues that a purely biological view of PMS is misdirected and that sociological studies demonstrate that social values influence the definition, meaning, and understanding of PMS, regardless of its cause which as of yet remains unknown. Laws says, "the meaning of menstruation for many people in many circumstances relates only very dimly to biology, and derives far more strongly from the intricate social rules that people in society attach to it."\textsuperscript{48} Laws borrows the term etiquette from Leslie White to describe these social rules which she argues are enforced by "social sanctions, such as adverse comment or criticism, ridicule, and ostracism."\textsuperscript{49}

Sociologist, Mari Rodin, also emphasizes the role of social rules in shaping knowledge about PMS. In her article, "The Social Construction of Premenstrual Syndrome," she argues that when social norms are threatened, as in the case of a drastic change in gender roles for women, the social utility of a disease category like PMS becomes greater than the medical reality that scientists are able to offer. She suggests, by this, that people often misinterpret and misuse the tentative and limited results of scientific research to confirm already held beliefs and prejudices. She argues that shared cultural knowledge is what is reflected in knowledge about PMS. Several inconsistencies in the literature lead her to this conclusion; for example, vast discrepancies in the reported prevalence of PMS, disagreement over which days are considered to comprise the premenstrual phase, uncertainty about the cause and definition of PMS, and the poor quality of standardized questionnaires.\textsuperscript{50} These

\textsuperscript{47}Meg Stacey, "Foreword," in Issues of Blood, xi.
\textsuperscript{48}Laws, Issues of Blood, 43.
\textsuperscript{49}Laws, Issues of Blood, 43.
are issues that have been addressed in the methodology of various feminist psychologists, including some of the student researchers examined in this thesis. In addition to the contribution of feminist sociologists, such as Laws, Hey, Eagan, and Rodin; feminist psychologists, such as Parlee, Sommer, and Koeske; and feminist scientists, such as Bleier, Fee, and Keller, the most recent research on PMS in the field of psychology has begun to draw on gender studies and the history of sexuality for new methods and conceptual frameworks to be used in analysis.

During the 1980s, disputes within women's history over the degree to which humans change over time resulted in the outgrowth of a new field called gender history. Within this field, new emphasis was placed on hierarchical social, economic, and political contexts rather than biology, and history rather than nature was emphasized in explaining the identities of women and men. Women's history continued to pre-suppose the object of its inquiry; that is to say, that female difference was accepted as a fact of nature and not as a result of historical context. Historian, Joy Parr explains that the "self-conscious move towards the study of gender, rather than woman...began from the poststructuralist premise that identities [are] made in relationships." Parr further explains that gender "is a term feminist theorists developed to explain how being male or female is not simply the result of biology but is socially constructed and reconstituted...Theoretical and empirical studies of gender are concerned with examining this relationship, particularly the inequalities and hierarchies of authority and power that have underpinned relations between women and men." Gender theory has provided feminist researchers in other fields, including the science driven fields of biology and

52Parr, “Gender History and Historical Practice,” in Gender and History in Canada, 14.
psychology, with a framework for problematizing the concept of natural sex, and the existence of biologically-based differences between men and women. As the research in this thesis will show, psychology research on PMS since the 1980s has increasingly considered the array of dimensions that shape identity and begins from the premise that identities are indeed made in relationships.

A recent study, in the history of sexuality, that suggests some of the dimensions increasingly considered by psychologists who research PMS is Becki Ross' *The House That Jill Built: A Lesbian Nation in Formation* (1995). Ross argues that gender is not just about heterosexual interaction but is conceived of through social discourses that include homosexual, transgendered, bisexual, cross-dressing, and asexual individuals, indicating that gender is not homogeneous as has been commonly thought. The over-generalizations that are made about homosexuality are more indicative of assumptions that are external to the categories, and are often used to confirm existing societal beliefs. Ross introduces concerns voiced by both feminists of colour and lesbian feminists who have challenged the universal category of "woman," demanding that historians recognize the relative instability of categories used in analysis. Ross concludes that "efforts to describe and analyse contradictions that arise in the process of identity production suggest new possibilities for historicizing and explicating how identity itself becomes a site of multiple and conflicting claims."54

