Men's Constructions and Experiences of PMS and their
Partner's Premenstrual Changes

Marlee Bernadette King
Doctor of Philosophy
University of Western Sydney
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Statement of Authentication

The work presented in this thesis is, to the best of my knowledge and belief, original except as acknowledged in the text. I hereby declare that I have not submitted this material, either in full or in part, for a degree at this or any other institution.

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Abstract

This thesis aimed to examine men’s constructions of Premenstrual Syndrome (PMS) and premenstrual women, and to explore how men’s constructions impact upon their responses to their partner premenstrually. This thesis also aimed to determine what impact a man’s involvement in a couple-based PMS intervention would have on such constructions and responses. Two qualitative studies were conducted, in which men’s accounts of PMS and premenstrual change were examined.

In the first study, men’s online posts from the website PMSbuddy.com were collected and analysed using a thematic discourse analysis. Results from this study showed that the majority of men positioned premenstrual change as having a detrimental impact upon themselves, their partner and their intimate relationship. Most men constructed the premenstrual phase and women’s premenstrual changes as confusing, complicated and illogical. To make sense of premenstrual change, men drew upon cultural discourses that positioned premenstrual change as a disorder necessitating treatment and premenstrual women as mad, bad and dangerous. Although some men positioned premenstrual change as a natural experience and acknowledged the importance of being empathetic and supportive to their partner premenstrually, such instances were scarce.

In the second study, a Foucauldian discourse analysis was used to analyse in-depth interviews conducted with 12 male partners prior to, and following, their participation in a couple-based psychological intervention for moderate-severe premenstrual distress. Results from this study showed
that men took up several subject positions in relation to their premenstrual partners, which included: the ‘Naïve Partner’, the ‘Expert’, the ‘Supportive Partner’, the ‘Critical Partner’, the ‘Victim’ and the ‘Knowledgeable Partner’. The majority of men who struggled to make sense of premenstrual change took up the Naïve Partner position. By contrast, a small number of men positioned themselves as ‘experts’ in relation to PMS, constructing premenstrual change as predictable and measurable. All but one of the men positioned their partner’s premenstrual changes as a source of strain in their lives, with a small number of men taking up the Victim position to emphasise their suffering and their unjust experiences. Most of these men also adopted the Critical Partner position, as they focused on the negative aspects of premenstrual change and positioned their partner’s premenstrual distress as disruptive and illegitimate.

Following the men’s participation in the couple intervention, most men reported that the intervention helped them to develop an enriched understanding and awareness of their partner’s premenstrual experiences. Through this enriched understanding, men positively redefined their experiences with premenstrual change and further resisted the Victim and Critical Partner position. This resistance enabled men to adopt supportive practices that they claimed to help their partner better cope with premenstrual distress. These findings strengthen the notion that premenstrual change is experienced and negotiated within a relational context, and suggest a need for further research on the impact of partners’ constructions of PMS on women’s premenstrual distress and coping.
Preface

This thesis examines the experiences and constructions of women’s premenstrual changes from the position of their intimate partner. This examination of premenstrual change is contextualised within broader cultural representations of hetero-normativity, whereby the male partner’s constructions and experiences of premenstrual change are the focus. In this preface, the concept of premenstrual syndrome (PMS) and premenstrual change is introduced. This foregrounds the rationale for researching male partners in the context of premenstrual change, as well as the research aims. The theoretical approach taken within this thesis is also described and a reflexive account of the research process is presented. Finally, a chapter outline is presented, which summarises the chapters of this thesis.

Why Male Partners?

Negative premenstrual change has been recognised as a common, disruptive and often debilitating factor in many women’s lives, warranting increased efforts to better understand and to ameliorate women’s premenstrual distress (Marvan & Cortes-Iniestra, 2001; Steiner et al., 2006). Negative premenstrual change is discursively constructed as a disorder, more specifically a premenstrual syndrome (PMS) that signifies debilitation and distress for women during the premenstrual phase (Ussher, 2003). Due to the privilege given to the disciplines that reify PMS as a biomedical or psychological problem that occurs within a woman’s body, there is a disproportionate focus within the research literature on the individual PMS sufferer, in relation to aetiology, impact and treatment (Cosgrove & Riddle, 2003; Ussher, 1996, 2003). This sole focus on the
individual woman presents a problem, as it not only negates the relational context of premenstrual distress, but also partners’ experiences and constructions of premenstrual change, and the intersubjective negotiation of PMS (Brown & Zimmer, 1986; Jones, Theodos, Canar, Sher, & Young, 2000; Ussher & Perz, 2008, 2013).

It is important to explain what is meant by ‘relational’, and ‘intersubjective context’, as these concepts are of central relevance to this thesis. Intersubjective theory moves away from conceptualisations of the subject (individual) or subjectivity (ways of being) as existing separately from the engagement with others. Intersubjectivity and relationality, in their most basic sense, refer to the interaction between two subjects (Stolorow & Atwood, 1992). Within an intersubjective or relational context, “meaning and understanding are developed by individuals in conversation with each other in their common attempts to understand other persons and things, others’ words and action” (Anderson & Goolishian, 1988, p. 390). In this way, experience is understood as constructed through interaction (Mitchell, 1988). The intersubjective or relational context is thus critical to understanding the experience and construction of premenstrual change, as it is the context wherein women and men make sense of their experiences premenstrually.

There is strong evidence that intimate partners can affect the way in which women experience and construct premenstrual change. This is apparent within the growing body of research demonstrating partners’ ability to ameliorate and exacerbate women’s premenstrual distress in both heterosexual and lesbian relationships (e.g. Jones, et al., 2000; Mooney-
Somers, Perz, & Ussher, 2008; Rundle, 2005; Ussher & Perz, 2008, 2013). Although men do not directly experience the somatic or affective premenstrual changes of the woman presenting with PMS, premenstrual change can have an impact on the man by altering the relationship dynamics (Ryser & Feinauer, 1992), which can lead him to feel frustrated, confused and helpless (e.g. Cortese & Brown, 1989; Davey, Dziurawiec, & O'Brien-Malone, 2006; Rundle, 2005). The negative impact of PMS on the partner within heterosexual relationships has predominantly been evidenced within marital studies where both husbands and wives report the negative impact of PMS on relationship quality (Ryser & Feinauer, 1992).

Specifically, marital studies have found reports of PMS to be related to the quality of couple communication (Cohen, 1986; Smith-Martinez, 1995), level of conflict (Ryser & Feinauer, 1992), and couple cohesion and intimacy (Hamilton, 1986; Ussher & Perz, 2008; Welthagen, 1995). Such studies not only support the notion that PMS is a relational experience, but also demonstrate the necessity of involving partners in PMS research in order to better understand and effectively reduce premenstrual distress.

Due to the integral role men can play in their partner’s experience of negative premenstrual change, it is important to examine the factors that influence men’s practices in relation to their partner premenstrually, particularly their constructions of PMS and the premenstrual woman. Examining the role of constructions is important because it provides insight into how men ‘make meaning’, or ‘interpret’ their experiences in the context of premenstrual change. As research has linked a woman’s attitudes, beliefs and expectations to experiences of premenstrual change
(Brooks, Ruble, & Clark, 1977; Chrisler, Johnston, Champagne, & Preston, 1994; McFarlene & Williams, 1994; Parlee, 1974), it is important to examine the constructions men hold in relation to PMS and premenstrual women, as well as the impact of these constructions on the way men respond to their premenstrual partner within a relational context. This is the first aim of this thesis. In order to meet this aim, two studies were conducted, in which men’s accounts of PMS and premenstrual change were collected. In the first study, men’s accounts were drawn from an online forum within the website PMSbuddy.com. Within the second study, interviews were conducted with male partners prior to, and following their participation in a couple-based PMS intervention.

While it has been demonstrated within the research literature that men can play a role in their partner’s experiences of PMS, common modes of interventions for PMS, including hormone or drug therapy (Steiner, et al., 2006; Wood, Mortola, Chan, Moossazadeh, & Yen, 1992), or psychotherapy (Blake, Salkovskis, Gath, Day, & Garrod, 1998), rarely involve the partner in the treatment process. Indeed, researchers such as those noted above focus on the considerable efficacy of individually based treatments, with the aim of increasing functioning and quality of life (Rubinow & Schmidt, 1995; Ussher, Hunter, & Cariss, 2002). However, as Hammond (1988) states, the long-term success of a PMS treatment heavily depends upon the partner and their willingness to play a supportive role, as they can contribute to the reduction of the woman’s premenstrual distress.

A growing body of research is suggesting that couple-based interventions may be a more effective approach to treating negative
premenstrual change, as couples are often jointly affected by the woman’s premenstrual distress (Frank, 1995; Gilliam & Cottone, 2005; Gupta, Coyne, & Beach, 2003; Jones, et al., 2000). Unlike the large majority of individual interventions available for PMS, couple-based interventions include a focus on the relational aspects of premenstrual distress, that is, the relational factors implicated in the amelioration or exacerbation of premenstrual related disturbances and distress, including couple communication, coping, conflict resolution and understanding (Frank, 1995; Frank., Dixon, & Grosz, 1993; McDaniel, 1988). This suggests that interventions focusing on the couple, rather than the individual sufferer, could be efficacious for the amelioration for premenstrual distress. However, as these studies are limited, it remains unclear men’s experience and construction of such interventions.

Therefore, the second aim of this thesis is to determine what impact a man’s involvement in a couple-based PMS intervention will have on his experiences and construction of premenstrual change, as well as his responses to his partner premenstrually.

**Theoretical Approach**

It is important to introduce the epistemological position I am taking within this thesis, as this position not only provides a framework for my interpretation and presentation of the PMS research literature, but it also guides my research aims, questions and data analysis. Accordingly, the theoretical and epistemological approach I am taking within this thesis is briefly described below and a more detailed description is presented in Chapter 1.
Premenstrual syndrome has historically been constructed as a single pathological entity caused by biological or psychological factors existing within a woman’s body, independent of external factors (Ussher, 2006). However, experience does not occur devoid of socio-cultural influence, with individuals merely passive recipients of biological changes (Yardley, 1996). Furthermore, the suggestion that the partner can simultaneously impact, and be impacted upon by a woman’s experience of premenstrual change suggests that premenstrual change largely exists within a context beyond biology (Ussher & Perz, 2008). Accordingly, within this thesis, I am taking a critical realist approach, which recognises subjective experience and the importance of context (Ussher, 2002). Critical realism is an approach that not only reconciles the biological and psychosocial aspects of experience, but also acknowledges the cultural and historical context in which individuals are positioned (Archer, Bhaskar, Collier, & Lawson, 1998; Collier, 1994). In other words, critical realism accepts the physical aspects of reality (environmental and biological), as a legitimate field of enquiry, but acknowledges that reality is mediated by culture, language and political interests which foreground such factors as race, gender and social class (Bhaskar, 1989). Therefore, this epistemology enables me to approach premenstrual change as an experience that is mediated by multiple factors such as the relational context, cultural discourse and relational changes.

A Note about PMS Terminology

Until this point of my thesis, I have been predominantly referring to premenstrual experiences as ‘premenstrual syndrome’ or ‘PMS’. As
outlined in Chapter 2, there is a multiplicity of terms used to describe premenstrual experiences, including premenstrual tension (PMT), premenstrual tension syndrome, and premenstrual dysphoric disorder (PMDD) (refer to p. 2); with PMS being the more commonly used term. However, such diagnostic categories are deemed to reify constructions of negative premenstrual change as disordered or pathological (Chrisler, Rose, Dutch, Sklarsky, & Grant, 2006; Nash & Chrisler, 1997; Ussher, 2004a). In line with this argument, the term ‘premenstrual changes’, rather than ‘symptoms’ or ‘syndrome’, will be used in this thesis. Such terms function to avoid the discursive practice of pathologising women’s premenstrual experiences, as premenstrual experiences are not inherently a negative feature in women’s lives and does not warrant the label ‘syndrome’ and ‘symptoms’.

**Reflexivity**

Providing a reflexive account of the research process, particularly data collection and analysis, is argued to be essential. This is because it provides insights into the multiple influences the researcher had on the research process, and how the research process affected them (Glesne, 1999; Merriam, 1998; Russell & Kelly, 2002; Stake, 1995). As such, the following section provides a reflexive account on conducting interviews.

**Conducting interviews.** Interviews, like conversations, are constructed by both participants (Burr, 2003). Therefore, it is important to address the part I played and my own contribution to the construction of accounts when I interviewed the men who took part in the study.
Research involving men as participants and women as researchers elicits various questions, such as: What does gender mean for the research process? What are the power dynamics when a woman interviews a man? Does the balance of power shift due to the researcher’s expertise in relation to the focus of the study? (Arendell, 1997). As a young female researcher, asking such questions was essential to the reflexive process. Although interviews were conducted via the telephone, my gender was undeniable. Authors such as Broom, Hand, and Tovey (2009) and Arendell (1997) have emphasised the importance of gender in influencing the research process, determining the level of information disclosed or withheld by the interviewee. Pini (2005) argued that the availability of masculinity discourses can become problematic within the interview setting, as it presents men with greater opportunities to exert power when interacting with the female interviewer. Such exertion of power could present itself in an attempt to take control of the interview process (Arendell, 1997). While it is important for the interviewer to take control of the interview process, as this ensures that the areas of interest are being addressed, the act of a woman taking such control from a man may be at odds with his discourses of femininity – the woman as an “empathetic listener and facilitator for men’s narratives” (Pini, 2005 p. 201). As a result, men may become alienated, distant or defiant within the interview setting (Arendell, 1997). However, some female researchers have argued that being located in traditional discourses of femininity by male participants can be advantageous for their research. The interviewer may be viewed as
unthreatening and different, encouraging men to detail their experiences and feelings (Horn, 1997).

