



# Resisting the Mantle of the Monstrous Feminine: Women's Construction and Experience of Premenstrual Embodiment

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The female reproductive body is positioned as abject, as other, as site of deficiency and disease, the epitome of the 'monstrous feminine.' Premenstrual change in emotion, behavior or embodied sensation is positioned as a sign of madness within, necessitating restraint and control on the part of the women experiencing it (Ussher 2006). Breakdown in this control through manifestation of 'symptoms' is diagnosed as PMS (Premenstrual Syndrome) or PMDD (Premenstrual Dysphoric Disorder), a pathology deserving of 'treatment.' In this chapter, we adopt a feminist material-discursive theoretical framework to examine the role of premenstrual embodiment in relation to women's adoption of the subject position of monstrous feminine, drawing on interviews we have conducted with women who self-diagnose as 'PMS sufferers.' We theorize women's self-positioning as subjectification, wherein women take up cultural discourse associated with idealized femininity and the reproductive body, resulting in self-objectification, distress, and self-condemnation. However, women can resist negative cultural constructions of premenstrual embodiment and the subsequent self-policing. We describe the impact of women-centered psychological therapy which increases awareness of embodied change, and leads to greater acceptance of the premenstrual body and greater self-care, which serves to reduce premenstrual distress.

## UNRAVELING PMS: PATHOLOGIZING FEMININITY AND THE FECUND BODY

It is estimated that around 8–13% of women meet a PMDD diagnosis each month, with around 75% meeting the lesser diagnosis of PMS—the same conglomeration of symptoms, just experienced to a lesser degree (Hartlage et al. 2012). However, the very notion of premenstrual change as deserving of diagnosis, and the inclusion of PMDD in DSM-IV, has met with widespread feminist opposition (Cosgrove and Caplan 2004). Feminist critics have dismissed this process of pathologization, arguing that premenstrual change is a normal part of women’s experience, which is only positioned as “PMDD” or “PMS” because of Western cultural constructions of the premenstrual phase of the cycle as a time of psychological disturbance and debilitation (Chrisler 2004; Ussher 1989). This view draws on broader post-modern debates in critical psychology and psychiatry where all forms of mental illness or madness are positioned as social constructions that regulate subjectivity, disciplinary practices that police the population through pathologization (Fee 2000; Ussher 2011).

The process by which women take up the position of abjection personified, where premenstrual change is pathologized, and the fecund body is positioned as the *cause* of distress, can be described as a process of subjectification (Ussher 2003, 2006). The regimes of knowledge circulating within medicine, science, and the law, which are reproduced in self-help texts and the media (Fahs 2016; Bobel 2010; Chrisler and Caplan 2002), provide the discursive framework within which women come to recognize themselves as a ‘PMS sufferer.’

In this vein, attention has been paid to women’s internalization of the idealized ‘good wife and mother,’ combined with over-responsibility within the home, which can result in a pattern of self-silencing and self-sacrifice, leading to psychological distress. For some women, this self-silencing can lead to a build-up of emotion that erupts premenstrually (Perz and Ussher 2006; Ussher 2004). However, expression of anger or discontent is pathologized because women are deemed ‘out of control,’ resulting in legitimate emotion being dismissed as ‘PMS’ (Ussher and Perz 2013a, 2010). The self-positioning as PMS sufferer acts to maintain and reproduce the boundaries of femininity, with women judging themselves as bad, mad, or insane in relation to the ideal (Ussher 2006, 2011; Chrisler 2011).

## DISCIPLINING THE UNRULY BODY: CONCEPTUALIZING PREMENSTRUAL EMBODIMENT

The positioning of woman as closer to nature, with subjectivity tied to a body deemed to be unruly or inferior, necessitating discipline and containment (Bordo 1990), is central to women’s subjectification as PMS sufferers.

The bio-medical model which dominates research and treatment on PMS and PMDD, implicitly positions women's difference and deficiency as inevitable, and open to bio-medical 'intervention' (Ussher 2006). Thus in 1931, when 'Premenstrual Tension' first appeared in the medical literature, it was attributed to the 'female sex hormone' estrogen and regulated through correction of hormonal 'imbalance' (Frank 1931). In the intervening years, many different bio-medical theories of premenstrual symptomatology have been put forward, which have led to the adoption of a range of pharmacological interventions, with serotonin-reuptake inhibitors (SSRIs) currently recommended as "first line treatment" for PMDD (Ismaili et al. 2016).

At the same time, a gamut of psychological theories have been proffered to explain premenstrual distress, leading to the endorsement of Cognitive Behavior Therapy (CBT) as an effective solution (Kleinstäuber, Witthöft, and Hiller 2012). The body has a somewhat peripheral presence within this model of PMS, with distress assumed to arise from 'cognitive distortions,' and interventions focusing on women's psychological reappraisal of emotional and behavioral change premenstrually, alongside the development of behavioral coping mechanisms (Blake 1995). Common to both bio-medical and psychological models is that embodied change is positioned as a 'symptom' of PMS or PMDD, a material manifestation of disorder within. This is expressed as premenstrual bloating, swelling, breast tenderness, joint or muscle pain, headaches, and for some women, diarrhea and hot flushes (Endicott and Harrison 1990). However, such change has to be accompanied by a psychological 'symptom,' such as depression, anxiety or anger, to warrant diagnosis of a premenstrual 'disorder' (American Psychiatric Association 2013), implicitly positioning the body at the periphery of diagnosis of premenstrual disorders (PMDs).