Psychologists working on PMS in the Vancouver area since 1983 have increasingly provided a measure of the social context described by Ross in *The House That Jill Built*. More generally, they have adopted, in varying degrees, the theoretical and methodological concerns raised by this literature review. Most significantly, they have challenged the masculinist voice of biomedical approaches to

PMS, they have challenged the depiction of negatively evaluated changes in women, they have challenged the claim that female “nature” is deviant when compared to male “nature,” and they have challenged the claim that the expression of anger contradicts the feminine role.

Vancouver Research Projects on PMS

The psychology projects under examination can roughly be mixed into three periods: 1983-1985, 1985-1992, and 1992-1997. Studies conducted between 1983 and 1985 include Holly Prochnau’s B.A. graduating essay, her M.A. thesis, Judith Youdale’s M.A. thesis, and Jessica McFarlane’s M.A. thesis. The work in this earlier period identifies male biases in social science research and applies feminist theory in its deconstruction of stereotypes about women. Studies conducted between 1985 and 1992 include Judith Youdale’s Ph.D. dissertation, Jessica McFarlane’s Ph.D. dissertation, Delores Escudero’s M.A. thesis, and Cheryl Fraser’s M.A. thesis. The work in this middle period is divided. Youdale, McFarlane, and Fraser continue to draw on feminist theory, and in varying degrees they also implement the feminist methods that had been developing in psychology since the earlier period. Escudero, on the other hand, works within a biological determinist framework where she assumes that sex differences exist and are rooted in biology. Among the feminist methods applied by Youdale, McFarlane, and Fraser are: adding criteria to the questionnaires that reflect positive menstrual experiences, examining menstruation in the context of other cycles, gathering both retrospective and prospective data for analysis, and keeping the

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55 Retrospective data is based on recollections. The data is gathered by having respondents answer questions about symptoms experienced in past menstrual cycles. Prospective data is based on daily reports. The data is gathered by having respondents
menstrual purpose of the study concealed from participants. The use of feminist research techniques leads to conclusions that challenge traditional psychological and biomedical models of PMS. Finally, work in this last period includes only Shelley Moore's Ph.D. dissertation. Moore's work draws on feminist theories and methods, but also on newer developments in gender studies. She argues that current research must also consider the inter-relationships between stress, experience of abuse, age, ethnicity, and sexuality in producing PMS. She recognizes that individuals belong to numerous categories simultaneously and depending on the context, accent or downplay their membership in one or another category. The wide variety of approaches to PMS research, even in this relatively short time-span, change in their definition, diagnosis, and application suggesting the extent to which knowledge about PMS is culturally constructed. Through the culture of feminist influenced psychology since the 1980s, PMS has increasingly been constructed as a condition that is highly dependant on social values and meanings.

The first work examined is the undergraduate and master's research of Holly Prochnau, completed at Simon Fraser University between 1983 and 1984. Prochnau's research at both the undergraduate and graduate levels grew out of a body of work in psychology that became popular in the 1970s and 1980s, called cognitive psychology. One branch of cognitive psychology focused on establishing that there are sex differences in intellectual ability and that these differences "may be explained by looking for biological sex differences in the development, structure and functioning of the brain."\(^56\) By the 1980s, as mentioned, feminist scientists and psychologists began to challenge biological theories of sex difference, arguing that they falsely serve to essentialize common beliefs answer questions about symptoms experienced in the present menstrual cycle.

\(^{56}\)Ruth Bleier, "Sex Differences Research: Science or Belief?" in *Feminist Approaches to Science*, 149.
about differences between men and women. Feminist researchers, including Prochnau, challenge traditional models by building their own research on the assumption that there are no intellectual differences between men and women, and that women's intellectual ability is not a correlate of her reproductive functions.