The decision to conduct telephone interviews allayed one of my primary concerns that my youthful appearance would limit open disclosure from the male participants, or allow participants to take control of the interview process. However, in conducting telephone interviews, it remained a concern that the slight high tone of my voice still indicated my youth, which would lead to assumptions of inexperience. It was clear that introducing myself as someone who was completing a PhD in psychology and a thesis specialising in PMS, enabled some men to position me as an ‘expert’ or a ‘professional’. This positioning accorded me greater authority and experience within the context of the interview, which allowed me to guide the interview process. For those men who did not make explicit this assumption about me, it appeared that the discourse and rhetoric of science (Aronowitz, 1988) allowed most men to construct me as a researcher, which assigned me to a relatively powerful position during the interview. It has been found that the positioning of a psychologist as experienced allows clients to construct themselves, or their experiences as normal and their issues understandable and even predictable, increasing open disclosure (Christensen, Russell, Miller, & Peterson, 1998). In much the same way, it is possible that men’s positioning of me as a professional or expert on PMS, facilitated open disclosure.

Another issue I encountered during interviews was avoiding the use of value-laden terms, so as not to influence men’s construction and accounts of premenstrual change. Whilst compiling the interview schedule
and conducting interviews, I was conscious not to use words that constructed premenstrual change as negative or pathological, such as ‘issue’, ‘problem’ and ‘PMS’. Instead, I attempted to use neutral terms such as ‘premenstrual change’ and ‘experiences’. However, using such neutral terms presented a challenge, because most men were unfamiliar with these terms in relation to premenstrual change and were more comfortable using the negative terms. Also, avoiding certain words, such as ‘intervention’ was difficult, as these terms were used in the study’s advertisements and information sheets. Therefore in most instances, I had to use value laden terms, which may have furthered the co-construction of premenstrual change as a negative experience within the context of the interview.

Organisation of the Thesis

Chapter 1. This chapter focuses on mainstream definitions of premenstrual change, as well as prevailing theoretical frameworks, aetiological explanations and treatments. In order to account for the emergent and predominant constructions of premenstrual change, the historical background of premenstrual change is briefly reviewed. In reviewing the research literature, this chapter also highlights the complexities and contradictions of this so-called syndrome, to emphasise the current limitations in the way premenstrual change is conceptualised and approached within PMS research.

Chapter 2. This chapter establishes the framework for the examination of men’s experiences of their partner’s premenstrual changes in chapters 4, 6 and 7. This chapter presents research literature in support of premenstrual change as a relational experience. This is achieved by
reviewing relationship studies, which have examined the link between
the relational dyad and premenstrual change. Literature relating to a
partner’s capacity to influence the woman’s appraisal and negotiation of
her premenstrual experiences is also explored. This exploration involves
understanding the practices partners adopt and how such practices serve to
ameliorate or exacerbate their partner’s premenstrual changes. As an
equally important part of this chapter, the impact of premenstrual change
upon men’s subjectivity and construction of their partner’s premenstrual
changes is explored. Finally, a broad investigation of the impact of couple-
based interventions and therapies for premenstrual distress is conducted.

**Chapter 3.** This chapter draws upon PMS literature to review
men’s current understanding, as well as the discourses they predominantly
draw upon to make sense of premenstrual change. The British criminal
trials are described to foreground the wide influence of the media and its
role in perpetuating the myth of the ‘monstrous feminine’. This chapter
concludes with a review of cultural representations of premenstrual change
in contemporary Western culture, to make sense of why premenstrual
change is poorly understood by men and why premenstrual change is
largely constructed as a negative issue. This chapter provides the rationale
for the thematic discourse analysis conducted in Chapter 4.

**Chapter 4.** This chapter presents a thematic discourse analysis of
men’s accounts drawn from the online forum from the PMSbuddy.com
website (www.PMSbuddy.com). The aim of this analysis is to explore the
ways in which men construct premenstrual change and the impact of such
constructions upon their responses and coping in relation to premenstrual
women. This analysis compliments and foregrounds the interview study conducted within chapters 6 and 7.

Chapter 5. This chapter describes key methodological features of the interview study, including research design, recruitment strategies and issues, data collection, ethics and participant demographics.

Chapter 6. The analysis that is presented in this chapter was conducted on interviews with male partners prior to their participation in a couple-based psychological intervention for moderate-severe premenstrual distress. This analysis was undertaken to examine how men construct their partner’s experience of premenstrual change, the positions they take up in relation to their partner, and the implication of these positions upon their subjectivity and practices within the relationship.

Chapter 7. This chapter presents the post-intervention analysis conducted on interviews given by the same men following their participation in the intervention. The post-intervention analysis highlights the ways in which men’s constructions and experiences of premenstrual change are influenced by their participation in the intervention. The paths which men adopted, resisted and accommodated certain positions are also examined.

Chapter 8. This chapter reflects upon the significant findings within the analysis chapters and considers the implications of the findings for current conceptualisations and treatment approaches to premenstrual distress. The limitations of the study are described here and future research directions are also discussed.
Chapter 1

A Review of Research on Premenstrual Syndrome (PMS) and Premenstrual Change

Premenstrual change has become a familiar part of Western culture, a regular topic for magazines and a source of inspiration for many films, books and advertisements (Chrisler & Levy, 1990; Rittenhouse, 1991). In terms of research, negative premenstrual change is a growing source of interest, with scientific papers expanding at a rate of hundreds of papers per year (Walker, 1995). In spite of such research, premenstrual change remains an elusive phenomenon, difficult to define and diagnose, with no clear aetiology or basis for treatment (Chrisler & Caplan, 2002; Johnson, 1987; Laws, 1983). This is not surprising given its many complexities. Accordingly, this chapter details the key features that comprise and define the experience of negative premenstrual change, commonly known as PMS (premenstrual syndrome). This chapter also presents the competing etiological and theoretical perspectives on premenstrual change, as well as proposed treatments, and describes the social, scientific and political context in which this ‘syndrome’ first emerged and presently resides.

What is PMS?

The diagnostic category of ‘PMS’ is commonly described as a condition that encompasses a wide variety of somatic or embodied, emotional, cognitive and behavioural ‘symptoms’. Such symptoms are said to cause significant debilitation and distress to a woman up to two weeks prior to the onset of menstrual bleeding and remit shortly after the beginning of menses (Halbreich et al., 2007; Johnson, 2004b). The criteria
for diagnosing PMS can vary substantially between research studies (See Halbreich, et al., 2007). However, a diagnosis of PMS usually consists of determining the timing of the symptoms in relation to menses; the symptoms must be recurrent, have a clinically significant degree of symptom severity; and must be significantly greater premenstrually (usually 30% greater) when compared the rest of the cycle (Freeman, 2003). Premenstrual dysphoric disorder (PMDD) is a more severe form of premenstrual mood disorder, which is characterised by markedly depressed mood, marked anxiety, marked affective lability, and decreased interest in activities. PMDD has stringent diagnostic criteria according to the Diagnostic and Statistical Manual of Mental Disorders, fourth edition-revised (DSM IV-R). A diagnosis of PMDD requires the presence of five of 11 possible symptoms, with at least one being one of four essential or core mood symptoms (irritability, tension, dysphoria, labiality of mood), which must be present for most of the time during the last week of the luteal phase. Symptoms must also markedly interfere with work or school, or with usual social activities and relationships (DSM-IV-TR, 2001).

Typology and prevalence. According to the research literature, women with a PMS diagnosis can experience any combination of the approximately 150 changes, which have been associated with negative premenstrual change in any one cycle (Halbreich, Endjott, Schacht, & Nee, 1982; Moos & Leiderman, 1978). However, the total number of changes women can experience remains unclear. A systematic search of 350 clinical trials, 38 proceedings of symposia, and six theses, resulted in the identification of 199 symptoms and signs reported by women, with the
most frequent being irritability, headache or migraine, depression, crying easily or feeling tearful and anxiety (Budeiri, Li Wan Po, & Dornan, 1994). In Halbreich et al.’s (1982) study, up to 300 different premenstrual complaints were reported in women with PMS, from nausea to feelings of loneliness. Laws (1985) reviewed the symptoms associated with a diagnosis of PMS in medical literature and identified some rather obscure changes, including herpes, tantrums, paranoid ideas, quarrels, boils and fainting. She, however, suggested that the selection of these changes more so reflected ‘male domination’, than women’s actual experiences.

Given the vast diversity and variability of premenstrual change, difficulties determining which changes are representative of ‘PMS’ are not surprising (Blake, 1995). However, the most common premenstrual changes diagnostically assessed for PMS are likely to include: swelling/bloating, pain, decreased sex drive, anxiety, irritability, headache, tension, depression, fatigue and mood swings (Freeman, 2003; Mortola, 1992; Steiner, Haskeit, & Carroll, 1980; Woods, Most, & Dery, 1982). This varies slightly from Freeman et al.’s (2011) identification of ‘core symptoms’, which are anxiety/tension, mood swings, aches, appetite/food cravings, cramps, and decreased interest in activities. Although findings on the severity, frequency and variety of premenstrual changes are equivocal, this highlights the complexity of women’s negative premenstrual changes, both physical and psychological.

Estimates of the prevalence rates of PMS and PMDD vary widely within the research literature. For instance, in several research studies, 50% - 100% of the female population, who are menstruating, are estimated to
experience minor or isolated premenstrual changes (Sherman, 1971; Steiner, et al., 1980; Wittchen, Becker, Lieb, & Krause, 2002; Woods, et al., 1982). Further, it is estimated that women who experience moderate negative premenstrual changes, range from 20% - 50% (Angst, Sellaro, Stolar, Merikangas, & Endicott, 2001; Wittchen, et al., 2002), and women who report having premenstrual symptoms severe enough to seek and warrant treatment range from 1.5% - 18% (Angst, et al., 2001; Cohen et al., 2002; Gehlert, Song, Chang, & Hartlage, 2009; Halbreich, Pearlstein, & Kahn, 2003; Sveindottir & Backstrom, 2000). Noteworthy is Romans, Clarkson, Einstein, Petrovic and Stewart’s (2012) findings from their review of 47 studies, which examined the prevalence of negative mood change associated with the menstrual cycle. It was found that although 25 studies found an association between negative mood change and the premenstrual phase, 18 studies found no association of mood with any menstrual cycle phase. It was concluded that clear evidence linking negative mood change and the premenstrual change is lacking. Discrepancies between reports of prevalence rates for women’s experiences of negative premenstrual changes not only reflect the lack of standardisation in relation to diagnostic criteria in PMS research, but may also reflect the negation of women’s active appraisal and negotiation of their premenstrual experiences (Ussher, 2002).

The impact of premenstrual change on women. Premenstrual changes that are reported to cause functional impairment are said by medical professionals to warrant treatment (Freeman, 2003). As such, considerable attention has been given to researching the impact of negative
premenstrual change upon a woman's social interactions, lifestyle, work performance, emotional well-being and overall health-related quality of life (Brown & Zimmer, 1986; Chawla, Swindle, Long, Kennedy, & Sternfeld, 2002; Ekholm & Backstrom, 1994; Halbreich, et al., 2003; Hylan, Sundell, & Judge, 1999; Robinson & Swindle, 2000). For example, a cross-sectional study by Robinson and Swindle (2000) was conducted on 1022 menstruating women, from the United Kingdom, France and the United States. Results showed that the majority of women who reported high levels of premenstrual distress, also reported strong life interference. With regards to work, 20.3% of women reported missing at least one workday during the year because of PMS. In relation to social and family life, women reported greater impairment, with the majority of women reporting that their relationship with their husband and children was affected premenstrually. It was concluded that severe PMS/PMDD symptoms can have a wide a reaching impact on women’s lives beyond the emotional and physical changes that are primarily associated with premenstrual burden.

Hylan, Sundell, & Judge (1999) also assessed the impact of premenstrual changes on functioning and treatment seeking behaviour of women from the United States, United Kingdom and France. Similar to Robinson et al. (2000), it was reported that premenstrual symptomatology had a notable impact on functioning at home, with women reporting that partnership and family activities suffered significantly. In addition, many women reported that their negative premenstrual changes greatly affected performance in the workplace. However, these results did not reflect actual work performance and absence reports. Accounting for this discrepancy,
Hylan et al. (1999) suggested that women generally contend with their symptoms while at work due to greater work demands, but may nonetheless have a reduction in perceived productivity and quality of work life.

Conversely, Ussher and Wilding’s (1991) research contests the notion that women ‘suffering’ from PMS experience necessarily results in debilitation or a reduction in performance premenstrually. Within this study, self-diagnosed PMS sufferers and non-sufferers were compared in relation to state, performance and reaction to mild stress premenstrually. While there was a significantly greater increase in reported autonomic arousal in the premenstrual phase within a PMS group, compared to a non-PMS group, there were no differences between groups on performance during the cycle, or on reaction to stress. Noteworthy was the finding that both groups performed better on a range of cognitive tasks premenstrually, indicating the significant absence of a significant relationship between reports of PMS and lowered performance. In accordance with the findings, it was suggested that women experiencing premenstrual distress may perceive a reduction in productivity or performance and attempt to compensate through increased effort. This increased effort may result in an improvement on performance premenstrually. Such findings suggest that a woman’s experience of premenstrual distress does not reflect the degree to which her performance or ability will be impaired.

A growing body of qualitative research extends quantitative research on the impact of premenstrual change upon women, by examining women’s subjective accounts of premenstrual experiences (Cosgrove & Riddle, 2003; Reilly & Kremer, 1999; Sveinsdottir, Lundman, & Norberg,
Consistent with quantitative research, qualitative studies confirm that premenstrual change can be experienced by women as debilitating and distressing, interfering with their jobs, their family life and their intimate relationship (e.g. Slade, Haywood, & King, 2009; Sveinsdottir, et al., 2002). However, many of these studies demonstrate that premenstrual change is not necessarily a negative or debilitating experience for women and that there are a number of contextual factors affecting their negotiation and experience of premenstrual change (King & Ussher, 2012; Lee, 2002; Sveinsdottir, et al., 2002; Ussher & Perz, 2008). In some studies, women have reported that they experience positive changes during the premenstrual phase, including feelings of elation, increased sexual arousal, energy, orderliness and dominance (King & Ussher, 2012; Morse, 1999; Nichols, 1995; Stewart, 1989). Some women have also reported that they enjoyed premenstrual changes that are often categorised as negative within PMS research such as pain, irritability and crying. Women in King et al.’s (2012) study, for example reported, that they enjoyed expressing their aggression premenstrually. However, women’s acceptance and enjoyment of such changes was found to be dependent on the reactions of others around them, particularly their family. Several other studies have confirmed the critical role of the family and the intimate partner in women’s experience, construction and appraisal of premenstrual changes (Frank., Dixon, & Grosz, 1993; McDaniel, 1988; Ussher, 2004a; Ussher & Perz, 2013a; Ussher, Perz, & Mooney-Somers, 2007). Such research highlights
the importance of considering context when researching women’s experience of premenstrual change.