### RESEARCHING PREMENSTRUAL EMBODIMENT: POSITIVISM VERSUS CRITICAL REALISM

Psychologists have made some attempt to examine the nature and function of embodied premenstrual change, reporting that body image 'distortion' and body dissatisfaction is higher in the premenstrual phase of the cycle in the 'normal' female population who don't self-position as PMS sufferers (Kaczmarek and Trambacz-Oleszak 2016; Teixeira et al. 2013; Jappe and Gardner 2009; Carr-Nangle et al. 1994; Racine et al. 2012). In those women who do present with PMDs, levels of premenstrual symptom severity have been reported to be associated with body image disturbance (Muljat, Lustyk, and Miller 2007) and with body dissatisfaction (Kleinstäuber et al. 2016). Conducted through survey methods, which correlate menstrual cycle phase or premenstrual distress with perception of body size or body satisfaction, this body of research has proven inconclusive in determining whether "body dissatisfaction or a disturbed body image are vulnerability factors for,

or consequences of premenstrual complaints” (Kleinstäuber et al. 2016, 761). This particular question, and the body of correlational research that informs it, is framed within a positivist epistemological standpoint (Keat 1979), which understands causality in terms of antecedent conditions and general laws governing phenomena, and utilizes the scientific method—in this case standardized survey instruments and statistical analysis—to ‘objectively’ examine variables of interest (Ussher 2005). What is absent from this analysis is the meaning and experience of embodied change from the perspective of women who inhabit the unruly premenstrual body, in the context of broader constructions of femininity and embodiment.

Feminist social constructionists have provided insight into the role of cultural discourse in the pathologization of the premenstrual woman (Chrisler 2004), as outlined above. However, social constructionism has been criticized for ignoring the “real” (Speer 2000), and marginalizing experience outside of the realm of language, in particular embodiment (Sims-Schouten, Riley, and Willig 2007). This is problematic, as a substantial proportion of women *do* perceive or experience emotional changes during the premenstrual phase of the cycle (Nevatte et al. 2013; Ussher and Perz 2013a, 2013b), as well as corporeal changes, including water retention and bloating (White et al. 2011), of that there is no doubt. It can also be seen to negate embodied or psychological change across the menstrual cycle, or other material aspects of women’s existence that may be associated with their distress (Ussher 2005).

A critical realist epistemology (Bhaskar 1989) allows us to acknowledge the materiality of change across the menstrual cycle, including changes in corporeality, mood, or women’s perception of embodied change, but also conceptualize this materiality as mediated by culture, language and politics. Described as a material-discursive standpoint (Ussher 2008b), critical realism has been positioned as a way forward for research examining embodiment in a sociocultural context (Williams 2003).

In the remainder of this chapter, we adopt a critical realist epistemology and a material-discursive framework to explore the implications of changes in premenstrual embodiment, and constructions of the idealized feminine body, on women’s acceptance and resistance of the position of the monstrous feminine. We do this through drawing on interviews with women who self-identified as PMS sufferers, collected as part of a study examining the efficacy of a women-centered psychological therapy for moderate to severe premenstrual distress (which we henceforth define as PMS), the methodology and results of which are presented elsewhere (Ussher and Perz 2017). In summary, we interviewed 83 women, average age 35, who reported moderate-severe PMS, confirmed by three months of daily diary completion, about their subjective experience of premenstrual change. In the accounts below, we examine women’s experience of premenstrual embodiment, prior to and after taking part in the psychological therapy.

## INHABITING THE ABJECT PREMENSTRUAL BODY

*“I Feel Fat and Ugly and Hate Myself”: Self-Objectification and Dehumanization*

The majority of women we interviewed reported negative feelings toward their bodies, and by implication their very selves, when they were premenstrual, describing themselves as “fat,” “ugly,” “a blimp,” “gross,” “frumpy,” “sluggish,” “disgusting,” “lumpy,” “sludgy,” and “unattractive.” In these accounts, negative feelings were attributed to perception of embodied change premenstrually, such as “bloating,” “tenderness in the breasts,” and “breasts that feel bigger,” illustrated in the example below.

I’m more bloated my boobs are already big so they’re heaps bigger, my stomach’s swollen and generally I feel quite puffy and fluid filled so I wouldn’t say I feel particularly attractive at that time.

This bloating and self-positioning as “fat” was associated with perception of premenstrual weight gain. Women told us: “Two kilos goes on and it just makes me feel like crap, puffy in the face and round the guts, like right around my abdomen just puffs up”; and “physically I just feel about five times heavier than normal and bloated.” Women explicitly described these changes as acting to annihilate their “self-confidence,” “sense of being attractive,” and “self-esteem”—their very sense of self as a woman. As one participant told us: “Yes I hate myself, I don’t have any self-confidence and don’t even want to look in any mirror.” In contrast, women said that they felt “less concerned” about their bodies, or positioned them as “OK,” when they were not premenstrual.

These accounts suggest a form of self-objectification (Fredrickson and Roberts 1997), wherein women have internalized a critical gaze that finds them wanting, because the “bloated,” “fat” premenstrual body does not conform to the slim, contained, and feminine ideal. Similar accounts of surveillance and internalized judgment, have been found in interviews with women who position themselves as “overweight” or “obese” (Tischner 2013). Women’s body fat is discursively positioned as ugly and stigmatizing within western culture, associated with loathing, disgust, and revulsion (Lupton 2013), with women expected to discipline and regulate the body, and thus the self, to maintain a slim, contained form (Chrisler 2011; Bordo 1993). Body fat is positioned as both a threat to health and morality (Lupton 2013), with “excess” fat a sign of women “letting themselves go” at both levels (Chrisler 2011, 205). Many women reported a disruption in their normal patterns of dietary restraint or “healthy eating” premenstrually, feeling “desperately in need of chocolate,” or “down and depressed so I’d eat blocks of chocolate and chips.” It is thus not surprising to find that women experience distress and self-loathing in relation to perceptions of a “fat” premenstrual body that “takes up more space.”