In her B.A. graduating essay, Prochnau reviewed a number of psychology studies that found “a significant change in cognitive task performance across the menstrual cycle,” a change that was suggested to be caused by menstrual hormones which “appear” to affect intellectual and emotional processes. In the early 1980s, such conclusions often translated into the popular belief that women's concentration, memory, and dexterity is affected by menstruation and menstrual hormones. Prochnau's essay, “Conjugate Lateral Eye Movement, the Menstrual Cycle, and Oral Contraceptives” (1983), studied the relationship between menstruation and intellectual ability in women, concluding that women's intellectual performance is not impaired by menstruation. She remarks that in “recent decades women continue to be affected by cultural ideas concerning their menstrual cycle. In the male-oriented society, women are expected to ignore any discomfort that might accompany this monthly cycle and behave as much like males as possible.” She identifies a systematic bias against women and sets out to deconstruct stereotypes about women by applying feminist principles in her work.

At the M.A. level, she maintains the view that traditional psychology research is biased by a male-centered society and perspective. Prochnau’s M.A. thesis, “Hemisphericity and Contraceptive

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58 Holly Prochnau, “Conjugate Lateral Eye Movement, the Menstrual Cycle, and Oral Contraceptives” (B.A. honours essay, Simon Fraser University, 1983), 19.
Behaviour" (1984), explores the relationship between oral contraceptive use and the intellectual abilities of women. She found that intellectual performance was neither impaired nor improved with the use of oral contraceptives, suggesting that reproductive hormones have no influence on the intellectual abilities of women. While Prochnau recognizes that societal beliefs may influence a researcher's assumptions, she does not consider how they also might be built into the organizing features of psychology, including its methods. Prochnau accepts both that PMS has a physiological cause and that the tests and questionnaires she uses are scientific, objective measures of intellectual ability. Feminists who argue that the concept of universal "objectivity" is actually an androcentric social construction, would find conflict in Prochnau's simultaneous belief in objectivity and woman-centered science. This points to one of the inherent tensions within feminist science, a tension that continues to characterize the discipline.

The second work examined was completed by another Simon Fraser student, Judith Youdale, whose work spans both the early and middle periods under study. Youdale's research is oriented toward clinical practice and developing useful techniques for use in diagnosing and treating PMS. Prior to the 1980s, there was considerable debate over the existence and nature of a premenstrual syndrome. The trials in Britain during 1981 kindled debates over the definition and validity of PMS with some researchers setting out to confirm its legitimacy and to standardize diagnostic criteria for PMS.

Diagnostic criteria for PMS are set out in "Appendix A" of the *DSM-III-R*, and are as follows: A. Symptoms must occur in the week before menstruation. B. At least five of the following symptoms must be present in the week before menstruation: sadness, anger, anxiety, depressed mood, decreased interest in usual activities, fatigue, difficulty concentrating, change in appetite, hypersomnia or insomnia, and physical symptoms, such as, breast tenderness, bloating, headache. In addition, at least one of symptoms 1, 2, 3 or 4 in this list must be present. C. The disturbance must interfere with work, social activities, or relationships. D. The disturbance must not be an exacerbation of another disorder, such as depression or anxiety. E. The diagnosis may be based on retrospective reports of symptom experience but it must be confirmed by daily self-
the purpose of treatment. In 1986-1987, while Youdale worked on her Ph.D. dissertation, the American Psychiatric Association was in the process of deciding whether or not to include PMS in the *Diagnostic and Statistical Manual of Mental Disorders*. The decision to include PMS in the *DSM-III-R* appendix produced mixed reactions by feminists. Some felt it medicalized PMS, taking control away from individual women and reducing their experiences to inaccurate generalizations that would be projected onto all women. Others, including Youdale, felt that its inclusion symbolized a recognition by the medical community that PMS was not “all in the head” and from henceforth funding would go into PMS research and treatment services.