**Aetiology.** The preoccupation with negative premenstrual changes by investigators within the psychological, social and medical fields has resulted in a plethora of research, from typology to treatment. A number of competing biomedical explanations have been put forward to explain the aetiology of premenstrual symptoms which include: thyroid function (Schmidt, Grover, Roy-Byrne, & Rubinow, 1993), neuroendocrine factors (Facchinetti et al., 1993; Facchinetti et al., 1990; Su, Schmidt, Danaceau, Murphy, & Rubinow, 1997) and serotonergic abnormalities (Ashby, Carr, Cook, Steptoe, & Franks, 1988; Steege, Stout, Knight, & Nemeroff, 1992). Additional explanations also include abnormal temporo-limbic circuitry (Blumer, 1997), opioids’ withdrawal (Halbreich & Endicott, 1981), deficiencies of B vitamins (Biskind, 1943; Wyatt, Dimmock, Jones, & O'Brien, 1999), and alterations in prostaglandins (Wood & Jakubowicz, 1980).

It is a common conception within popular culture that negative premenstrual change, or ‘PMS’, is a result of hormonal fluctuations within a woman’s body. This is illustrated by the numerous descriptors used in relation to premenstrual women or ‘PMS’, including ‘hormone hostage’ (Chrisler, 2002), ‘raging hormones’ (Williamson & Sheets, 1989) and ‘the hormonal war’ (Chrisler & Levy, 1990). However, women who experience negative premenstrual changes are often found to have similar hormonal fluctuations to women who do not experience negative premenstrual change (Hammarbäck, Damber, & Bäckström, 1989). Also, hormonal
based treatments have failed to relieve symptom severity in the majority of women (Budeiri, et al., 1994; Golub, 1983; Gurevich, 1995), suggesting that hormones are unlikely to be the sole cause of women’s experience of premenstrual distress. Currently, the prevailing biomedical explanation among medical professionals is that of serotonin imbalances (Johnson, 2004a). Several studies have concluded that serotonin reuptake inhibitors (SSRIs) are an effective and potentially acceptable first-line treatment for ‘severe PMS’ (Brown, O’Brien, Marjoribanks, & Wyatt, 2009; Dimmock, Wyatt, Jones, & O’Brien, 2000).

Psychological explanations have also been presented, such as previous psychological disturbance (Brace & McCauley, 1997), personality factors (Freeman, Schweizer, & Rickels, 1995; Levitt & Lubin, 1967), the influence of stress and life events (Beck, Gevirtz, & Mortola, 1990; Perkonigg, Yonkers, Pfister, Lieb, & Wittchen, 2004) and negative cognitions (Blake, 1995; Koeske & Koeske, 1975; Rubinow, Smith, Schenkel, Schmidt, & Dancer, 2007). In contrast to hormonal theories, the psychological model suggests that a woman’s temperament or psychology causes cyclical changes in mood and well-being (see Walker, 1995). However, Taylor (2006) argues that the problem in clearly identifying the precise psychological factors that results in the variety of changes prior to menstruation remains.

Critics of the hormonal and psychological models argue that both models adhere to the assumption that premenstrual change exists or does not exist, and that it is a result of a biological, hormonal, or psychological dysfunction (Fausto-Sterling, 1988; Taylor, 2006). However, it is now
recognised that premenstrual change cannot be explained using solely hormonal or psychological models. Instead, a multifactorial model that acknowledges biological and psychosocial factors, as well as the interaction between the two is needed (Blake, Salkovskis, Gath, Day, & Garrod, 1998; Stoppard, 1997; Ussher, 1996). As a result, several models that acknowledge the multi-factorial nature of premenstrual change have been proposed (Bancroft, 1993; Rubinow & Schmidt, 1989; Ussher, 1992; Ussher, 1999; Walker, 1995). Some feminist psychologists, such as Stoppard and Ussher, have gone beyond biopsychosocial models by developing models that incorporate the discursive aspects of premenstrual change (Stoppard, 1997). Incorporating such aspects is argued to be important to understanding how women experience and negotiate premenstrual change, as discourse is utilised in everyday life to construct meaning, identity and subjective experience (Swann & Ussher, 1995).

**Treatment.** It is reported that an increasing number of women are seeking treatment for their negative premenstrual changes, with many trying multiple treatments (Pearlstein & Steiner, 2012). There are a multitude of treatments purporting to be effective in the management of PMS; each varying in effectiveness. Primary interventions are usually non-pharmacological, which include life style management, dietary changes, and exercise (Jarvis, Lynch, & Morin, 2008; Steege & Blumenthal, 1993). Other forms of non-pharmacological interventions include cognitive behaviour therapy (CBT) (Blake, 1995; Hunter et al., 2002), couples therapy, relaxation training (Morse, Dennerstein, Farrell, & Varnavides, 1991) and social support (Jones, Theodos, Canar, Sher, & Young, 2000;
Morse, 1999). Although results are equivocal, social support and cognitive-behavioural modifications have been found to be effective for women with moderate-severe premenstrual distress (Blake, et al., 1998; Busse, Montori, Krasnik, Patelis-Siotis, & Guyatt, 2008; Hunter, et al., 2002; Ussher, Hunter, & Cariss, 2002). Other non-pharmacological interventions include sleep deprivation, relaxation training, light therapy and melatonin, acupuncture, massage, and homeopathy. However, the effectiveness of these latter methods is unclear (Pearlstein & Steiner, 2000).

With regards to pharmacological interventions, hormone therapy, including gonadotropin-releasing hormone analogs, oral contraceptives and danazol remain popular forms of treatment (Ahrendt, Adolf, & Buhling, 2010; Pearlstein & Steiner, 2008). The pharmacological treatment of choice for PMDD and severe PMS in the 21st century is serotonergic antidepressants (the selective serotonin reuptake inhibitors [SSRIs]), and anxiolytics (Greenslit, 2002; Steiner et al., 2006). Serotonin reuptake inhibitors include fluoxetine, marketed as Sarafem in the United States; a repackaged Prozac specifically directed at women suffering from PMS (Johnson, 2004a). The efficacy of SSRIs in relation to negative premenstrual change has been reported to include reduced premenstrual irritability, depressed mood, and dysphoria, as well as reductions in physical symptoms of PMDD such as bloating, breast tenderness and appetite changes (Dimmock, et al., 2000; Steiner, et al., 2006; Wood, Mortola, Chan, Moossazadeh, & Yen, 1992). While SSRIs have been reported to improve premenstrual psychosocial functioning (Cohen et al., 2004; Freeman, Rickels, Sondheimer, Polansky, & Xiao, 2004), it is not
entirely understood how this works (Cosgrove & Caplan, 2004). Also, there are a number of side effects associated with taking SSRIs, including gastro-intestinal issues, loss of libido, suicide, aggression and harm to relationships (Gunnell, Saperia, & Ashby, 2005; Hunter, et al., 2002; Liebert & Gavey, 2009).

It becomes clear that one single aetiological theory cannot adequately explain the multiple changes many women report premenstrually. Therefore, it is not surprising that not one treatment has been demonstrated as being consistently effective in reducing premenstrual distress in all women (Cunningham, Yonkers, O'Brien, & Eriksson, 2009; Weisz & Knaapen, 2009). However, the biomedical paradigm continues to prevail in relation to PMS research, treatment and aetiology. In order to understand how premenstrual change came to be largely conceptualised as a biomedical or psychiatric disorder, it is important to provide a brief historical overview of the concept of PMS.

**The Historical Construction of Premenstrual Change as a ‘Syndrome’**

Establishment of the wide recognition of premenstrual tension is commonly credited to gynaecologist, R. T. Frank. Through written observations, Frank acknowledged women’s premenstrual suffering, but positioned women with premenstrual tension (PMT) as mentally or emotionally unstable and dangerous, and needing to be monitored, contained or fixed: “personal suffering is intense and manifests itself in many reckless and sometimes reprehensible actions” (Frank, 1931, p. 1054). Frank introduced the label ‘premenstrual tension’ to describe “a
condition of indescribable tension” and a “desire to find relief by foolish and ill considered actions” (p. 1054).

Proposed in the same year as Frank, but not as widely recognised today, is Karen Horney’s psychodynamic theory of PMT (Horney, 1931). Horney theorised that women’s premenstrual tensions were directly released by the physiological processes in the preparation for pregnancy, with conflicts around the wish for a child standing at the core of the ‘illness’. Horney also noted that women’s increased premenstrual tension was to a lesser extent related to the increase of sexual tensions experienced during the premenstrual phase, exacerbated by women’s inability to release such tensions due to cultural restrictions. Unlike Frank, Horney did not pathologise premenstrual change. While both Horney and Frank in their writings acknowledged women’s premenstrual experiences, it was ultimately Frank’s biomedical writings and his disease model that became associated with research and clinical accounts of PMT (Ussher, 2006).

In 1953, approximately 20 years after Frank and Horney’s writings, Katharina Dalton brought women’s premenstrual experience back into research focus. Dalton criticised Frank’s label ‘PMT’, as well as his description, as it referred to primarily the tension related aspects of the premenstrual phase, including irritability, low tolerance, stress, anger and headaches (Greene & Dalton, 1953). Consequently, Dalton introduced the diagnostic category premenstrual syndrome (PMS), with the symptoms including feeling hopeless, lonely, unattractive, and severe depression and psychosis (Greene & Dalton, 1953). Similar to Frank, Dalton asserted that PMS was likely to be a result of hormonal imbalances, specifically a
deficiency in the female sex hormone progesterone. Accordingly, Dalton proposed progesterone therapy as an effective treatment for PMS (Dalton, 1977; Greene & Dalton, 1953). Such a re-conceptualisation of premenstrual changes as ‘symptoms of a syndrome’ reified PMS as a real medical and biological phenomenon, which placed a sense of medical immediacy on women’s bodies, in order to understand and cure them. This critical event lead to what is commonly referred to as the medicalisation of PMS (Taylor, 2006). However, feminist critics assert that the medicalisation of PMS had far reaching negative consequences for discursive constructions of premenstrual change (Chrisler & Caplan, 2002; Conrad, 1992; Riessman, 1983; Rodin, 1992; Stoppard, 1992; Ussher, 2003; Ussher, et al., 2007; Zita, 1988).

**The medicalisation of premenstrual change.** Dalton’s radical re-conceptualisation of premenstrual change as a syndrome, and its resulting recognition as a medical issue was positioned positively by many women due to the legitimacy it gave to women’s premenstrual complaints as a ‘real’ medical condition (Markens, 1996; Stoppard, 1992). This not only dispelled constructions of PMS as imaginary and “all in a woman’s head”, but also legitimated medical attention for premenstrual symptoms, leading to the plethora of treatments and aetiological theories (Taylor, 2006). However, this recognition presented a dilemma for a number of social scientist and feminist writers, because while negative premenstrual change was no longer positioned as imaginary, it officially reified PMS as a pathological entity (Chrisler & Caplan, 2002; Cosgrove & Caplan, 2004; Perz & Ussher, 2006; Ussher, 2003; Ussher, 2006). This was argued to be
problematic for women, as it not only served to devalue the female experience (Ussher, 1997), but also provided women with a discourse by which to pathologise their fecund bodies, positioning their body as the source of distress and a site of blame (Laws, 1983; Markens, 1996; Ussher, 2006).

Furthermore, such medical discourses constructed women as passive recipients of their biology, more specifically their reproductive hormones, which necessitated medical intervention in order to make her ‘good’ once again (Chrisler & Caplan, 2002; Laws, 1983; McDaniel, 1988; Ussher, et al., 2007). The pathologisation of women’s premenstrual experiences was further compounded when late luteal phase dysphoric disorder (LLPDD) was included in the 1987 DSM-III-R (American Psychiatric Association, 1987) research appendix. Despite being in the appendix, LLPDD was still given a diagnostic code, title, list of symptoms, and cut-off points, much like the diagnostic categories in the main text of the DSM. Although, the label LLPDD was revised and later renamed premenstrual dysphoric disorder (PMDD), this diagnostic category remains in the appendix of the DSM-IV-R (American Psychiatric Association, 2000). The placement of such a category within the DSM further reinforced the notion of the inadequate female body, and was arguably used to justify attempts to restrict women’s access to equal opportunities and positions (Chrisler & Caplan, 2002).

The phenomenon first described by Frank and Horney in 1931 is now firmly established as a clinical condition, a psychiatric illness worthy of medical, or psychological intervention. This has produced a number of
medical discourses, usually reductionist and negative in nature, suggesting that women’s pathological behaviour is a result of their uncontrollable biological functions which require medical intervention.

**A Critique of Reductionist Approaches to Premenstrual Change**

Within current psychological and biological models used to investigate and treat premenstrual change, it is clear that premenstrual change is predominantly constructed within a positivist/realist paradigm (Ussher, 1996). Such approaches are argued to be reductionist, as the body is conceptualised as an entity that exists separate from any meaning, or from social and cultural contexts (Ussher, 1996; Walker, 1995). Such conceptualisations act to negate the social, discursive and historical context of women’s lives. Further, the woman is not positioned as an agentic being, but as a passive recipient of biological processes. This effectively ignores the way in which women ascribe meaning to their premenstrual changes in a particular cultural context (Johnson, 1987; Martin, 2001; Ussher, 1991). This negation is compounded when scientific objectivity is positioned as essential to attaining the ‘truth’ about women’s health (Lupton, 1992), and when women’s subjective accounts are positioned as violating the notion of objective, or bias-free knowledge (Code, 2012; Ussher, 1999).