Hatred of the fat body, and by implication the self, was evident in many women's accounts, with animalistic metaphors often being used. For example, "I feel like an elephant, very unattractive"; "I look at myself and I go 'You big fat pig,' I hate it"; "you're feeling revolting in yourself . . . you don't feel as feminine. I look like a dragon"; "I feel like a whale and hate my body during this time"; and "I feel like a frog . . . heavy, bloated, slow and lethargic." Animal metaphors are associated with dehumanization (Haslam, Loughnan, and Sun 2011) and social exclusion (Andrighetto et al. 2016), signifying a base and immoral nature, that lacks agency and rationality (Haslam 2006). Women who are animalized are positioned as creatures of emotion, nature and desire, and inferior to men (Tipler and Ruscher 2017), with pig and whale metaphors, in particular, signifying depravity (Haslam, Loughnan, and Sun 2011). Such dehumanization is also associated with the objectification of the female body (Morris, Goldenberg, and Boyd 2018), and thus self-positioning as animalistic serves to both denigrate the reproductive body and reinforce women's self-objectification during the premenstrual phase of the cycle. As the specific animal metaphors used by women signify fatness, self-hatred of premenstrual embodiment cannot be separated from the all-powerful cultural hatred of fatness.

*"I Feel Really Exposed": Concealment and Separation of Self from the Unruly Premenstrual Body*

People go to great lengths to distance themselves from or conceal their own 'beastly' animality (Haslam, Loughnan, and Sun 2011) or 'creatureliness' (Goldenberg et al. 2001). In this vein, visibility, and invisibility was central to the disciplining of the uncontained premenstrual body, associated with fear of surveillance from others, as well as constant self-surveillance. Many women attempted to conceal the premenstrual body from the critical gaze of others, reporting wearing "baggy clothes," "different clothes," "never leaving the house," or "staying away from the beach." This wasn't positioned as a form of coping or self-care in the face of discomfort—strategies that can reduce premenstrual distress (Ussher and Perz 2013b), but rather as a concealment of premenstrual abjection, and a resignation to making "less effort," all of which appeared to serve to add to women's distress.

I do definitely feel bloated probably around that time, and so I won't wear the same clothes, *I'll wear more frumpy sort of clothes* and then I don't feel as good about myself as well. And *that probably adds a little bit to the negative moods.*

Women's attempts to conceal the fecund body reflects internalization of the discourse of the reproductive body as unclean and a source of pollution (Ussher 2006), which contributes to menstrual stigma and shame (Johnston-Robledo et al. 2007; Chrisler 2011). As one woman told us:

I feel that others are able to see my bloated stomach and recognise in me that I'm walking around premenstrual. It's like I'm carrying an extra burden of woman-ness around and I feel really exposed by that.

Another woman said "I change how I dress because I don't want to draw attention to the fact I'm about to bleed." Concealment of biological functioning is part of women's bodywork (Roberts 2004), and thus self-objectification serves as a "flight from corporeality" (Goldenberg et al. 2001) that 'thingifies' the premenstrual body and separates it from the self.

For many women, concealment was also focused on hiding "large," "swollen," "problematic breasts," that "go up a bra size." For example, "my breasts arrive a long time before I do if I've got PMS . . . I can be really self-conscious and embarrassed about it, so I try to cover it up"; "I feel my tits are so big that I can't put them in a particular shirt. So I'll want to hide them." These accounts reflect the positioning of a woman's breasts as signifiers of feminine sexuality (Young 1992), with large breasts associated with greater sexual objectification of women on the part of men (Gervais, Holland, and Dodd 2013). This can result in women feeling that they are constantly under surveillance and that their large breasts make them more noticeable and visible than other women (Millsted and Frith 2003). Whilst some women feel 'more attractive' as a result of premenstrual breast changes (King and Ussher 2013), or having large breasts (Millsted and Frith 2003), the accounts of women we interviewed reflect the greater body shame and social physique anxiety associated with an anticipated male gaze and objectification (Calogero 2004).

### *"I Feel Betrayed by My Body": Condemning Premenstrual Corporeality*

Implicit in accounts of premenstrual embodiment is a body outside of the woman's control, undermining idealized femininity, wherein self-control is expected of 'good' women (Chrisler 2008). This was evident in accounts where women described the premenstrual body as a separate entity that was "doing" something to them, as evidenced in the following account: "I hated my body very much for what it did to me . . . By 'hating my body for what it did' I mean everything, not just the physical effects." In this vein, many women condemned and further separated themselves from the premenstrual body, reporting feeling "betrayed," "disappointed," or "let down" by embodied changes. The 'out of control' premenstrual body is both positioned as cause of the woman feeling "fat" and "flabby," but also cause of her unruly emotions, illustrated in the example below.

*I tend to put on a little bit of weight and stuff during that time too. So that makes me angry, because I am upset about that, and then I tend to take it out on other people.*

The body is also implicated more broadly as a cause of premenstrual distress, described variously by women as caused by “crazy hormones,” a “biological process” and “illness”:

I don't have control over how many hormones are flying about in my body, or anything like that.

I feel like my hormones are not balanced, like they're completely out of whack. And – and then the brain whatever function. I definitely feel that it's, for it's biological, you know, affecting the way I think and feel.