Youdale’s M.A. thesis, “Construct Validation of Premenstrual Syndrome” (1984), empirically investigates the validity of PMS as a diagnostic entity. Youdale’s study compares women who identified themselves as PMS sufferers with those who identified themselves as non-sufferers, concluding that the PMS profile of self-identified sufferers is not as clear as previous research suggests. She also found that 33% of the women who recalled no premenstrual changes actually met diagnostic criteria for PMS, suggesting to her that “diagnostic criteria fail to distinguish between severe PMS sufferers and those who experience symptoms but perceive them to be only minorly disruptive.” To counterbalance this failure, she uses a greater number and variety of questionnaires in conducting her Ph.D. research.


60 Judith Youdale, “Construct Validation of Premenstrual Syndrome” (M.A. thesis, Simon Fraser University, 1984), 114.
61 Youdale administered retrospective and prospective questionnaires to gather her data.
62 Youdale, “Construct Validation of Premenstrual Syndrome,” 118.
Premenstrual Depressive Change to Pathological Indicators, Menstrual Attitudes, Attributional Style
and Stress” (1990), adopts a more explicitly psychological model for PMS research. Until 1982, PMS
research had proceeded from the observation of cyclic changes in physiology. At this time, however,
the biologically-based perspective on PMS was supplemented by a more traditionally psychological
one. Here, the starting point of inquiry is the psychological changes occurring over the menstrual
cycle. This shift in perspective resulted in the advancement of psychological hypotheses concerning
the cause and expression of PMS. Youdale argues that psychological research has investigated
psychological changes without questioning the cause of PMS, implicitly endorsing a physiological
hypothesis. Youdale drew on several psychological theories of PMS, including theories that suggest
the possible influence of stereotypic beliefs about menstruation, and theories that suggest attitudes
toward menstruation affect self-perceptions of PMS. These theories enable her to construct a method
that problematizes the physiological hypothesis of PMS, shifting her perspective to include social, as
well as, biological processes as possible factors that produce menstrual change.63

The third work examined was completed by University of British Columbia student, Jessica
McFarlane, whose work, like Youdale’s, spans both the early and middle periods under study.
McFarlane’s M.A. thesis, “Actual and Perceived Mood Fluctuations: A Comparison of Menstrual,
Weekday and Lunar Cycles” (1985), challenges “the classic premenstrual mood pattern”64 by
examining mood changes in the context of several other cycles including menstrual, lunar and

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63Judith Youdale, “Relationships of Retrospective and Prospective Reports of
Premenstrual Depressive Change to Pathological Indicators, Menstrual Attitudes, Attributional
Style and Stress” (Ph.D. diss., Simon Fraser University, 1990), 42.
64Jessica McFarlane, “Actual and Perceived Mood Fluctuations: A Comparison of
Menstrual, Weekday and Lunar Cycles” (M.A. thesis, The University of British Columbia, 1985),
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weekday cycles, as well as testing her hypothesis on both women and men. By introducing these methods she hopes to show that the menstrual cycle is not abnormal when compared to other cycles experienced by women, and that cyclical mood changes are not unique to women and do not necessarily coincide with the menstrual cycle. McFarlane administered both retrospective and prospective questionnaires to gather her data. She found that, prospectively, "there were no group differences and no menstrually-related mood fluctuations. The retrospective reports, however, indicated systematic bias."\(^{65}\) Men were assigned to pseudo-menstrual cycles so that their mood changes could be measured over a 28 day period, simulating the female menstrual cycle. Women recalled more negative moods during the premenstrual and menstrual phases than men, but both groups reported weekday fluctuations, and no groups reported mood changes coinciding with the lunar cycle. McFarlane concludes that "stereotypes (both well and ill-informed) influence recollections of mood,"\(^{66}\) and that the discrepancy between prospective and retrospective data challenges dominant stereotypes about women and men. She argues that the results of her study contradict the "stereotype that women are ‘more changeable’ than men, especially premenstrually or menstrually,"\(^{67}\) and the popular notion that women are "victims of their raging hormones."\(^{68}\)