It is clear from the literature review presented in this chapter, that experience is subjective and that women do not experience premenstrual change in a socio-cultural vacuum (Stoppard, 1997; Swann & Ussher, 1995). The ways in which women make sense of their premenstrual changes, or the meaning they ascribe to such changes, differs between cultures and changes across time. Authors who have taken a cultural-
anthropological approach to PMS argue that premenstrual complaints are primarily symbolic acts. According to Martin (1988), PMS, particularly women’s experience of premenstrual anger, is a result of their position in late industrial society. ‘PMS’, as Martin argued, functions to legitimise women’s expression of their quite often suppressed experience of negative emotions. Johnson (1987) conceptualised PMS as internally related to our culture; as a "Western culture-specific disorder", which symbolically represents the conflicting societal expectations of women as being simultaneously “productive and reproductive” (p. 349).

The notion that premenstrual change is a culture bound syndrome is evident in the cultural variances in women's reporting of premenstrual changes and their positioning of these changes as symptoms of PMS (Chandra, 1989; Chang, Holroyd, & Chau, 1995; Johnson, 1987). For instance, Chandra and Chaturvedi (1991) examined how premenstrual change was experienced by 48 Indian women. The women reported experiencing physical premenstrual changes, including backache and fatigue. However, unlike the Western women who report similar changes, only a few of the Indian women reported premenstrual distress sufficient to warrant a PMS diagnosis. Accounting for this finding, Chandra and Chaturvedi indentified several socio-cultural factors unique to these Indian women, such as the availability of positive discourses during menarche and being sanctioned to have respite from household duties premenstrually. Such findings, which evidence the influence of socio-cultural factors upon women’s negotiation of their premenstrual experiences, reinforce the
necessity to question the positivist notion of premenstrual change as a solely biological phenomenon.

Furthermore, women are not passive recipients of biological processes; a woman’s positioning of her premenstrual experiences as ‘PMS’ is an ongoing process of active negotiation in relation to cultural and medical discourses and current life events (Stoppard, 1992; Ussher, 2011). Past research has demonstrated women’s ability to actively reject dominant PMS discourses that position premenstrual change as an illness and themselves as sufferers (e.g. Lee, 2002; Ussher & Perz, 2006; Ussher & Perz, 2013b). For example, a group of women in Lee’s study were found to be extremely positive about their menstrual cycle experiences. By re-evaluating negative cultural attitudes toward menstruation, these women were able to reject the medicalised label of ‘PMS’ and instead defined premenstrual experiences as a normal, female, biological process. In another study, it was found that women who were aware of their emotional changes premenstrually, and anticipated such changes, were able to position their premenstrual emotions as understandable, rather than as pathology (Ussher & Perz, 2013b). This demonstrates women’s active resistance of the discursive positioning of the woman as mad, bad or dangerous (Chrisler & Caplan, 2002)

Despite this evidence, premenstrual change is predominantly approached from a reductionist standpoint, constructed as an individual problem - a disorder occurring from within the individual woman (Ussher, 1996). It is therefore not surprising that her body, or her ‘symptoms’ are of sole focus within PMS research. However, focusing on the individual
sufferer effectively marginalises the intersubjective context in which the experience of premenstrual change is negotiated, appraised and constructed (Ussher, et al., 2007), as well as the context in which gender is negotiated and accomplished (Butler, 1988). Premenstrual distress has been found to be strongly associated with women’s social and relationship context (Ussher & Perz, 2013a), in particular with overresponsibility, relationship dissatisfaction and communication problems (Mooney-Somers, Perz, & Ussher, 2008; Perz & Ussher, 2006; Ussher, 2004a), as outlined in chapter two. The sole focus on the woman sufferer also marginalises the impact and experience of premenstrual change on her partner and family. As such, an approach is needed that not only looks beyond materiality and individual PMS sufferer, but also acknowledges the multiple contexts in which premenstrual change is experienced, negotiated and constructed (Ussher, 1996).

Constructionist epistemologies have gone beyond materiality to acknowledge the ways in which subjectivity, behaviour, as well as meanings of health and illness are constructed within social practices, language and relationships (Burr, 1995). Therefore, ‘PMS’ is conceptualised as a social construct, or category that shapes experience, practice and ways of being (subjectivity) through discourse (Walker, 1995). Whilst constructionist approaches recognise the importance of discourse in shaping experience, such approaches tend to take a realist stance, marginalising material practices and materiality (Burr, 1998; Sims-Schouten, Riley, & Willig, 2007). There is convincing evidence from previous research that many women do experience a combination of
hormonal or endocrine changes premenstrually (Pearlstein, 1995) affecting autonomic arousal (Kuczmierczyk, Labrum, & Johnson, 1992) and perceptions of stress (Woods et al., 1998), which result in increased vulnerability and sensitivity to emotions or external stress premenstrually (Ussher & Wilding, 1991). This strengthens the notion that premenstrual change is not solely a discursive experience. Therefore, it is important to adopt an epistemology within this thesis that recognises both the material reality of premenstrual change, as it is experienced by women, and the discursive construction of such change as an illness, or PMS (Ussher, 1996). Accordingly, a critical realist epistemology was adopted within this thesis, which is described below.

**Critical Realism**

A critical realist epistemology can bridge the gap between the material and the discursive, as it “affirms physical reality, both biological and environmental, as a legitimate field of enquiry but recognises that its representations are characterised and mediated by language, culture and political interests” (Pilgrim & Rogers, 1997, p. 37). In this vein, our social realities are constructed by language, however, these constructions are shaped by the possibilities and constraints inherent in the material world (Collier, 1994; Sims-Schouten, et al., 2007). Thus, critical realism combines constructionist and realist positions to argue that while meaning is made through discourse, material elements impact on that meaning (Willig, 1999). Such an approach legitimises an analysis of the relationships between people’s material conditions and discursive practices.
(Sims-Schouten, et al., 2007), which is central to meeting the aims of this thesis.

Critical realism recognises the existence of premenstrual distress, as well as the existence of the material factors that precipitate or exacerbate women’s distress. As such, the role of hormones, the endocrine system, or physiological arousal, as well as the material implications of social stressors, age, or economic factors, are positioned as essential to understanding women’s premenstrual experiences (Ussher & Perz, 2006). However, these material factors are not conceptualised as entities which exist separately from historical, social or cultural context; they are always positioned within discourse and within culture (Williams, 2003; Willig, 1999). Recognising the fundamentality of the discursive aspects of premenstrual change, in addition to the material aspects, critical realism thus enables the examination of how dominant discourses, particularly those that center on gender and illness, influence a woman’s active negotiation and appraisal of her premenstrual changes (Ussher & Perz, 2006). Further, as this approach is a move away from the sole focus on the individual woman, this legitimates the exploration of aspects beyond that of the individual woman and her body, such as her relational context (Ussher & Perz, 2013a). This becomes particularly important when men’s construction and understanding of their partner’s premenstrual experiences are the focus of attention within this thesis, as well as the impact of men’s practices upon their partner’s negotiation of her premenstrual experiences.

Furthermore, a critical realist approach accepts lay knowledge as legitimate and welcomes an acknowledgement of subjectivity (Pilgrim &
Rogers, 1997). As such, the voices of women who experience premenstrual distress, (or in this case, the voices of the men whose partners experience premenstrual distress) are included as a legitimate part of the research agenda. With the recognition of the lay person’s voices as important to the development of PMS knowledge, this legitimates the use of interviews as a research method. Accordingly, this approach implicitly legitimates all of the questions that I, as the researcher set out to answer, rather than limiting my research questions because of epistemological or methodological constraints. Taking a critical realist approach in relation to my research questions enables me to consider the role of discourse in the construction of premenstrual change and ask why men draw upon certain discourses in their accounts of PMS. Also, as critical realism enables me to explore the impact of material practices on discursive practices (Sims-Schouten, et al., 2007), this not only allows me to query the material constraints men encounter in their adoption of discourses, but also the material implications of their discursive practices upon their partner’s negotiation of premenstrual experiences.

Within a critical realist epistemology, positioning theory was also drawn upon. The way in which positioning theory is used within the present analysis is described in below.

**Positioning Theory.** According to positioning theory, life can be seen as an unfolding narrative, in which we are represented in one subject position or another within the course of one story. Once a particular position is taken up by a person, they inevitably see the world from the lens of that position (Davies & Harré, 2007). Positions are tied to discourse, as
discourse makes available subject positions for a person to take up, and these positions are always taken up in relation to other people (Hollway, 2001). Although the notion of agency and choice is not negated in positioning theory, positions, regardless of whether they are adopted or assigned by others, restrict ways of being (subjectivity) and experience (Harré & Moghaddam, 2003). For example, a woman who is positioned as a PMS sufferer by her partner may not have her emotional distress taken seriously during certain times of the month, which ultimately impacts upon her ways of being and premenstrual experiences.

Furthermore, a position is seen as replacement for the static concept of a role (Harré & Langenhove, 2007). Within role theory, individuals are constructed as passive objects, which are placed within scripted categories (roles) such as parent, teacher and nurse. Unlike roles, positioning is a fluid and dynamic process, with opportunities for change available. Whereas roles are constructed as separable from the person, positioning focuses on the way in which discursive practices represent the person in certain ways (Harré & Moghaddam, 2003). While positions are constitutive, they enable new positions to be negotiated (Davies & Harré, 2007). As such, positions can be tried out, accommodated, resisted or maintained, which has implications for an individual’s subjectivity and practices (Harré & Langenhove, 2007). Understanding this dynamic process becomes relevant for understanding why some individuals resist dominant discourses within which alternative positions become available. Further, individuals are not coherent unified wholes, as they have multiple possible selves and each of these possible selves can be internally a contradiction or contradictory with
other possible selves located in different narratives. Since many stories can be told, even of the same event, individuals thus have many possible coherent selves Harré and Lagenhove (1999). Therefore, as individuals move between positions within varying story lines, this enables us to explain how individuals can adopt discursive practices that are multiple and contradictory (Davies & Harré, 2007), as well as identify contradictions within cultural constructions (Swann & Ussher, 1995).

The adoption of a critical realist approach that draws upon positioning theory thus considers the multiple contexts in which premenstrual change is constructed and experienced (Ussher, 1996), whilst recognising the fluidity, complexity and contradictions in a person’s subjectivity. As such, this approach is a suitable fit for meeting the aims of this thesis.

Conclusion

Despite over 90 years of research, premenstrual change remains an elusive phenomenon. Researchers from a wide range of disciplines have been involved, which has resulted in a large number of theories, as well as diverse and potentially confusing research literature. While the variability and variety of the ‘symptoms’ that comprise this so-called syndrome are not widely understood, premenstrual change is largely conceptualised within the medical profession and by the lay public as a hormonal disorder (Rittenhouse, 1991), which has implications for how a woman and her partner makes sense of premenstrual experiences. Consistent in much of this literature is the notion of PMS as a ‘woman’s problem’, with the focus of attention being on causal explanations for premenstrual
symptomatology, and treatment for the woman sufferer. Consequently, the social, cultural, historical and relational context in which premenstrual change is negotiated is effectively ignored. It cannot be denied that premenstrual change can represent a profound source of distress and debilitation in some women’s lives. However, the socially constructed nature of premenstrual change and the multiple contexts in which such changes are experienced must be acknowledged and considered if negative premenstrual change is to be understood. This strengthens the importance of adopting a critical realist epistemology within this thesis, as it reconciles the biomedical and psychosocial aspects of premenstrual change, but also acknowledges the cultural and historical context in which individuals are positioned (Archer, Bhaskar, Collier, & Lawson, 1998).

There is strong evidence that premenstrual change is a relational experience, as women negotiate premenstrual change within a relational context. Accordingly, the next chapter presents literature that explores this issue.
Chapter 2

The Experience of Premenstrual Change within the Relational Context

A woman’s experience and positioning of her premenstrual changes, particularly negative changes in affect, is negotiated within a relational context (Ussher & Perz, 2013a). The notion that premenstrual distress is relational is illustrated by the finding that the most commonly reported descriptor of PMS given by heterosexual women is feeling ‘out of control’ and unable to tolerate negative affect in situations where there are overwhelming demands from the partner or children (Chrisler, 2008; Ussher, 2003). Equally, premenstrual change can impact upon the woman’s intimate partner, largely through the relational disruptions that occur premenstrually (Cortese & Brown, 1989; McDaniel, 1988; Rundle, 2005; Ussher & Perz, 2008, 2013a). To demonstrate that negative premenstrual change is a relational experience, this chapter presents research literature that examines the link between the relational dyad and premenstrual change. Literature demonstrating the impact of premenstrual change on the partner, as well as the impact of the partner on the woman’s premenstrual experiences is also presented. The final part of this chapter reviews research on couple-based therapies and interventions for premenstrual distress.

Partners’ Impact upon Women’s Construction and Experience of Premenstrual Change

There is growing evidence that partners can have a profound impact upon the woman’s construction and experience of premenstrual change, which occurs as a result of the partner’s responses within a relational
context (Ussher, Perz, & Mooney-Somers, 2007). Such practices can function to ameliorate or exacerbate a woman’s premenstrual distress.

**Exacerbating premenstrual distress.** Within popular culture, male partners have been represented as exacerbating the woman’s distress premenstrually. This is largely evident in women’s qualitative accounts, in which partners are often positioned as the focus of premenstrual irritation (Hoga, Vulcano, Miranda, & Manganiello, 2010; Ussher, 2004a; Ussher & Perz, 2013a; Ussher, et al., 2007). Further, negative constructions on part of a woman’s partner, or dismissal and absence of support, feature prominently in the accounts of women who report negative experiences of premenstrual change, as evidenced below.