The unruly premenstrual body therefore stands as a double assault on femininity—abhorrent, animalistic, fat, and “taking up more space,” as well as out of control—the embodiment of the monstrous feminine (Ussher 2006). If women see themselves as uncontained and at the mercy of raging hormones or fatness, they position themselves as being attacked from within. The body becomes further objectified, alien to the woman, something that is acting against her (Ussher 2006). This blaming of the body may appear to function to exonerate the woman from judgments that attack her sense of self, as her abject corporeality and emotional transgressions are split off and projected onto a pathological condition, over which she has no control. Yet, as the focus of this projection is the reproductive body, which is implicitly positioned as disordered, unruly, and deviant, the outcome of this self-policing is a direct assault on the woman's corporeality (Ussher 2011). As Joan Chrisler argues, the fear of loss of control, and worry that others think we are out of control, serves as a form of “internalized oppression” that acts to “enforce gender roles and keep women from developing authentic selves” (Chrisler 2008, 8). However, this is not an inevitable process. Women can experience and acknowledge changes in premenstrual embodiment, without fear of loss of control or denigration of the self. The pull of the monstrous feminine can be resisted or reframed.

#### REFRAMING PREMENSTRUAL EMBODIMENT: RESISTING THE POSITION OF MONSTROUS FEMININE

The women we interviewed all reported embodied change during the premenstrual phase of the cycle. However, these changes are not ‘pure,’ somehow beyond culture, beyond discourse. They are not simply *caused* by the reproductive body, by a syndrome called ‘PMS.’ And they are not inevitably experienced as distressing or problematic. It is important to acknowledge women's agency in negotiation of premenstrual change, and their ability to cope and make sense of premenstrual corporeality (Ussher and Perz 2013b).

For example, let us examine the debate about the reality of increases in body weight or “dimensions” during the premenstrual phase of the cycle. One study reported that whilst women reported premenstrual bloating, “objective” measurement could find no change, and the “discrepancy



between the perceived body size and the actual body size (perception error) was significant” (Faratian et al. 1984). This may suggest that women are experiencing a “distortion of body image” premenstrually, a change in how they construct and position the body, rather than a material change in the body. Many women we interviewed appeared to construct embodied change in such a manner, aware that such change was more perceptual than material, and even describing corporeal self-condemnation as “irrational,” as evidenced by the following extracts:

Yes. I feel unattractive. *I know I still look the same* – it is all in my mind but that doesn’t make me feel any better. I feel fat. I also will dress differently at that time of the month.

I see all faults and *feel that they are larger than they are* (that is, my stomach, thighs) to the point that I can’t stand to look at myself.

Some women told us that their partner reassured them that they “look as good today as you do any other time,” but this had no impact, in the face of their “inner critic,” which led one woman to say: “I feel fat. I feel ugly, I feel unattractive, unwanted. *I feel really paranoid.*” In these accounts, women are both undermining the legitimacy of the embodied change that is the focus of their self-condemnation, and at the same time reinforcing self-criticism, by positioning hatred of the body as “irrational” or “paranoia,” a manifestation of the pathology that is “PMS.” However, women are also demonstrating awareness that they are *perceiving* the premenstrual body as “fat and ugly” and taking up the subject position of monstrous feminine as a result of this perception, which opens the door to the possibility of a reframing of both embodiment and the premenstrual self. This awareness is the first step in developing strategies of self-acceptance and self-care, and as a result, resisting self-objectification and self-positioning as the monstrous feminine (Ussher and Perz 2013b). It is a process that can be facilitated through women-centred psychological therapy.

Social constructionist and feminist critics have sometimes been critical of psychological ‘intervention,’ positioning it as a disciplinary practice that engenders self-policing through therapy, following a process of pathologization (Fee 2000; Foucault 1979; Ussher 2011). Women are told by experts within the ‘psy-professions’ others that they have a problem, and are then effectively positioned within the realm of psychiatric diagnosis and treatment, with all the regulation and subjugation that this entails (Ussher 2013).

However, we believe it is possible to simultaneously acknowledge the regulatory power of discourse and the role of the medical and psy-professions in women’s subjectification, at the same time as recognizing the very real existence of distress, and the embodied or psychological changes women themselves experience associated with the fecund body. In order to do this, we have been involved in the development and evaluation of a non-pathologizing

means of therapeutic support for women which acknowledges individual agency and the complex negotiations women engage in as they make sense of premenstrual change, with the aim of facilitating the adoption of strategies of self-care and coping (Ussher 2002). Drawing on both a narrative re-authoring framework (Guilfoyle 2014), and cognitive-behavioral models of PMS (Blake 1995), the specific aims of the therapy are to critically examine cultural constructions of femininity and PMS and how they impact women's premenstrual symptoms; to valorize women's expertise regarding their subjectivity and their bodies; to provide a non-pathologizing space for women to tell their story of PMS; to examine individual narrative constructions of PMS in the context of women's lives; to help women reframe their narrative to reduce distress; to identify and challenge negative cognitions associated with the body and with PMS; to examine perceptions of stress and of premenstrual symptoms to develop coping strategies for dealing with distress; and to encourage assertiveness and self-care throughout the cycle. This therapy has been found to be effective in significantly reducing premenstrual distress in a face to face one-to-one (Hunter et al. 2002) and couples format (Ussher and Perz 2017), as well as through self-help (Ussher and Perz 2006). In the face to face format, women discuss these issues with a therapist, over six to eight sessions, and engage in homework, such as doing things they enjoy, taking time-out, making note of the thoughts associated with premenstrual change and how these thoughts influence behavior, and practicing assertiveness. In the self-help format women are given information and exercises to practice at home.