She believes that the omission of men from earlier studies may have led researchers to persist in the stereotype that women are more emotional than men, and the evidence that both men and women experience mood cycles "indicates that treating emotional fluctuations as unhealthy symptoms, and assuming that women usually manifest them is misleading."\(^{69}\) McFarlane’s hypothesis

\(^{65}\)McFarlane, "Actual and Perceived Mood Fluctuations," ii.
\(^{66}\)McFarlane, "Actual and Perceived Mood Fluctuations," ii.
\(^{67}\)McFarlane, "Actual and Perceived Mood Fluctuations," 17.
\(^{69}\)McFarlane, "Actual and Perceived Mood Fluctuations," 25.
has the potential to explain widespread self-reports of PMS in light of empirical evidence indicating most women do not experience PMS.

McFarlane’s Ph.D. dissertation, “Premenstrual Syndrome in Context” (1992), further develops the argument that there is a measurable difference between actual and perceived experiences of PMS and that this results from the influence of cultural stereotypes on women’s recollection of premenstrual mood change. McFarlane’s results are consistent with several theories about PMS, “especially some of the recent feminist theories,” including theories that PMS is an outlet for women who believe the expression of anger contradicts the feminine role, theories that PMS behaviour is not abnormal by comparison with men’s behaviour, theories that women who have negative attitudes toward menstruation report more PMS, and theories that see PMS as a metaphor for a general lack of control over their lives. McFarlane says it is important to distinguish between the types of premenstrual and menstrual changes, especially so that healthy changes should not be confused with symptoms “which by definition indicate an illness or disorder.”

McFarlane’s research reflects the mentorship of Tannis MacBeth Williams and her experience with feminism and feminist psychology, a resource that none of the SFU researchers had available to them. The development of this collaboration in PMS research at UBC has led to recognition in psychology, as well as, in women’s health as measured by the publications associated with McFarlane’s research. The results of her master’s and doctoral research were co-published with Williams in Psychology of Women Quarterly and Canadian Psychology. This suggests that her work

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70Jessica McFarlane, “Premenstrual Syndrome in Context” (Ph.D. diss., The University of British Columbia, 1992), 73.
72McFarlane, “Premenstrual Syndrome in Context,” 77.
was accepted by peers at both a journal specializing in women’s issues and a journal representative of Canadian psychology generally. McFarlane’s solo publication reaches an even wider audience, appearing in the 1998 edition of Behavioral Medicine and Women: A Comprehensive Handbook.\textsuperscript{73} This book is designed as a reference book for clinicians in women’s health care, providing theoretical understandings and practical applications within a behavioural model. McFarlane’s chapter “Premenstrual Disorders” provides an overview of the PMS research field, discussing both biomedical and socio-psychological approaches to PMS. The publication of McFarlane’s work in a general companion to women’s health suggests that feminist approaches to PMS are no longer only of interest to women’s audiences, but to the wider community of health professionals.

The fourth work examined was Delores Escudero’s M.A. thesis, “The Influence of Shift Work and Menstrual Cycle Phase On Depression and Other Symptoms Reported By Female Nurses” (1990). Escudero examined whether working night shifts has health consequences for female nurses and whether these consequences vary according to the menstrual cycle of the subjects.\textsuperscript{74} The impetus for her study was a theory that associates premenstrual symptoms, with those found in poor shift work adaptation, including symptoms of depression.\textsuperscript{75} Escudero places her work within the larger framework of biological rhythms research, a relatively new area in psychology, most often focused on human performance but typically not inclusive of females in its studies. Where McFarlane adopted a socio-psychological approach to cycles research, Escudero adopts a biologically determinist


\textsuperscript{74}Delores Escudero, “The Influence of Shift Work and Menstrual Cycle Phase on Depression and Other Symptoms Reported by Female Nurses” (M.A. thesis, Simon Fraser University, 1990), iii.