**The dismissal of premenstrual distress.** A partner’s negation of premenstrual change as a legitimate experience, or the denial of the woman’s distress premenstrually, can have detrimental consequences for her negotiation and construction of her premenstrual experiences. For example, Ussher and Perz (2013a) examined women’s subjective experiences of premenstrual change and the negotiation of PMS within a relational context. When describing their negative experiences of premenstrual change, women predominantly described their male partner as lacking understanding, support and acceptance, or acting in ways that trivialised their expressions of emotional affect. For some women, this meant that they were unable to absolve themselves of responsibilities, or engage in self-care to cope with premenstrual distress, which increased anger and irritation at the inequalities in the relationship. One woman said that having her issues trivialised by her partner was the reason why she
never named herself as experiencing PMS to him (Mooney-Somers, Perz, & Ussher, 2008). Notably, fear that the partner would not take premenstrual experiences seriously or recognise it as ‘PMS’ was identified as the primary reason why women refused to provide PMS as an explanation for their negative changes in mood and behaviour. In another study, women reported that men’s scepticism in relation to them using PMS as an excuse was a personal source of annoyance. This is exemplified by one woman who explained, "It felt weird ... he thought I was needy and wanted attention, I wanted to take ... they think it is pretending to take advantage ... find it excuse not to have sex and it made me very upset.” (Hoga, et al., 2010). In accordance with previous research (Mooney-Somers, et al., 2008; Ussher & Perz, 2010; Ussher & Perz, 2013a), partner dismissal can exacerbate premenstrual distress, as it means that the woman is unable to access emotional reassurance, physical comfort and domestic support from her partner. This can also be detrimental to the relationship, as the woman may feel unsupported premenstrually (Ussher, 2003).

**Dismissing legitimate issues underlying premenstrual distress.** A partner’s recognition that PMS is real can also represent a problem for women, as PMS can become the only explanation for a woman’s outward expression of distress or negative affect premenstrually (Mooney-Somers, et al., 2008). A multiplicity of issues have been found to underlie women’s premenstrual distress, including inequality within the relationship, feeling overwhelmed by the demands of the partner and family, and day to day frustrations, needs, concerns and emotions (McDaniel, 1988; Ryser &

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1 NB the study conducted by Hoga (2010) was written in Portuguese, which was translated to English. Therefore excerpts presented above are not direct quotes. They are approximate translations but the meanings remain in tact.
Feinauer, 1992; Stoppard, 1997; Sveinsdottir, Lundman, & Norberg, 2002; Ussher, 2002; Ussher & Perz, 2013a). However, when the woman’s emotional expression is positioned as just PMS by her partner, this serves to trivialise these underlying issues. This is exemplified by a woman in Ussher Perz and Mooney-Somers’s (2007) study who stated,

[My partner] would blame everything on getting my periods […] as if I was irrational all the time…He’d go, “Now, how long till your periods?” […] So, in other words, he was saying to me, “Well, I’m not going to take you seriously, because you’re premenstrual. (p. 12)

Dismissive practices such as those listed above have been linked to a woman’s continued engagement in self-silencing and self-pathologisation, which can serve to exacerbate distress premenstrually (Perz & Ussher, 2006; Ussher, 2003; Ussher & Perz, 2010). Self-silencing refers to a woman’s tendency to engage in compulsive caretaking. This includes putting the needs of others above her own, and inhibiting the expression of her feelings in the relationship in order to fulfil the role of a ‘good wife’ and ‘good mother’ (Jack, 1991). This is done in an attempt to achieve intimacy with her partner and meet relational needs (Carr, Gilroy, & Sherman, 1996). Women who report PMS have been reported to give accounts of self-silencing when they are not premenstrual, but break their outward compliance when they are premenstrual (Jack, 1991; Ussher & Perz, 2010). However, a break in self-silencing, through outward expression of issues can serve a positive function, as it provides the woman an opportunity to address issues within her relationship (Ussher, 2004c).
The partner’s acknowledgement and recognition in relation to such issues acts to legitimate and validate her emotional expression, allowing her to engage in effective coping premenstrually (Ussher & Perz, 2013b). However, partner rejection, dismissal and pathologisation can often lead the woman to turn inward for an explanation of her experience of negative affect and blame her fecund body for her premenstrual state (Ussher, 2008). She may then engage in self-pathologisation, self-castigation, self-sacrifice and disassociation of herself from her behaviour, through splitting (e.g. Jekyll and Hyde), rather than engaging in acceptance, awareness and self-care (Perz & Ussher, 2006; Ussher, 2002). The negative implications of women’s self-silencing and self-policing practices upon their subjectivity and experience of premenstrual change are evident in several studies (e.g. Perz & Ussher, 2006; Ussher, 2003, 2004, 2008) and within the following excerpt:

“I felt horrible, and I felt angry because I was apologising for something that I really couldn’t do that much about that wasn’t as a result of me being, um… choosing to be that way” (Ussher, et al., 2007 p. 11)

**Ameliorating premenstrual distress.** In contrast to the research above, a small number of studies have demonstrated a partner’s capacity and willingness to engage in empathetic understanding, effective communication, awareness, reassurance, acceptance and emotional availability during the premenstrual phase (Hoga, et al., 2010; Mooney-Somers, et al., 2008; Ussher & Perz, 2008). Such behaviours have been linked to the minimisation of women’s distress premenstrually, as well as
the positive positioning and construction of their premenstrual experiences (Rundle, 2005; Ussher & Perz, 2008, 2013a). Whilst having a supportive partner is not essential to women taking up this position (Ussher & Perz, 2013a), the research literature suggests that partners can play an important part in women’s positive negotiation and management of her premenstrual changes.

**Being accommodating and giving space.** Within a small number of studies, men have provided accounts of giving their partner space when premenstrual, or adjusting their behaviour as not to exacerbate her distress. For example, Rundle (2005) conducted a qualitative exploration of couples’ relational experiences of PMS with six heterosexual couples. In accordance with men’s accounts, the majority of men were more considerate during the premenstrual phase, providing the woman with more physical and emotional space when needed, demonstrating the ability to be reflexive and accommodating to their premenstrual wives. Further, half of the men talked about using patience or acceptance as a way of dealing with their partner premenstrually. Patience, according to men, meant being cautious and considerate; acknowledging the legitimacy of their partner’s emotions. For at least two of the men in Rundle’s study, their accounts of support were validated by the accounts of their woman partner, who expressed feeling particularly supported during this time. This demonstrates that some male partners can strike an equal balance between acknowledging that premenstrual change is real, whilst legitimising the woman’s emotions, needs and concerns.
Consistent with Rundle’s (2005) findings, a number of heterosexual women in Hoga et al.’s (2010) study, reported that their partner conveyed awareness of their physical and emotional changes premenstrually and were more understanding and more accommodating to them. In another study, some of the heterosexual women reported their partner was cautious, tried to be less reactive or backed off once they were aware that she was premenstrual, which enabled the woman to better manage her irritability, reactivity and anger. Some women also described their male partner’s tendency to react to premenstrual expressions of anger or irritation with a calm, non-reactive response, or the avoidance of contentious issues in an attempt to prevent discussions escalating into an argument during this time (Mooney-Somers, et al., 2008; Ussher & Perz, 2013a). This enabled women to take up a position of awareness and acceptance of premenstrual changes in affect, and engage in self-care and coping. Accounts from partners were also gathered in this study, which provided some insight into why some partners adopt these practices. For example, one male partner explained, “There’s a time of the month where we’re not going to get along. And it’s best for me to just hide in the garage or the shed” (Mooney-Somers, et al., 2008, p.24) and another stated, “I just basically keep, fly low then. Don’t try and aggravate the situation” (p. 24). Such accounts indicate men’s awareness of their partner’s need for personal space.

Awareness of a woman’s need for time for herself premenstrually has been highlighted as a key factor underlying men’s motivation for facilitating women’s engagement in self-care (Ussher & Perz, 2013a). This
is further illustrated by a male partner, Lucian, who explained, “She likes comfort food, chocolates….or I’ll take Elizabeth [their daughter] out for a while. But I go to bed early and she has time after I go to bed, to herself, she likes to do her craft” (p. 25). This is consistent with Frank et al.’s (1993) finding that men who became more aware of their partner’s menstrually related changes, were also more empathetic and understanding towards their partner. Being more aware, men were able to help meet their partner’s needs premenstrually.

**Providing emotional and practical support.** In addition to giving space, being accommodating and avoiding conflict, women have also given accounts of their partner providing practical and emotional support premenstrually, in order to help alleviate their premenstrual distress. In Ussher and Perz’s (2013a) study, women described their partners as giving physical reassurance through hugs or kisses. Emotional reassurance was also described, whereby partners adopted a stance of understanding, enabling women to express their emotions. Another woman explained that when she cried premenstrually, her partner “usually comes and gives me a cuddle, and says oh, don’ worry about it, it’s that time of the month” (Mooney-Somers, et al., 2008p. 64/65). Similar responses from partners allowed women to openly express her needs, engage in self-care, and avoid engaging in self-blame. Furthermore, the partner’s provision of practical support premenstrually, typically in the form of housework, has also been described by women (e.g. Mooney-Somers, et al., 2008; Ussher & Perz, 2008, 2013a). For some of the women whose partner provided such support, this meant that they were able to absolve themselves of
responsible during this time, which served to reduce premenstrual
distress (Ussher & Perz, 2008, 2013a). Interestingly, it was found that
effective couple communication was essential to the partner’s provision of
such support (Ussher & Perz, 2013a), which highlights a possible reason
why some partners engage in support and why others do not.

**A critique of the literature.** The literature above demonstrates that
partners can engage in supportive practices that function to ameliorate
premenstrual distress by avoiding conflict or by being supportive of the
woman’s engagement in self-care and effective coping. The literature, and
in particular, the partner’s first-hand accounts, provided some insight into
the circumstances by which men adopted positive practices. However, it
remains largely unclear why some partners engage in support and
understanding while others respond with rejection and dismissal. This
emphasises the value of examining partner accounts, as they can help to
uncover the ambiguities relating to partner responses.

It is important to highlight that women’s accounts of effective
coping premenstrually have been reported to be more common in lesbian
relationships than women in heterosexual relationships. Lesbian partners
have been reported to be more supportive and understanding in relation to
the woman premenstrually (Ussher & Perz, 2008, 2013a; Ussher, et al.,
2007). This is supported by Ussher and Perz’s research (2013b), in which
all of the lesbian women interviewed, but only a fraction of heterosexual
women gave accounts of supportive partners who were able to empathise
with their negative premenstrual experiences. Equally, accounts regarding
the absence of partner support and understanding are more common among
heterosexual women, compared to lesbian women (Ussher & Perz, 2008, 2013a; Ussher, et al., 2007). This suggests that male partners are less likely to engage in supportive practices than female partners premenstrually. These findings are consistent with research on lesbian relationships, where it has been found that in comparison to heterosexual relationships, lesbian relationships are experienced as more satisfying (Kurdek, 2003) and more egalitarian (Reilly & Lynch, 1990; Shechory & Ziv, 2007), with more effective communication (Kurdek, 2004). Conflict is also resolved more effectively (Gottman et al., 2003; Metz, Rosser, & Strapko, 1994), where a demand withdrawal style of conflict resolution is less prominent (Kurdek, 2004; Mackey, Diemer, & O'Brien, 2004).

Some explanations have been provided in order to account for such gender differences. It has been suggested that women in lesbian relationships are more supportive of each other, as the female gender role allows them to empathise with the other (Metz, et al., 1994). Explanations as to why male partners are less likely than female partners to be supportive have also been presented. It is argued that men adhere to normative patriarchal ideologies which function to maintain relational dynamics where there is inequality in relation to domestic duties, as well as a lack of emotional and instrumental support (Clayton & Harris, 2004; Jefferson, 2002; Lamke, Sollie, Durbin, & Fitzpatrick, 1994). This may explain some men’s reticence to provide practical support premenstrually. Whilst research has been conducted examining the implications of hegemonic masculinity upon men’s practices within an intimate relationship (Burn & Ward, 2005; Lamke, et al., 1994), little research has been conducted which
explore the influence of masculine ideologies upon men’s practices within the context of premenstrual change.

Finally, there are more descriptions within the literature and within popular culture of partners exacerbating the woman’s premenstrual distress through negative behaviour, as opposed to partners who ameliorate premenstrual distress. While this would suggest that many men lack the ability, or willingness to provide adequate support and understanding to their premenstrual partner, findings could also reflect the fact that PMS research tends to focus on women experiencing premenstrual distress, and women who are more likely to have unsupportive partners. As the extent to which partners engage in supportive behaviour premenstrually remains unclear, further PMS research exploring men’s constructions and practices within the relational context are needed.

The Impact of Premenstrual Change on the Intimate Relationship, the Woman and her Partner

It has become increasingly apparent that negative premenstrual change does not solely affect the woman who reports it. As such, there is evidence demonstrating the impact of premenstrual change upon the intimate partner and relationship, which is reviewed below.

Premenstrual change and the intimate relationship. As was mentioned earlier within this thesis, previous research has demonstrated a link between premenstrual change and relational discord within a heterosexual context (e.g. Coughlin, 1990; Ryser & Feinauer, 1992; Seigel, 1986; Welthagen, 1995). For instance, Ryser and Feinauer (1992) found that when premenstrual symptoms were present during the luteal phase,
poor relational adjustment for couples was evident. Further, it was found that male partners who were unable to make sense of the situation premenstrually, often resorted to blaming and personal attacks, which increased relational disturbance. Similar results were found in Berglund’s (1997) study, with symptomatic couples reporting a decrease in dyadic adjustment during the premenstrual phase, but an increase in dyadic adjustment during the post menstrual phase. Notable within Brown and Zimmer’s (1986) study was the finding that women’s experience of tension states (argumentativeness, irritability, anxiety, nervousness, frustration, and agitation) seemed to alter the interpersonal exchanges among family members and create friction within the relationship. Seigel, (1986) researched the impact of premenstrual change upon dyadic intimacy and reported that intimacy was often well below the established baseline premenstrually, with a negative correlation found between levels of intimacy and levels of premenstrual distress. Therefore, women who had low levels of dyadic intimacy reported higher levels of premenstrual distress.