Reevaluation of premenstrual embodiment is core to reduction in distress following this therapy (Ussher and Perz 2017; Ussher 2008a). In post-therapy interviews with women, we found marked reduction in reports of feeling "fat and ugly," or the use of animalistic metaphors. For example, women said "I don't feel bad about my body now. I couldn't care less about it now" and "I don't really have any negative feelings about my body anymore." This was associated with greater acceptance and understanding of embodied change, with less attention being paid to aspects of the body that had previously caused distress:

What used to bother me before – bloating and not liking what I saw in the mirror, now doesn't seem to bother me as much, I do not dwell on it as much as I did before.

There were also accounts of awareness that such changes are normal and transitory, rather than a sign of pathology: "I know it's temporary and I know it's hormones and I know I'm bloated, so I'm not having as many issues with that."

Awareness of cyclical changes facilitated self-care: "I'm very aware of it when it is in the calendar and I can actually work my way around that with the knowledge that I might need a couple of days of rest, that I didn't used to do, and now I do." The development of active coping skills to deal with premenstrual changes included self-talk to reduce premenstrual negative

moods, avoidance of conflict, changing perceptions of premenstrual emotion, and recognition of premenstrual needs: “taking the time-out to recognise my own needs has been very useful.” Active engagement in coping strategies which focused on “looking after my body” or “feeling better about my body” included taking time to rest, engage in activities women enjoyed, exercise, meditation, improved diet, and reduction in alcohol and caffeine, illustrated in the example below.

Physically I need a bit more rest is the main thing, um, so that’s – that’s a positive thing that it gives me that time to just slow down a bit and, um, have some time for myself. Like trying to do nice things for myself and do things that will make me feel good.

These self-care and coping strategies were reported to have a beneficial effect on women’s moods, and their ability to control the experience and expression of negative emotion, resulting in significant reductions in premenstrual distress (Ussher and Perz 2017).

This form of psychological intervention does not remove premenstrual changes, but it can reduce and de-pathologize them, empower a woman to ask for appropriate support, and give her a greater sense of agency in relation to her body. This is no longer a passive docile body which requires medical management, but a body (and mind) which is positioned as being understood and accepted, potentially resulting in self-perceived “growth” through self-care:

I am more sensitive around that period of time and I’m more susceptible to having old emotions and feelings that need to come up to leave me, but if I process it in the right way, it’s a positive (and I’ve had) some growth out of it . . . I just think the self-care thing is a really big one for me, yeah.

Because of this, the majority of women reported that they felt confident that they could understand, and live with, their premenstrual changes, describing themselves as more “empowered,” “energetic,” and “creative” as a result. This is a movement away from the model of self-sacrificing femininity found to be associated with premenstrual distress (Ussher and Perz 2013a) to what has been described as a “mature model of care” (Pettersen 2012, 378), which acknowledges the importance of reciprocity and equality, and where self-care is incorporated with care for others.

## CONCLUSION

This form of women-centered psychological support can be effective in supporting women in the process of moving from an abject to an agentic subject position, without positioning her as needing to be managed, or her body as an unruly vessel that needs to be contained by experts (Ussher 2008a). ‘PMS’ is no longer positioned as an out of control illness, rather, as a label

that makes sense of women's experience of psychological or embodied change in the premenstrual phase of the cycle (Ussher and Perz 2014). Women can resist the discursive positioning of the premenstrual woman as the epitome of the monstrous feminine through positioning premenstrual emotions as "natural" or a reflection of "true feelings" about domestic, relationship or work issues, and embodied changes as something that can be understood and tolerated. This adoption of a PMS as normal/natural discourse served to facilitate women adopting an agentic position in relation to coping, through avoidance of stress and conflict, care of the self, and escaping relational demands and responsibilities (Ussher and Perz 2014). It can also function to engage partners in support, or facilitation of a woman's self-care (Ussher and Perz 2017). The body is central to this resistance of the monstrous feminine, as women can accept and acknowledge embodied change and psychological vulnerability, and even maintain the self-positioning as 'PMS sufferer,' without denigrating or pathologizing the body or the person.

This is analogous to the "tight-rope talk" identified by Sue McKenzie-Mohr and Michelle Lafrance, wherein women construct themselves as both "agents and patients: both active and acted upon" (McKenzie-Mohr and Lafrance 2011, 64), enabling women to take credit for agency in coping and deflect blame for "having" PMS. McKenzie-Mohr and Lafrance (2011) describe this adoption of a "both/and" position as enabling the re-authoring of emancipatory counterstories, which serve to challenge the oversimplification of "either/or" binaries, where women are "agent or patient," "powerful or powerless"; or in the case of PMS, premenstrual sufferer or non-sufferer/coper. As Catrina Brown (2007, 275) has argued, this "both/and" position "honors women's agency and power while not minimizing the impact of oppressive social discourses and social relations." This allows us to *both* acknowledge the materiality and discursive construction of premenstrual distress, *and* women's agency and power in understanding and coping with premenstrual change. It also allows us to acknowledge the complexities in women adopting the subject position "PMS sufferer," which *both* evokes connotations of the monstrous feminine *and* makes meaning of women's distress, through legitimizing their experiences as 'real' and as something that may require support. The reproduction and resistance of discourses associated with premenstrual embodiment are thus overlapping, rather than being discrete and separate processes (Day et al. 2010), and offering women-centered therapy for 'PMS' is not a form of regulation, but a feminist endeavor acknowledging women's need for understanding and support.