\textsuperscript{75}Escudero, “The Influence of Shift Work,” 33.
approach that views cycles as “evolutionary adaptations that can anticipate environmental changes by means of a time-keeping biological mechanism.”

Escudero’s concept of feminism is limited to an acknowledgment that women are underrepresented in cycles research and that generalizations growing out of PMS research fail to account for individual characteristics that might contribute to greater vulnerability to symptom experience. She found that different women develop different types of PMS (sub-syndromes), with different levels of impairment, and that individual differences and different sub-syndromes, such as anxiety and depression, must be looked at before reaching a conclusion. Escudero’s knowledge of socio-psychological approaches to PMS, however, does not influence her own method of research, nor her view that internal biological rhythms are most likely responsible for PMS depression, just as they are likely responsible for shift work depression.

The last of the studies conducted in the middle period was Cheryl Fraser’s M.A. thesis, “Performance of Women on Measures of Actual and Perceived Cognitive Functioning Across the Menstrual Cycle,” completed in 1993, also at Simon Fraser University. Her research revealed no support for the hypothesis that there is a premenstrual deficit in cognitive performance. Like her predecessor, Holly Prochnau, Fraser questions the justification and rationale for research that is “motivated by the ‘common belief’ that women are unable to concentrate, think clearly, or perform well intellectually during the premenstrual/menstrual phase.” She claims that cognitive performance research is a feminist concern because the stereotype that “the menstrual cycle affects intellectual

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77Escudero, “The Influence of Shift Work,” 89.
performance still prevails.” She argues that subjectively reported cognitive change or “belief” in change by female subjects “is often misrepresented by researchers and the popular media,” and that although its acceptance as a Late Luteal Phase Dysphoric Disorder (LLPDD) diagnostic criterion shows that it has gained credibility, “it is important to stress that those findings are not supported by objective findings of cognitive performance.”

Fraser concludes that, as a diagnostic criterion for Late Luteal Phase Dysphoric Disorder, cognitive deficit should be questioned until further research is conducted. Even if some women claim that they suffer from a cognitive impairment during their premenstrual phase, “concurrent measures of subjective cognitive ability do not support their claim.” She fears that given the acceptance of Late Luteal Phase Dysphoric Disorder as a psychiatric disorder, women who believe they are affected by their menstrual cycle will be inappropriately assigned a psychiatric diagnosis when tests of cognitive impairment would show otherwise. She argues that this diagnosis has “ramifications for women everywhere. This common, although unproven, assumption can lead to discrimination against women in the workplace, and seriously affect women’s self-perceptions as well as their place in society.”

Fraser’s work is politically charged and more explicitly feminist than Prochnau’s earlier work on the same topic. In the ten years that separate their work there were considerable developments

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79 Fraser, “Performance of Women,” 3.
80 Late Luteal Phase Dysphoric Disorder (LLPDD) is the term used, in the Diagnostic and Statistical Manual of Mental Disorders 3d ed. rev., to classify the condition commonly known as PMS.
81 Fraser, “Performance of Women,” 4.
82 Fraser, “Performance of Women,” 52.
83 Psychiatric diagnosis is based on the criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders. For the specific criteria used to diagnose PMS see footnote 59.
84 Fraser, “Performance of Women,” 53.
in feminist theory and its application to PMS research, yet Fraser never questions the concept of objectivity in science. Like Prochnau, Fraser simultaneously considers herself a feminist and scientist. Fraser’s view is consistent with a view of feminism that sees discrimination against women as originating from the misuse of scientific information, and not from misguided assumptions within the fundamental methods and theories of science. This again raises the point that feminist research is not of a single mind and that philosophical differences between feminists commonly persist.