Ussher and Perz’s (2010) research on self-silencing provides further insight into couple communication in the context of premenstrual distress. Drawing upon a range of published and unpublished studies, it was found that an absence of communication within a couples’ relationship is associated with higher levels of premenstrual distress. This is exemplified by Celia, a participant who reported that she did not engage in open communication with her male partner. Celia positioned her breaks in self-silencing premenstrually as loss of control, often resulting in conflict with
her partner. Celia described herself as wanting acknowledgment of her premenstrual vulnerability from her partner, as well as care and support, but said that she doesn’t get it. Celia reported high scores on all of the Silencing the Self Scale (STSS) (Jack & Dill, 1992) subscales. Celia also reported high premenstrual distress, and had high levels of depression and anxiety. This evidences the link between increased premenstrual distress and absence of communication. Equally, it was also found that a partner’s positive response to the woman’s open expression of her concerns and needs premenstrually is linked to lower rates of premenstrual distress. This is evidenced by Helen, who described pushing her partner to have discussions premenstrually, which she would not do at other times of the cycle. While her partner claimed that it did sometimes make him uncomfortable, he was described by Helen as being accepting. Her partner provided insight into his acceptance, explaining, “I would never have any conversations like this if it were up to me, so you know, we can bring it up, even though I don’t like it” (p. 448/449). Helen reported low premenstrual distress, and had low levels of depression and anxiety. Although there was evidence of Helen self-silencing, she did not position her premenstrual break in self-silencing negatively and it was not associated with distress. This research, in conjunction with the research described above, reinforces the importance of couple communication in the negotiation and positioning of premenstrual change, as well as the impact of women’s self-silencing upon their management of premenstrual distress.

Conflict and communication has been found to be a key area that can be negatively affected by negative premenstrual change (Frank., et al.,
1993; Hammond, 1988; McDaniel, 1988; Rundle, 2005; Ryser &
increased difficulty resolving relational differences or conflicts, decreased
family cohesion (Brown & Zimmer, 1986a), and increased doubts about
their identity as a couple premenstrually (Seigel, 1986). Consistent with
such findings, Ryser (1990) measured instances in which one partner
wanted a change in the relationship and the other partner agreed or
disagreed with that opinion. Results indicated that disagreement regarding
desired behaviours increased from the follicular phase to the luteal phase
for both the man and woman, suggesting that couples are more disagreeable
during the premenstrual phase. Further, Seigel (1986) explained that
relational discord could be improved if couples address the source of the
woman’s premenstrual expressions of negative emotion in a more effective
manner. This suggests that the couple’s adoption of effective conflict
resolution strategies can mitigate the negative impact of premenstrual
change on the intimate relationship.

In Rundle’s (2005) study, it was reported that sexual desire or
intimacy was negatively affected by the woman’s experience of negative
premenstrual change, with one male partner stating that he felt further apart
from his wife during the premenstrual phase. Conversely, another partner
claimed that sexual intimacy increased during this time, implying that
premenstrual change had a positive impact upon their level of intimacy.
Women reporting instances of increased sexual arousal premenstrually is
evident in previous research (e.g. Aubeeluck & Maguire, 2002; Chrisler,
Johnston, Champagne, & Preston, 1994; Nichols, 1995; Stewart, 1989),
with some women reporting that they experience increased intimacy with their partner during this time (King & Ussher, 2012). This suggests that premenstrual change can indeed be constructed and experienced as positive within the relationship. However, research on positive premenstrual change that additionally gathers men’s accounts of positive premenstrual change remains scarce. As such, little is understood of the ways in which men experience and make positive meanings of premenstrual change.

A small number of studies have indicated that premenstrual change can affect couple relationships to the point where divorce or separation is considered (Brown & Zimmer, 1986a; Dalton, 1986; McDaniel, 1988). For example, women in Ussher’s and Perz’s (2011) study gave accounts of premenstrual change that highlighted its detrimental impact upon their partner. This is illustrated by a woman who stated, “I had a particularly bad PMT experience, and my husband like, he wasn’t my husband then, he actually got a bit frightened…and he called our relationship off” (p. 17/18). Hammond (1988) attempted to account for the lack of resilience some relationships experience in the face of premenstrual distress and explained the regular appearance of ‘bad times’ may reinforce the pessimistic idea that the relationship is never “truly going to be happy”. For other couples, however, Hammond suggests that the ‘good times’ the couple experiences each month may reinforce a sense of encouragement and hope for the relationship.

The research reviewed above suggests that negative premenstrual change can be a crucial factor in the quality of the couple relationship, as it can negatively affect dyadic satisfaction, intimacy and communication.
However, the research indicates that couples are affected by negative premenstrual change to different degrees. While ‘symptom severity’ can account for some of the variance in the couple’s experience of premenstrual change, questions as to how couples jointly negotiate and cope with premenstrual changes remain largely unanswered.

The impact of premenstrual change on the male partner. There is strong evidence that male partners can be affected by the woman’s premenstrual experiences. In fact, some men have reported experiencing similar behavioural and affective changes to their partner premenstrually, as though they experience premenstrual change as well (Brown & Zimmer, 1986b; Ryser & Feinauer, 1992; Watson & Nanchoff-Glatt, 1990).

Research demonstrating the negative impact of premenstrual change on men remains scarce. Of the research available, a case study was conducted in which both the man and woman’s experiences were sought. Noteworthy was the man’s account in which he explained that living with a woman who has PMS is “very frustrating” and that it is like being with someone who “loves me for three weeks and hates me for one” (Watson & Nanchoff-Glatt, 1990 p.5). In another study, a male participant described his woman partner as “attacking” him whilst premenstrual (Laws, 1992, p. 126). Brown and Zimmer (1986b) found that out of 32 male respondents, 76% reported that their lives were moderately to greatly disrupted as a result of their partner’s premenstrual changes. Men also indicated that their family life was affected, as they withdrew from familial interactions during this time. Noteworthy was the recurrent theme that came out of a small number of men’s open ended responses. These men reported that they
feared for their personal safety due to their partner’s “out of control behaviour” (p. 35). These men who reported being affected negatively by premenstrual change, also reported adopting multiple means of coping premenstrually, such as offering support, expressing anger, seeking information and avoiding their partner. In a similar study, men reported adopting a wide variety of coping strategies in relation to their partner, including attempting to learn more information about the symptoms, getting angry at their partner and giving reassurance and support (Cortese & Brown, 1989). In accordance with these findings, it was concluded that PMS is a disruptive factor in a male partner’s life, warranting coping.

In the same vein, all of the men in Alpern’s (1983) study revealed that they adopted coping strategies premenstrually, such as giving their partner space, developing acceptance, or patience. These men claimed that they experienced internal conflict in their desire to be supportive of their partner’s needs, but felt confused, powerless and frustrated, in attempting to meet their own needs. Unlike the findings of Cortese and Brown (1989), this study suggests that negative affect, as experienced by men, does not always relate to negative interactions with their partner, but can also relate to having a desire to be supportive and understanding, but not knowing how to effectively implement this practice.

The research studies reviewed above highlight that for the male partner, premenstrual change can be experienced negatively. This requires further investigation. However, it is important to note that premenstrual change is not always experienced by men as negative, with some men recognising the positive aspects of premenstrual change (Rundle, 2005).
This strengthens the notion that men’s experience and construction of premenstrual change is complex, emphasising the need to further explore men in the context of premenstrual change.

As the previous research demonstrates that premenstrual change is a relational experience, a PMS intervention that involves the partner may be more appropriate than interventions that focus on the primary PMS sufferer. The variety, availability and effectiveness of psychological interventions for women experiencing premenstrual distress are described below.

**Psychological Interventions for Premenstrual Distress**

Despite the growing evidence in support of premenstrual change as a relational experience, interventions which attempt to ameliorate the impact of negative premenstrual change on the individual woman continue to remain a more commonly sought and administered treatment (Ussher, 2011). While a number of studies examining the efficacy of psychological interventions have yielded statistically significant results in reducing the impact of premenstrual symptomatology for women (e.g. Blake, Salkovskis, Gath, Day, & Garrod, 1998; Busse, Montori, Krasnik, Patelis-Siotis, & Guyatt, 2008; Frank, 1995; Frank., et al., 1993; Morse, Dennerstein, Farrell, & Varnavides, 1991; Morse, 1999; Steiner et al., 2006; Taylor, 2000; Wood, Mortola, Chan, Moossazadeh, & Yen, 1992), such studies rarely indicate the impact of the treatment on the partner, or the impact of the partner on the long-term treatment outcome. According to Hammond (1988), involving the partner during the gathering of diagnostic information and the treatment process is very important.
Hammond states that interviewing the partner, for instance, can indicate to the diagnostic team whether they can be counted on to be supportive, open to change and involved in the treatment process. ‘Spouse-aided therapy’ (Hafner, 1980) draws on similar concepts, as its underlying premise relates to the notion that partners can contribute to the maintenance of psychological disorders (Gotlib & Hammen, 1992; Hafner, 1980). It has been found that increasing the partner’s awareness of their own behaviour can help them to recognise and stop their contribution to the woman’s distress (Barbato & D’Avanzo, 2008; Hafner, 1980). This highlights the importance of including male partners in the treatment setting for premenstrual change, as improving self-awareness of their own behaviours may help them to develop practices that function to minimise premenstrual distress.

A limited number of studies have provided insight into the positive impact of interventions on a woman’s relationship with her partner through self-disclosure during post-intervention interviews (e.g. Ussher, 2008; Ussher, Hunter, & Cariss, 2002). However, as the partner’s voice and therefore experiences are often absent in such accounts, little is known about the partner’s experience of the intervention and intervention outcomes.

**Couple-Based Interventions.** A growing body of research documents a link between relational discord and the presence of distress. This link has led to attempts to treat such distress with couple therapy (Barbato & D’Avanzo, 2008). Using depression as an illustration, randomised clinical trials have been conducted comparing effectiveness of
couple and individual-based interventions (e.g. Beach & O'Leary, 1992; Leff et al., 2000). Findings indicated that interventions which involve the couple are as effective as individual interventions for improving symptoms of depression, and that they appear to be more effective in reducing relational distress (Gilliamp & Cottone, 2005). This suggests that couple therapy may also be effective for premenstrual distress, as depression, like PMS, is often implicated in relational discord - a significant issue for both members of the couple (Atkins, Bortnik, Hahlweg, & Klann, 2011; Atkins, Dimidjian, Bedics, & Christensen, 2009; Renshaw, Blais, & Smith, 2010). In a similar vein, studies examining the efficacy of couple-based interventions for premenstrual distress, outlined below, have demonstrated the potential benefit of partner involvement in the treatment process for not only the woman but also her partner and their relationship.

A small body of research has demonstrated the efficacy of partner inclusion in the treatment of PMS. For example, Frank (1995) examined the efficacy of a conjoint treatment for couples by comparing its effects on two group types; married couples who met the criteria for the DSM III-R for LLPDD, and married couples who did not meet the criteria for LLPDD. Prior to, and following treatment, couples were tested on their subjective experience and appraisal of their marital relationship, marital distress, and affect. Results suggested that the couple-based treatment had a positive impact on the self-referred PMS couples. Further, couple treatment improved overall relationship satisfaction, changed some attributions of relationship conflict during the premenstrual phase and improved daily ratings of couple distress and menstrual cycle symptoms, regardless of
group. Frank’s study clinically supports the notion that focusing on the intimate relationship rather than the individual woman, may be more efficacious in the reduction of premenstrual distress for the woman and her partner.

In a similar vein, Watson and Nanchoff-Glatt (1990) employed a family systems treatment approach to understanding PMS and improving the relationship of a couple whose presenting problem was the negative impact of the woman’s PMS on the intimate relationship. The research team gathered each family member’s view of the problem during the treatment sessions. In accordance with the couple’s discussions during the session, the research team shifted their focus away from seeing PMS as a problem, to seeing the wife’s need to be understood by the husband as the problem. A notable component of the intervention in Watson and Nanchoff-Glatt’s study, was that the woman was asked to record and rate the severity of each symptom and her partner was asked to rate what he perceived to be the severity of her symptoms. This rating of the partner’s behaviour premenstrually was also undertaken. Not only did the results of this activity indicate that both partners expressed similar affective states during the premenstrual phase, such as irritability and frustration, but it helped the man to realise that his partner handled his affective states better than he handled hers. This realisation appeared to facilitate the man’s management of his anger premenstrually. In this case, awareness and sensitivity from both members were necessary for relationship improvement, as well as the adoption of more effective coping strategies. The intervention was able to interrupt the couple’s maladaptive patterns of
interaction and the woman no longer felt like an “awful person” (p. 8). The man reported that the intervention helped him to be more rational with his anger and he felt more in control of his life. This study strengthens assertions that improving key relational factors, such as awareness and understanding, serves to reduce premenstrual distress between couples (Ussher & Perz, 2013a), which appears more likely to occur when both partners are included within the intervention context.

In a further study, Frank, Dixon, and Grosz (1993) examined the effects of conjoint monitoring of daily changes by both the woman and her partner. Results suggested significant improvements on measures relating to a range of scales including: ‘Global Distress’ which measures overall marital dissatisfaction; ‘Affective Communication’ which measures the amount of affection and understanding provided by a spouse and ‘Problem-Solving Communication’, which generally evaluates the couple’s ability to resolve differences. Couples reported that conjoint monitoring assisted them in discussing both individual and relationship needs and how to meet these needs using short-term and long-term behaviour goal strategies. Frank, et al., (1993) speculated that the monitoring of premenstrual changes provided new information for both spouses, facilitating new, more empathic perspectives on the marriage. Similar to Watson and Nanchoff-Glatt’s (1990) study, being cognisant of the women’s premenstrual changes appeared to facilitate the couple in considering the possible impact of premenstrual distress on their relationship. This study suggests that interventions that involve a woman’s partner may be crucial to the development of the partner’s positive experiences, constructions and
responses towards premenstrual change. This is because interventions that increase awareness of the woman’s menstrual cycle changes can improve understanding and empathy, encouraging positive interactions during the premenstrual phase.

**The implication of couple-based interventions for male partners.** With specific reference to the experience of the partner, Hammond (1988) argued that participation of the male partner in PMS interventions is also important as partners are not only uneducated but are often in pain themselves and may appreciate the opportunity to be heard. These conclusions are consistent with Davey, Dziurawiec and O'Brien-Malonee et al.’s (2006) research on post natal depression (PND). Men whose wives were suffering from PND reported a benefit from participating in a male support group. Men in the study expressed the need to share their feelings and frustrations about the experience of living with a partner who has PND. Davey et al. suggested that having men talk aloud about their issues is a positive factor for men’s wellbeing, as open discussion may guard against depression. Although it is a common characteristic for men to not ‘talk about their feelings’ with others, the studies above support the need for a PMS intervention that does not exclude the male partner in the process.