## REFERENCES

- American Psychiatric Association. 2013. *Diagnostic and Statistical Manual of Mental Disorders, Edition V*. Washington DC: American Psychiatric Association.
- Andrighetto, L., P. Riva, A. Gabbiadini, and C. Volpato. 2016. "Excluded from All Humanity: Animal Metaphors Exacerbate the Consequences of Social Exclusion." *Journal of Language and Social Psychology* 35 (6): 628–44.

- Bhaskar, R. 1989. *Reclaiming Reality: A Critical Introduction to Contemporary Philosophy*. London: Verso.
- Blake, Fiona. 1995. "Cognitive Therapy for Premenstrual Syndrome." *Cognitive and Behavioral Practice* 2 (1): 167–85.
- Bobel, Chris. 2010. *New Blood: Third-Wave Feminism and the Politics of Menstruation*. Edited by Inc ebrary. New Brunswick, NJ: Rutgers University Press.
- Bordo, S. 1990. "Feminism, Postmodernism and Gender-Scepticism." In *Feminism/Postmodernism*, edited by L. J. Nicholson, 133–56. New York: Routledge.
- . 1993. *Unbearable Weight: Feminism, Culture and the Body*. Berkeley: University of California Press.
- Brown, C. 2007. "Feminist Therapy, Violence, Problem Drinking and Re-Storying Women's Lives: Reconceptualizing Anti-Oppressive Feminist Therapy." In *Doing Anti-Oppressive Practice*, edited by D. Baines, 128–44. Halifax: Fernwood Publishing.
- Calogero, Rachel M. 2004. "A Test of Objectification Theory: The Effect of the Male Gaze on Appearance Concerns in College Women." *Psychology of Women Quarterly* 28 (1): 16–21.
- Carr-Nangle, Rebecca E., William G. Johnson, Kimberly C. Bergeron, and Douglas W. Nangle. 1994. "Body Image Changes over the Menstrual Cycle in Normal Women." *International Journal of Eating Disorders* 16 (3): 267–73.
- Chrisler, J. C. 2004. "PMS as a Culture-Bound Syndrome." In *Lectures on the Psychology of Women*, edited by J. C. Chrisler, C. Golden, and P. D. Rozee, 3rd ed., 110–27. Boston: McGraw Hill.
- . 2008. "2007 Presidential Address: Fear of Losing Control: Power, Perfectionism and the Psychology of Women." *Psychology of Women Quarterly* 32 (1): 1–12.
- . 2011. "Leaks, Lumps, and Lines: Stigma and Women's Bodies." *Psychology of Women Quarterly* 35 (2): 202–14.
- Chrisler, J. C., and P. Caplan. 2002. "The Strange Case of Dr. Jekyll and Ms. Hyde: How PMS Became a Cultural Phenomenon and a Psychiatric Disorder." *Annual Review of Sex Research* 13: 274–306.
- Cosgrove, Lisa, and Paula J. Caplan. 2004. "Medicalizing Menstrual Distress." In *Bias in Psychiatric Diagnosis*, edited by Paula J. Caplan and Lisa Cosgrove, 221–32. Northvale, NJ, US: Jason Aronson.
- Day, Katy, Sally Johnson, Kate Milnes, and Bridgette Rickett. 2010. "Exploring Women's Agency and Resistance in Health-Related Contexts: Contributors' Introduction." *Feminism & Psychology* 20 (2): 238–41.
- Endicott, J., and W. Harrison. 1990. *Daily Rating of Severity of Premenstrual Problems Form*. New York: Department of Research Assessment and Training, New York Psychiatric Institute.
- Fahs, B. 2016. *Out for Blood: Essays on Menstruation and Resistance*. New York: SUNY Press.
- Faratian, B., A. Gaspar, P. M. S. O'Brien, I. R. Johnson, G. M. Filshie, and P. Prescott. 1984. "Premenstrual Syndrome: Weight, Abdominal Swellin, and Perceived Body Image." *American Journal of Obstetrics and Gynecology* 150 (2): 200–4.
- Fee, Dwight. 2000. *Pathology and the Postmodern: Mental Illness as Discourse and Experience*. London: Sage.