The sixth and last work examined was Shelley Moore’s dissertation, “Understanding Women’s Use of the Label ‘PMS’,” which she completed at the University of British Columbia in 1997. Moore’s project is the only work in the last period under study and represents the most recent direction of study in PMS research. Moore’s work is intimately connected with that of her UBC colleague, Jessica McFarlane, because through their shared supervisor, Tannis MacBeth Williams, they took part in a long term research project that was conducted on the same sample of research participants over the five years that separated the completion of their dissertations. McFarlane focused on the significance of placing the premenstrual cycle within the larger context of other cycles that could conceivably affect mood, while Moore built her hypotheses around a question that was raised but not examined by McFarlane in 1992: what is different in some women’s lives that they choose not to use the PMS label?^85^ Moore structures her research around this question, focusing on the specific cultural attributes that contribute to the use or rejection of the PMS label. She found that only 16% of participants in

^85^McFarlane, “Premenstrual Syndrome in Context,” 77.
her study met the criteria for PMS, yet 60% believed they currently had PMS. Women's attitudes toward menstruation most strongly related to self-designation and women who said that they currently had PMS were more likely to view menstruation as "debilitating, natural, and predictable." Women in this group also reported higher scores for depression and experience of anger, as well as, greater reports of emotional and physical abuse as children and adults. Moore concludes that women's representations of the menstrual cycle were "neither simple reflections of cultural stereotypes nor pervasively negative, but rather diverse and complex." The results that link depression, anger, and specific forms of abuse with self-designation suggests, that women indicating PMS may have difficulties that "may or may not be menstrually-related."

Moore suggests several explanations for women's use of the PMS label, including: perceptions of stressors such as work and family, relationship satisfaction, power dynamics within a relationship (yet to be tested empirically), and performance of gender-violating behaviours. It is noteworthy that some studies report that women who are involved in sexual relationships with men report more PMS than those who are not. Moore did not consider sexuality in her study because "only one woman identified as a lesbian," but she did consider that sexuality may be a relevant variable in future studies. She believes researchers and other professionals need to "assess the nature of those difficulties in women presenting with PMS." She writes, "relatively little research has

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86 For the specific criteria used to diagnose PMS see footnote 59.
87 Shelley Moore, "Understanding Women's Use of the Label 'PMS'" (Ph.D. diss., The University of British Columbia, 1997), ii.
88 Moore, "Understanding Women's Use of the Label 'PMS'," ii.
89 Moore, "Understanding Women's Use of the Label 'PMS'," iv.
90 Moore, "Understanding Women's Use of the Label 'PMS'," iv.
91 Moore, "Understanding Women's Use of the Label 'PMS'," 19.
92 Moore, "Understanding Women's Use of the Label 'PMS'," iv.
addressed how the women who are ‘objects’ of this definitional discourse interpret ‘PMS’.”\textsuperscript{93} To address this lack of research, Moore explores the meaning of self-labeling by systematically examining “factors related to women’s choices to label themselves as having or not having PMS.”\textsuperscript{94}

According to Moore, future research must involve longitudinal studies that keep participants naive to the purpose of the study. The studies need to be longitudinal so experiences of PMS can be measured over time and across many stages in the life cycle. The studies need to be blind to minimize participant bias in the reporting of data, and to improve the validity of results. Each of these measures, it is believed, will help move research toward a contextualized conception of PMS. In early research that focused on biomedical models of PMS, results were inconclusive and inconsistent. As Moore’s research shows, new results have been achieved by introducing social and psychological theories to the study of PMS.