Past research has linked men’s lack of awareness, knowledge and understanding of premenstrual change to their negative responses and experience in relation to their partner premenstrually. As such, educating men in relation to women’s reproductive bodies and menstrual cycle experiences has been proffered as a necessary component for improving
premenstrual distress within a relationship (Frank, 1995; Hammond, 1988; Koch, 2006). For example, Alpern (1983) conducted a study with 13 men, with ages ranging from 20 to 70. Each man participated in two individual one-hour interviews and attended a 10-minute film on menstruation. Following the short film, each man responded to a number of questions in writing. Prior to the film, men’s interviews indicated that their knowledge about premenstrual change was limited, particularly in relation to women’s subjective menstrual experiences. Men also expressed the view that menstruation was an uncomfortable experience that women suffer through. Noteworthy was the change in men’s accounts of menstruation following their viewing of the film. All of the men reported that they had learnt something by participating in the study. Some men reported that participating in the study produced self-awareness in how they constructed menstruation. This is exemplified by one man who stated, “I don’t think I really know how I felt about it. I think I know exactly, clarified my feelings” (p. 134). For other men, it changed their view of menstruation, “I no longer find it awful, ugly dirty, germ ridden, germ infesting….no longer go ‘ick’….now I think of it as a natural function of the female body. I’ve changed. More positive toward women. (p.135)

Alpern (1983) identified several factors that contributed to men’s positive changes in accounts and construction of women’s menstrual cycle experiences. This included the provision of factual information from the film, the opportunity to discuss menstruation in a safe and supportive environment and open communication, which encouraged mutual
disclosure between men. Alpern concluded by suggesting that ignorance about menstrual experiences created a distance between men and menstruation. This conclusion reinforces the need for increased instances whereby men can learn more about women’s menstrual experiences and challenge erroneous constructions, whether it is through psycho-education within an intervention setting, or through open discussion with others.

The studies noted above demonstrate the efficacy of couple based interventions in improving the relational issues implicated in heterosexual women’s experience of premenstrual distress. However, none of these studies conducted an in-depth examination of the impact of the intervention on the male partner or indicated what aspects of the intervention were most beneficial for changing the couple’s negative constructions and maladaptive coping strategies premenstrually. Also, there is an absence of recent studies examining the impact of couple-based interventions on the experience of premenstrual distress. This is perhaps due to the increasing medicalisation of women’s reproductive experiences, and thus the increasing focus of ‘treating’ the individual PMS ‘sufferer’ (Cosgrove & Riddle, 2003; Ussher, 1996, 2003). This emphasises the need for further research that closely examines the efficacy of couple-based interventions upon not only the woman’s experience of negative premenstrual change, but also her intimate relationship and her partner. This research will enable an in-depth exploration of men’s accounts of premenstrual change, as well as the PMS intervention, improving our understanding of how men experience and construct their partner’s premenstrual changes.
Conclusion

Previous PMS research has focused on the individual woman, obscuring the relational aspects of premenstrual change. This chapter presented evidence demonstrating the ways in which male partners can exacerbate and ameliorate the woman’s experience of premenstrual distress. While the research indicates that the state of the couple relationship plays a significant role in how premenstrual change is experienced, findings also reinforce the conclusion that the partner, as well as the couples’ interactions in the relationship should also have critical attention in analyses of premenstrual change, as simply looking at ‘marital’ or ‘relational’ factors removes important contextual information.

Premenstrual change has also been demonstrated as having the potential to be a negative feature in many couple’s relationships. This suggests that in order to ameliorate the effects of premenstrual distress for the partner as well as the woman, a treatment approach that involves the partner may be more appropriate than interventions that focus on the primary PMS sufferer (Frank, 1995; Jones, Theodos, Canar, Sher, & Young, 2000).

The positive impact of education upon men’s construction, responses and experience in relation to women’s menstrual cycle experiences has been previously demonstrated. This indicates the importance of men having an understanding and knowledge of premenstrual change. Accordingly, the next chapter reviews previous research in relation to men’s understanding and construction of premenstrual change and menstrual cycle experiences.
Chapter 3

Men’s Construction and Understanding of Premenstrual Change

This chapter presents an exploration of men’s understanding of women’s menstrual experiences and its impact upon their construction of premenstrual change and premenstrual women. The social, cultural and historical context in which constructions of PMS are shaped is also explored. As such, men’s access to information on women’s menstrual experiences, as well as cultural representations of PMS, particularly within the media, is described. There is scarce literature on men’s construction and understanding on premenstrual change. Therefore, this chapter also draws upon literature relating to other menstrual cycle experiences, namely menopause and menstruation.

Men’s Constructions of Women’s Menstrual Experiences

Every “hormone hostage” knows that there are days in the month when all a man has to do is open his mouth and takes his life in his hands (Ewing & Sude, 2002, p. 12)

As exemplified above, representations in popular culture depict men as afraid of menstruating and premenstrual women. Equally, the predominant theme that pervades the menstrual cycle research literature is that men generally have negative constructions of the menstrual cycle. This is largely reflected in men’s reports of menstruating women, where PMS and menstruation are often described as debilitating and distressing experiences (Laws, 1992; Parlee, 1974).

Both men and women rated menstruating women, compared to non-menstruating women, as less energised, reasonable and sexy. The men further rated menstruating women as more sad, angry, annoying and “spacey” (p. 60). These findings suggest that men are more likely than women to construct premenstrual women negatively. A small number of qualitative studies have also been conducted, which enabled men to provide more detailed accounts of their perceptions of premenstrual change. For example, in Alpern’s (1983) study, thirteen men were asked about their experiences with menstruation. Various negative descriptors were used to describe menstruation including, “ordeal”, “curse”, “strange”, “inconvenient” and “yuck”. One participant stated, “[Menstruation is] something awful, it’s not nice. Suffer. Women have to suffer through menstruation. What I feel about menstruation is YUCK, YUCK, abhor” (Alpern, 1983, p. 92). Such descriptions imply a construction of menstruating women as abject and the female body as a site of suffering.

Some men have suggested that women use menstruation as an excuse to “bow out of normal behaviour” (Gardner, 2008 p.107), or to play on the fact that menstruation is a difficult time for them, in order to gain benefits, such as getting time off work (Laws, 1992). Some men have also claimed that menstruation is a tool by which women emphasise their difference or femininity, or to exert their power or control (Laws, 1992). Such claims imply a construction of women’s menstrual struggles as illegitimate, or imply that women’s behaviour during menstruation is not ‘normal’.
Similar constructions are reflected within the PMS research literature, with men’s reports predominantly centring on the negative aspects of premenstrual change, such as mood swings, impulsivity, a lack of self-control, fatigue, anxiety and anger (Christensen & Oei, 1990; Gardner, 2008). Men have also been reported to question the existence of PMS, as well as the credibility of women claiming to have PMS (Koch, 2006; Sveinsdottir, Lundman, & Norberg, 2002). For example, Koch (2006) commented in her research that she is often asked by male college students whether there is such a thing as PMS and what they could do about it. One participant in her study claimed that PMS and menstruation was a conspiracy that women used, and another suggested that PMS was something in which women blamed their “crabby” mood upon (Koch, 2006 p. 62).

Qualitative reports from heterosexual women support the findings above, that men’s construction of premenstrual change is largely negative (e.g. Mooney-Somers, Perz, & Ussher, 2008; Sveinsdottir, et al., 2002; Ussher & Perz, 2013; Ussher, Perz, & Mooney-Somers, 2007). In Sveinsdottir, et al.’s (2002) study for example, women generally positioned men’s talk about PMS as negative. Within their interviews, women repeatedly made references to the way in which men deploy the term ‘PMS’ in a belittling, mocking, demeaning way, and “blow” it off as a legitimate experience for women. In Ussher and Perz’s (2010) study, heterosexual women recounted instances in which their partner positioned them as mad or bad premenstrually. This is illustrated by Angela, who recounted her partner’s response to her when she suggested that he should
look at his own behaviour. She stated, “he just jumped on me and basically said, ‘It’s your shit, you go deal with it on your own, ’cause I have fucking had enough and I can’t deal with this shit….get a therapist to sort it fucking out” (p. 443). Another woman stated that her partner would make comments like “who am I talking to today”, which would make her feel like “a schizophrenic or something” (p. 71). Finally, in Ussher and Perz’s (2013) research, half of the heterosexual women reported that their partner did not accept the legitimacy of premenstrual change, with one woman stating, “[my partner] says it’s all in my head”. Again, such reports indicate men’s construction of premenstrual change as a madness, an illegitimate experience for women and a construction of premenstrual women as engaging in culturally unacceptable behaviour (Chrisler, 2002; Ussher, 2011).

While there is compelling evidence within the research literature that menstrual cycle changes are constructed negatively by men, it is important to emphasise that not all men construct all aspects of the menstrual cycle negatively. There is some evidence that men can construct the menstrual cycle and premenstrual change positively. For example, in Alpern’s (1983) study, one man reported that he believed menstruation made women superior to men, as it made them more in touch with their bodies. Another participant normalised menstrual cycle experiences, describing menstruation as “a way of God, nature, showing itself” (p. 108). Such findings suggest that men are indeed capable of constructing premenstrual change in ways that do not position (pre)menstrual women as
mad or bad and their experiences as unfortunate, distressful or debilitating. However, such positive accounts remain scarce within the literature.

It appears more common for men to construct the menstrual cycle as a condition that causes women to be ill, disabled, out-of control, unfeminine, or even crazy. However, there is evidence that men can be accepting of, and even appreciate menstrual cycle changes. This suggests that men do not inherently experience premenstrual change negatively and that there are likely to be a number of factors underlying men’s construction and understanding. However, as research in this area is limited, it is unclear how some men resist constructing premenstrual change negatively. As previously mentioned, it has been suggested that knowledge (or lack of knowledge) of premenstrual change is implicated in men’s make meaning of premenstrual change (Gardner, 2008). As such, the following section explores the extent to which men understand the menstrual cycle and women’s menstrual experiences.

**Men’s Understanding of Women’s Menstrual Cycles**

As mentioned previously within this literature review, open awareness and understanding of women’s menstrual changes has been found to help men to be more empathetic to women, as well as facilitate a positive negotiation of their menstrual cycle related experiences (Frank, Dixon, & Grosz, 1993; Koch, 2006; Mansfield, Koch, & Gierach, 2003; Ryser & Feinauer, 1992; Ussher & Perz, 2013). However, the research literature suggests that men in general lack the in-depth understanding required to make adequate sense of women’s menstrual experiences. In
fact, some men have readily admitted ignorance to women’s reproductive processes and women’s bodies in general (Alpern, 1983; Mansfield, et al., 2003). This was the case in Koch’s (2006) study, where the male participants frequently expressed confusion and difficulty in attempting to understand women’s bodies, referring to them as a “puzzle”, “mysterious” and “crazy”. In a similar vein, Bekkar and Wahn (2000) found that despite most of their male participants reporting that they had received some form of sexuality education from school, they demonstrated a lack of awareness in relation to women’s reproductive anatomy. This was evidenced through the men’s simplistic and largely inaccurate drawings of the female reproductive system.

In addition to women’s reproductive anatomy, men’s limited awareness of the changes women can experience during the menstrual cycle has also been highlighted by previous research. For instance, 99 undergraduate men were asked to report the changes they believed women experienced premenstrually. The majority of men acknowledged that women experienced affective, behavioural and physical changes. However, there was an overwhelming “don't know” response in relation to autonomic physical features, such as dizziness, constipation, and rapid heartbeat, suggesting that men were uncertain of the range of changes women can experience (Christensen & Oei, 1990). However, the questionnaire only allowed participants to respond with ‘Yes’, ‘No’ or ‘Don’t know’ to the items and it was not determined why the participants responded ‘Don’t know’ to such items and what specific aspects of PMS they were uncertain of.
A small number of studies have sought a more detailed explanation of men’s understanding of premenstrual change through qualitative methods, providing further insight on the extent of men’s awareness of women’s premenstrual experiences. A participant from Koch’s (2006) focus groups expressed that men knew the ‘basics’, referring to menstruation and the mood changes women experience premenstrually. Noteworthy was the fact that menstruation and mood swings were considered the ‘basics’ by some men, which also implies a negation of the range of changes women can experience during the premenstrual and menstrual phase of the cycle. Equally, from a woman’s perspective, the majority of women in Hoga, Vulcano, Miranda, and Manganiello’s (2010) study claimed that men do not understand how premenstrual change negatively affects women, with one woman stating, “there are few [men] who understand”. This suggests that it is common for men to understand very little about women’s premenstrual experiences.

Finally, in relation to menopause, men in one study demonstrated some awareness of the underlying processes of menopause, including the dropping of oestrogen levels, as well as the cessation of women’s fertility and menstrual periods. However, explanations given by some other men were vague and general, including ‘mental disturbance’ ‘the course of nature’, ‘50 years old’ or ‘the human cycle’ (Solstada & Gardeb, 1991). While the research above highlights the extent to which men make sense of women’s reproductive cycle changes, it does not provide insight into men’s awareness of women’s subjective experiences, or awareness of the factors that affect their negotiation of premenstrual changes.
While men have the capacity to effectively understand and empathise with women’s premenstrual experiences, as has been demonstrated by previous research (e.g. Frank, 1995; Frank., et al., 1993; Ussher & Perz, 2013), the findings above demonstrate that men are largely unaware and uninformed about women’s menstrual experiences. There is evidence to suggest that some men indeed want to learn more about premenstrual change and have sought further information on it (Cortese & Brown, 1989; Gardner, 2008; Koch, 2006). However, there is a substantial lack of positive and informative sources and discourses, making it difficult for men to challenge negative constructions of premenstrual change.