- Foucault, M. 1979. *Discipline and Punish: The Birth of the Prison*. London: Penguin.
- Frank, Robert. 1931. "The Hormonal Causes of Premenstrual Tension." *Archives of Neurological Psychiatry* 26: 1053.
- Fredrickson, Barbara L., and Tomi-Ann Roberts. 1997. "Objectification Theory: Toward Understanding Women's Lived Experiences and Mental Health Risks." *Psychology of Women Quarterly* 21 (2): 173–206.
- Gervais, S. J., A. M. Holland, and M. D. Dodd. 2013. "My Eyes Are Up Here: The Nature of the Objectifying Gaze toward Women." *Sex Roles* 69 (11–12): 557–70.
- Goldenberg, J. L., T. Pyszczynski, J. Greenberg, S. Solomon, B. Kluck, and R. Cornwell. 2001. "I Am Not an Animal: Mortality Salience, Disgust, and the Denial of Human Creatureliness." *Journal of Experimental Psychology: General* 130 (3): 427.
- Guillfoyle, Michael. 2014. *The Person in Narrative Therapy: A Post-Structural, Foucauldian Account*. Edited by Connect Palgrave: Houndmills, Basingstoke: Palgrave Macmillan.
- Hartlage, S., Sally Freels, Nathan Gotman, and Kimberly Yonkers. 2012. "Criteria for Premenstrual Dysphoric Disorder: Secondary Analyses of Relevant Data Sets." *Archives of General Psychiatry* 69 (3): 300.
- Haslam, Nick. 2006. "Dehumanization: An Integrative Review." *Personality and Social Psychology Review* 10 (3): 252–64.
- Haslam, N., S. Loughnan, and P. Sun. 2011. "Beastly: What Makes Animal Metaphors Offensive?" *Journal of Language and Social Psychology* 30 (3): 311–25.
- Hunter, M. S., J. M. Ussher, S. Browne, M. Cariss, R. Jelley, and M. Katz. 2002. "A Randomised Comparison of Psychological (Cognitive Behaviour Therapy), Medical (Fluoxetine) and Combined Treatment for Women with Premenstrual Dysphoric Disorder." *Journal of Psychosomatic Obstetrics and Gynaecology* 23: 193–99.
- Ismaili, E., S. Walsh, P. M. S. O'Brien, T. Bäckström, C. Brown, L. Dennerstein, E. Eriksson, E. W. Freeman, K. M. K. Ismail, N. Panay, T. Pearlstein, A. Rapkin, M. Steiner, J. Studd, I. Sundström-Paromma, J. Endicott, C. N. Epperson, U. Halbreich, R. Reid, D. Rubinow, P. Schmidt, K. Yonkers, and Disorders Consensus Group of the International Society for Premenstrual. 2016. "Fourth Consensus of the International Society for Premenstrual Disorders (ISPMDD): Auditable Standards for Diagnosis and Management of Premenstrual Disorder." *Archives of Women's Mental Health* 19 (6): 953–58.
- Jappe, L. M., and R. M. Gardner. 2009. "Body-Image Perception and Dissatisfaction Throughout Phases of the Female Menstrual Cycle." *Perceptual and Motor Skills* 108 (1): 74–80.
- Johnston-Robledo, I., K. Sheffield, J. Voigt, and J. Wilcox-Constantine. 2007. "Reproductive Shame: Self-Objectification and Young Women's Attitudes toward Their Reproductive Functioning." *Women & Health* 46 (1): 25–39.
- Kaczmarek, M., and S. Trambacz-Oleszak. 2016. "The Association between Menstrual Cycle Characteristics and Perceived Body Image: A Cross-Sectional Survey of Polish Female Adolescents." *Journal of Biosocial Science* 48 (3): 374–90.
- Keat, R. 1979. "Positivism and Statistics in Social Science." In *Demystifying Social Statistics*, edited by J. Irvine, I. Miles, and J. Evans, 75–86. London: Routledge.
- King, Marlee, and Jane M. Ussher. 2013. "It's Not All Bad: Women's Construction and Lived Experience of Positive Premenstrual Change." *Feminism & Psychology* 23 (3): 399–417.

- Kleinstäuber, Maria, Katarina Schmelzer, Beate Ditzen, Gerhard Andersson, Wolfgang Hiller, and Cornelia Weise. 2016. "Psychosocial Profile of Women with Premenstrual Syndrome and Healthy Controls: A Comparative Study." *International Journal of Behavioral Medicine* 23 (6): 752–63.
- Kleinstäuber, Maria, Michael Witthöft, and Wolfgang Hiller. 2012. "Cognitive-Behavioral and Pharmacological Interventions for Premenstrual Syndrome or Premenstrual Dysphoric Disorder: A Meta-Analysis." *Journal of Clinical Psychology in Medical Settings* 19 (3): 308–19.
- Lupton, Deborah. 2013. *Fat*. Milton Park, Abingdon, Oxon; New York, NY: Routledge.
- McKenzie-Mohr, S., and M. N. Lafrance. 2011. "Telling Stories Without the Words: 'Tightrope Talk' in Women's Accounts of Coming to Live Well After Rape or Depression." *Feminism & Psychology* 21: 49–73.
- Millsted, Rachel, and Hannah Frith. 2003. "Being Large-Breasted: Women Negotiating Embodiment." *Women's Studies International Forum* 26 (5): 455–65.
- Morris, K. L., J. Goldenberg, and P. Boyd. 2018. "Women as Animals, Women as Objects: Evidence for Two Forms of Objectification." *Personality and Social Psychology Bulletin* 44 (9): 1302–14.
- Muljat, Alesha M., M. Kathleen B. Lustyk, and Andrea Miller. 2007. "Stress Moderates the Effects of Premenstrual Symptomatology on Body Image Reports in Women." *Annals of Behavioral Medicine* 33: S157–S157.
- Nevatte, Tracy, Patrick O'Brien, Torbjorn Bäckström, Candace Brown, Lorraine Dennerstein, Jean Endicott, C. Epperson, Elias Eriksson, Ellen Freeman, Uriel Halbreich, Khalid Ismail, Nicholas Panay, Teri Pearlstein, Andrea Rapkin, Robert Reid, David Rubinow, Peter Schmidt, Meir Steiner, John Studd, and Inger Sundström-Poromaa. 2013. "ISPMDD Consensus on the Management of Premenstrual Disorders." *Archives of Women's Mental Health* 16 (4): 279–91.
- Perz, J., and J. M. Ussher. 2006. "Women's Experience of Premenstrual Syndrome: A Case of Silencing the Self." *Journal of Reproductive and Infant Psychology* 24 (4): 289–303.
- Pettersen, Tove. 2012. "Conceptions of Care: Altruism, Feminism, and Mature Care." *Hypatia* 27 (2): 366–89.
- Racine, Sarah E., Kristen M. Culbert, Pamela K. Keel, Cheryl L. Sisk, S. Alexandra Burt, and Kelly L. Klump. 2012. "Differential Associations between Ovarian Hormones and Disordered Eating Symptoms across the Menstrual Cycle in Women." *International Journal of Eating Disorders* 45 (3): 333–44.
- Roberts, Tomi-Ann. 2004. "Female Trouble: The Menstrual Self-Evaluation Scale and Women's Self-Objectification." *Psychology of Women Quarterly* 28: 22–26.
- Sims-Schouten, W., S. C. E. Riley, and C. Willig. 2007. "Critical Realism in Discourse Analysis: A Presentation of Systematic Method of Analysis Using Women's Talk of Motherhood, Childcare and Female Employment as an Example." *Theory Psychology* 17 (1): 101–24.
- Speer, S. 2000. "Let's Get Real? Feminism, Constructivism and the Realism/Relativism Debate." *Feminism and Psychology* 10 (4): 519–30.
- Teixeira, A. L. S., M. R. C. Dias, V. O. Damasceno, J. A. Lamounier, and R. M. Gardner. 2013. "Association between Different Phases of Menstrual Cycle and Body Image Measures of Perceived Size, Ideal Size, and Body Dissatisfaction." *Perceptual and Motor Skills* 117 (3): 892–902.