**Conclusion and Directions for Future Study**

During the 1980s, some psychologists began to develop social theories for explaining PMS, largely because they were dissatisfied with the biomedical models that failed to provide an understanding of its cause(s) and offer effective treatments. This development occurred simultaneously with the development of feminist theories that grew out of the women’s movement of the late 1960s and 1970s. In varying degrees, feminism influenced the theories and methods of scholars working in psychology, a phenomenon that is observable in the research projects examined

\textsuperscript{93}Moore, “Understanding Women’s Use of the Label ‘PMS’,” 2.
\textsuperscript{94}Moore, “Understanding Women’s Use of the Label ‘PMS’,” 3.
here. The earlier work of Holly Prochnau, Judith Youdale, and Jessica McFarlane, between 1983-1985, recognized the prevalence of male bias in social science research and set out to deconstruct the knowledge that was produced within that framework. Their work added to a small, but growing body of psychology that emphasized feminist perspectives on PMS.

McFarlane and Youdale's work continued to evolve through the completion of their Ph.D.s in the early 1990s. Their Ph.D.s reflect a more sophisticated and well developed body of feminist theory and methods, including a substantial number of psychology studies and literature outside the field. Cheryl Fraser and Shelley Moore also cited literature from outside of psychology suggesting that in certain areas of psychology the division that privileges scientific materials over non-scientific materials is diminishing. I would also suggest that this is a measure of the emphasis that has been placed on interdisciplinarity at Canadian universities in recent years. The work completed by McFarlane and Youdale between 1990 and 1992 reflects an attempt to remodel psychological theories about PMS using not only feminist theories but also feminist methods. Each of them develops an elaborate discussion of methodological critiques that accumulated in the PMS literature and they try to address these in their own work by implementing research designs that are sensitive to the limitations and questionable quality of standardized questionnaires, the need to collect both prospective and retrospective data and the need for blind, longitudinal studies if reliable results are to be obtained. The work of Delores Escudero, and to an extent the work of Prochnau and Fraser, stand in opposition to the strongly social approaches of McFarlane, Youdale, and Moore. Escudero's comparison between the menstrual cycle and shift work is based on biologically determinist assumptions that run counter to the radical feminist and social constructionist point of view. The contrast between these two conceptions of feminism—the social constructionist and essentialist—
points to the continuing divide within feminism over the gender similarities and differences debate.

Shelley Moore’s 1997 Ph.D. dissertation is the last work in this study and an example of the new direction that PMS studies in psychology have taken. Beyond restructuring psychological research using feminist theories and methods, she adopts gender methods in her research. Gender methods enable Moore to consider the multitude of variables that influence PMS and how these variables are interpreted differently by researchers and study participants. She observes that the use of the PMS label is influenced, not only by stereotypes and attitudes toward menstruation, but also other life circumstances including perceptions of stress created by work, family and friends, experiences of physical and emotional abuse, age, ethnicity, and sexuality. She suggests that future studies must explore the interaction between a number of variables that might influence self-designations of PMS, as well as, researcher designations of PMS.

While the scope of this work does not include a comparison between PMS and other topics in the history of women’s medicine, a more substantial project might explore the connection between other disorders that are often characterized as “female”, such as hysteria, depression, chronic fatigue syndrome, and eating disorders. The connection between these “disorders” and cultural ideas about women’s sanity and the female reproductive system have yet to be explored from a historical perspective and on a comprehensive scale. This study would also have benefited from a series of oral history interviews that might have provided information not contained within the formal structure of a graduating essay, thesis, dissertation, or scholarly publication. Through interviews, it might be possible to gain a better understanding of each researcher’s personal goals for choosing to research PMS and attitudes about themselves as scientists and feminists. It would also be a useful way to address questions left open ended by the research examined, for example, what they feel are the
limitations of research that involves human subjects and the use of self-report methods. One final suggestion for future directions in the history of PMS, is the suggestion for a broader and more comprehensive study of similar sources. The case study model is useful on a small scale, providing evidence for a hypothesis about one, select Canadian community. I would further suggest that a similar pattern can be found in the research of psychologists across Canada, the United States and other western countries. Given the limited scope of this thesis, it was not possible to construct a larger study; however, this would be a viable project at the Ph.D. level.
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