- Tipler, C. N., and J. B. Ruscher. 2017. "Dehumanizing Representations of Women: The Shaping of Hostile Sexist Attitudes through Animalistic Metaphors\*." *Journal of Gender Studies* 28: 1–10.
- Tischner, Irmgard. 2013. *Fat Lives: A Feminist Psychological Exploration*. Abingdon, Oxon; New York, NY: Routledge.
- Ussher, J. M. 1989. *The Psychology of the Female Body*. New York: Routledge.
- . 2002. "Processes of Appraisal and Coping in the Development and Maintenance of Premenstrual Dysphoric Disorder." *Journal of Community and Applied Social Psychology* 12: 1–14.
- . 2003. "The Role of Premenstrual Dysphoric Disorder in the Subjectification of Women." *Journal of Medical Humanities* 24 (1/2): 131–46.
- . 2004. "Premenstrual Syndrome and Self-Policing: Ruptures in Self-Silencing Leading to Increased Self-Surveillance and Blaming of the Body." *Social Theory & Health* 2 (3): 254–72.
- . 2005. "Unravelling Women's Madness: Beyond Positivism and Constructivism and towards a Material-Discursive-Intrapsychic Approach." In *Women, Madness and the Law: A Feminist Reader*, edited by R. Menzies, D. E. Chunn, and W. Chan, 19–40. London: Glasshouse Press.
- . 2006. *Managing the Monstrous Feminine: Regulating the Reproductive Body, Women and Psychology*. London: Routledge.
- . 2008a. "Challenging the Positioning of Premenstrual Change as PMS: The Impact of a Psychological Intervention on Women's Self-Policing." *Qualitative Research in Psychology* 5 (1): 33–44.
- . 2008b. "Reclaiming Embodiment within Critical Psychology: A Material-Discursive Analysis of the Menopausal Body." *Social and Personality Psychology Compass* 2 (5): 1781–98.
- . 2011. *The Madness of Women: Myth and Experience*. London: Routledge.
- . 2013. "Diagnosing Difficult Women and Pathologising Femininity: Gender Bias in Psychiatric Nosology." *Feminism & Psychology* 23 (1): 63–69.
- Ussher, Jane M., and Janette Perz. 2006. "Evaluating the Relative Efficacy of a Self-Help and Minimal Psycho-Educational Intervention for Moderate Premenstrual Distress Conducted from a Critical Realist Standpoint." *Journal of Reproductive and Infant Psychology* 24 (2): 347–62.
- . 2010. "Disruption of the Silenced-Self: The Case of Pre-Menstrual Syndrome." In *The Depression Epidemic: International Perspectives on Women's Self-Silencing and Psychological Distress*, edited by D. C. Jack and A. Ali, 435–58. Oxford: Oxford University Press.
- . 2013a. "PMS as a Gendered Illness Linked to the Construction and Relational Experience of Hetero-Femininity." *Sex Roles* 68 (1–2): 132–50.
- . 2013b. "PMS as a Process of Negotiation: Women's Experience and Management of Premenstrual Distress." *Psychology & Health* 28 (8): 909–27.
- . 2014. "'I Used to Think I Was Going a Little Crazy': Women's Resistance of the Pathologization of Premenstrual Change." In *Creating Counterstories*, edited by S. McKenzie-Mohr and M. Lafrance, 84–101. London: Routledge.
- . 2017. "Evaluation of the Relative Efficacy of a Couple Cognitive-Behaviour Therapy (CBT) for Premenstrual Disorders (PMDs), in Comparison to One-to-One CBT and a Wait List Control: A Randomized Controlled Trial." *PLoS One* 12 (4): e0175068.



- White, C. P., C. Hitchcock, Y. M. Vigna, and J. C. Prior. 2011. "Fluid Retention over the Menstrual Cycle: 1-Year Data from the Prospective Ovulation Cohort." *Obstetrics and Gynecology International* 2011: 1–7.
- Williams, S. 2003. "Beyond Meaning, Discourse and the Empirical World: Critical Realist Reflections on Health." *Social Theory & Health* 1: 42–47.
- Young, I. M. 1992. "Breasted Experience: The Look and the Feeling." In *The Body in Medical Thought and Practice*, edited by D. Leder, 215–32. Dordrecht, Netherlands: Kluwer Academic Publishers.

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