**Contemporary Constructions of Premenstrual Change: A Scarcity of Positive Sources, Resources and Discourses.**

Men and women exist within a culture that is not ‘menstrual cycle friendly’ (Chrisler & Caplan, 2002; Figert, 2005; Johnston-Robledo & Chrisler, 2011; Laws, 1983, 1992; Rittenhouse, 1991). Taboos surrounding menstruation exist, yet making jokes about women becoming emotionally unstable as a result of their menstrual cycles is socially acceptable (Dillaway, 2008; Laws & Campling, 1990). Kissling (2006) states that there appears to be three socially acceptable ways in which menstruation is discussed: when menstruation is mocked, complained about and when it is used to sell something in relation to it. This culture has created a context for men’s roles concerning the menstrual cycle. As such, there is often little encouragement for men to actively gain a better understanding of women’s reproductive issues, or to be actively engaged with women’s menstrual experiences (Brooks-Gunn & Ruble, 1986; Gardner, 2008). However,
gaining a better understanding, or challenging misconceptions of premenstrual change, is often difficult, due to a number of factors which are described below.

**Informative resources: PMS books.** PMS self-help books can help women and men to develop a basic awareness and understanding of premenstrual change. There is an abundance of informative books available to women including. ‘A Woman Doctor’s Guide to PMS: Essential Facts and Up-To The-Minute Information on Premenstrual Syndrome’ (Rapkin & Tonnessen, 1994) and Dealing with PMS (Waters, 2007). However, there are few books, or informative sources targeted towards men. Such a scarcity reinforces the notion that PMS is a woman’s problem, legitimising men’s distance from premenstrual issues. Of the few informative books available that are directed at men, the book, ‘Your Guys Guide to Gynaecology: Everything You Wish he Knew about Your Body if he Wasn’t Afraid to Ask’ (Bekkar & Wahn, 2000) represents itself as a complete reference to gynaecology for men, with a chapter devoted to PMS and menopause. The chapter on PMS begins with a short quiz testing men’s knowledge of PMS and proceeds to define PMS, detail its causes, symptoms, diagnosis and treatment. The book emphasises the importance of the partner’s role in the premenstrual experience. While this book appears to be an informative resource for men, it is questionable as to how many men would seek or use these types of books, particularly when such books are not widely advertised. Bekkar and Whan appear to acknowledge some of these limitations, as their book’s title is directed at women, suggesting that men have a greater chance of reading this book if their
partner gives it to them. Most other PMS books directed at men are not as helpful. For example, the book entitled, ‘PMS Mornings: A Survival Guide for Men in Understanding the Female Species’ (Ewing & Sude, 2002), is a large font, 100 page book that is comprised solely of jokes about the stereotypical premenstrual woman. This is exemplified by the following quote, “In the beginning, God created Earth and rested. Then, God created man and rested. Then, God created woman- and since then, no one has rested” (p. 2). Such quotes encourage men to position PMS as a non-issue for women and simply an annoyance for men.

**Discussions about menstrual experiences with others.** Men cannot directly experience menstrual cycle changes, as lesbian partners can. Instead, men gain insights into menstrual experiences through inferential or vicarious methods, such as observation, or discussions with others, such as parents, peers and intimate partners (Brooks-Gunn & Ruble, 1986). However, engaging in discussion with others by means of learning presents challenges, as detailed below.

**Parents.** At an early age, parents play an important role in educating their children about sexuality and women’s reproductive experiences (Wellings et al., 1995). Previous research has demonstrated the impact of sexuality education from parents upon young women’s appraisal and construction of their menstrual cycle experiences (e.g. Beausang & Razor, 2000; Kissling, 1996; Morse & Doan, 1987). Mothers, rather than fathers, tend to engage in communication about sexuality or menstruation with their children (Clarke & Ruble, 1978; Kissling, 1996; Rosenthal & Feldman, 1999). While most mothers provide their daughters with preparatory
information regarding the menstrual cycle (DiIorio, Kelley, & Hockenberry-Eaton, 1999), only a small portion of mothers educate their sons about menstruation (Brooks-Gunn & Ruble, 1986). This appears to be reflective of a discourse of same-gender communication which dictates that mothers talk to daughters and fathers talk to sons (Kirkman, Rosenthal, & Feldman, 2002). However, fathers are often reluctant to discuss menstruation with children of either sex (Koblinsky & Atkinson, 1982; Lehr, Demi, DiIorio, & Facteau, 2005), which not only leaves young men with a limited awareness of the menstrual cycle, but may convey to them that the menstrual cycle is none of men’s business.

**Peers.** In adulthood, it is common for men to learn about the menstrual cycle through discussions with peers (Gardner, 2008). For example, Brooks-Gunn & Ruble (1986) conducted a survey on 239 college students (156 women and 83 men) regarding their expectations for menstrual and premenstrual symptoms, attitudes about menstruation, sources of menstrual-related information, and effects of menstruation upon daily activities. The men reported learning more from women than from other men. Although it has been found that men discuss menstruation with other men, such discussions often draw upon negative discourses which function to sustain negative constructions of menstruating women as mad or bad. For example, a male participant from Law’s (1992) study stated that his talks with other men helped him conclude that (pre)menstrual women become moody:

> I think it was mainly to do with the men. And even, maybe because I’d worked with other men and we’d talked around that, you know,
‘oh, she’s in a bad mood, she’s bloody menstruating again’

(laughs) you know, when I worked on my own with women I still had that mentality, ‘Jesus Christ who’s menstruating again? (Laws, 1992, p.123/124)

Such an account suggests that men’s discussions with others can influence and reinforce their negative construction of premenstrual change. Conversely, it has been suggested that simply talking about menstruation can create more positive attitudes (Culpepper, 1992). This suggestion is supported by Polak’s (2006) findings where she explored chat rooms, message boards, websites, and individual girls’ homepages and found that girls are “rewriting” dominant negative menstruation narratives. While Polak’s research demonstrates that open discussion about menstrual experiences can help women to acknowledge the more positive aspects of menstruation, it is unclear how they are initially able to resist such narratives.

Alpern’s (1983) research provides some insight into the impact of open discussion between men upon their constructions of menstruation. Through men’s talk, it was found that many of the male participants experienced fear and anxiety in relation to menstruation. However, the sheer act of discussing menstruation openly diminished some of the mystery surrounding it. As an example, one man was able to learn that menstrual blood did not “gush” out of women, which eliminated his fear. As a result of this open talk and the dissipation of fear, it brought on a feeling of acceptance among men. Such findings suggest that men can talk in ways that can challenge misconceptions and encourage acceptance of
women’s menstrual experiences. However, as this ‘talk’ occurred within the context of a study, it cannot be determined whether such talk also occurs in real-life settings. It is possible that the taboo, secrecy, mystery and shame in relation to menstruation makes it difficult for men to talk openly and seriously about such experiences, suggesting that it is unlikely that men would be informed about premenstrual experiences in this way.

**Intimate partners.** Being in an intimate relationship with a woman can help to broaden men’s understanding of menstrual cycle experiences, as well as encourage a deeper empathy towards the woman (Chrisler, 1988; Koch, 2006). However, the previous research suggests that despite being in long term relationships, some men continue to construct women’s menstrual experiences negatively, (e.g. Gardner, 2008; Mansfield, et al., 2003; Ussher & Perz, 2013). In Gardner’s (2008) study, one man, who was in a relationship at the time of the study explained that he had many discussions with his girlfriend about PMS, but continued to declare, “If a woman’s on her period, then she has an attitude all the time” (Gardner, 2008, p. 71). Noteworthy was the participant’s claim that he developed this understanding from “society”, (p. 72) which indicates the strong negative influence of cultural representations of PMS. Also, by not distinguishing between menstruation and PMS, this man’s account also implies a lack of knowledge regarding the menstrual cycle.

Some research suggests that women’s discursive practices within the relational context can negatively influence her partner’s constructions of menstrual experiences such as being apologetic for their ‘bad’ behaviour or describing themselves as crazy to their partner. For example, one woman
in Dillaway’s (2008) study explained, “Maybe men make light of it but I think we’re part to blame for that too, because they’re hearing us saying, “What the heck is going on? I think I’m losing my mind” (p.59). Such findings do not imply that women are to blame for men’s negative constructions. Rather, it is argued that findings reflect the hold of biomedical discourse, as well as idealised representations of femininity, upon women’s negotiation of their menstrual experiences (Cosgrove & Riddle, 2003; Swann & Ussher, 1995). As such, it is important to understand how women’s discursive practices impact upon men’s constructions of premenstrual change, and how couples may resist hegemonic constructions.

**Cultural and media representations of PMS.** Information regarding health and illness is conveyed to us through a variety of socio-cultural routes and helps to establish or maintain constructions and discourses (Johnston-Robledo & Chrisler, 2011; Parlee, 1987; Ussher, 2011). Negative constructions of menstruation and cultural representations about menstruating and premenstrual women are often transmitted through products and media (e.g., advertisements, magazine articles, books, television) (Chrisler, 2008). Feminist scholars (e.g. Bertelsen, 2001; Chrisler & Levy, 1990; Markens, 1996; Rittenhouse, 1991) have helped to elucidate many of the dominant cultural narratives regarding women’s premenstrual changes in which we engage.

Previously in this thesis, a brief history of PMS was described, which enabled an exploration of the emergent discourses that shaped current conceptualisations of premenstrual change. It is arguable that the
British criminal trials, in conjunction with the media, solidified the negative construction of the premenstrual woman (Rittenhouse, 1991), described as the monstrous feminine (Ussher, 2006). The exploration of such events are critical to understanding the role of the media and how the myth of the monstrous feminine has been sustained since the 1980’s.

**The media and the criminal trials.** The British criminal trials, in conjunction with the media, captured a collective imagery of PMS as rampant, and premenstrual women as out of control, hormonally unstable and dangerous (Hey, 1985; Rittenhouse, 1991). The British criminal trials referred to an unprecedented event in the 1980’s, where the British courts accepted the defence of diminished responsibility for three women due to premenstrual syndrome: Sandra (Craddock) Smith stabbed a fellow worker to death, Christine English ran over her lover with a car and Anne Reynolds bludgeoned her mother to death with a hammer (Lewis, 1990).

The British criminal trials excited much debate in legal, medical, and psychological circles, and stimulated public debate among the general public about the influence of premenstrual symptoms on women’s behaviour (Chrisler & Caplan, 2002; Kendall, 1991). However, the trials alone did not elicit this reaction; this originated from the considerable media coverage they received and the way in which the media portrayed the trials and premenstrual women (Chrisler & Levy, 1990; Rittenhouse, 1991). The Smith and English court cases received considerable media attention, because just one day after the news of Smith’s (second) probationary sentence was announced, English’s ‘PMS case’ was made public. In both cases, Katharina Dalton played a key role, acting as a
physician to Smith and as a key expert witness to English (Raitt & Zeedyk, 2000). Dalton repeatedly referred to Smith and English as ‘out-of-control’ when premenstrual. Smith’s attorney described her as a “Jekyll and Hyde” and said that without progesterone injections the “hidden animal” in his client would emerge (Nicholson-Lord, 1982, p. 2, cited in Chrisler, 2002). By focusing on, and sensationalising the madness of women’s premenstrual experiences, this marginalised the more realistic and positive aspects of PMS (Chrisler & Levy, 1990; Zita, 1988) and perpetuated the myth of the monstrous feminine (Ussher, 2006).

The news coverage of the British trials focused on women’s apparent difficulties controlling their emotionality. Popular authors generalised medical studies, largely focusing on problematising the symptoms associated with PMS (Rittenhouse, 1991). The sensationalisation of these representations of women’s premenstrual madness was highlighted in Chrisler and Levy’s (1990) study. A content analysis of 78 magazine articles, which appeared during 1980-1987 was conducted. The results showed a clear bias in favour of reporting negative premenstrual changes, with premenstrual change being described as ‘hormone war’, ‘Eve’s curse’ and women described as ‘raging beasts’ or ‘raging animals’. In light of the abundant images portraying women as uncontained, wild, dangerous and unstable during the 1980s, it was not surprising that the notion of ‘premenstrual madness’, ‘raging hormones’ and the monstrous feminine became part of popular culture (Chrisler & Johnston-Robledo, 2002; Cosgrove & Riddle, 2003; Rittenhouse, 1991; Ussher, 2006).
In conjunction with the growing medicalisation of PMS and the representation of women’s premenstrual changes as madness in the media, negative social constructions of the premenstrual woman emerged (Chrisler & Caplan, 2002; Cosgrove & Riddle, 2003). Although a satirical description, Williamson and Sheets (1989) poetically articulate the popular conception of the premenstrual woman at the time:

In the next fifteen seconds, another woman will pass from postmenstrual to premenstrual. The monthly battle of the hormones will begin, and the days between ovulation and menstruation will launch a hormonal civil war. Her body will become a police state and her mind will once again be missing in action. Finally menstruation brings a blessed truce…until next month (p. 10)

This description evokes an image of women as passive recipients of their biology, prisoners of the fecund body (Ussher, 2006), or “hormone hostages” (Williamson & Sheets, 1989), reifying the premenstrual woman as hormonally unstable; succumbing to the rhythm of her premenstrual body and liable to “lose control” at any moment (Ussher, 2004a; Williamson & Sheets, 1989). Although the frenzy associated with the criminal trials has long since passed, contemporary PMS media representations continue to marginalise the more realistic and positive aspects of PMS, whilst reinforcing the notion of premenstrual women as mad.

With regards to advertising, a billboard campaign was introduced in 2011 by the California Milk Processor Board to advertise milk. The centrepiece of the campaign was a slogan which claimed that “milk can
help reduce the symptoms of PMS”. In line with this claim, the campaign created a new group called ‘Everything I do is Wrong’, which portray men as innocent bystanders of women’s premenstrual problems and milk as the possible solution. The billboards presented images of men and their ‘apologies’ to their partner.

*Figure 3.1. Billboard ads from the campaign by the California Milk Processor Board. Retrieved September 25, 2011 from http://everythingidoiswrong.com.*
Such ad campaigns evoke conceptions of the monstrous feminine (Ussher, 2006); premenstrual women as moody, irrational, and dangerous, whilst portraying partners as innocent victims. Although this advertising campaign was centralised to the United States and did not reach Australian billboards, it demonstrates the domination of hetero-patriarchal discourses, as well as the cultural acceptance of premenstrual change as a problem for men and society.

In February 2013, on a popular radio station in Australia (2DayFM, 2013), the morning radio host, Kyle stated that PMS was “a phoney sickness”. His co-host, Jackie O disagreed with Kyle, defending its existence and its very real impact on women. Kyle and Jackie O encouraged listeners to call in to provide their opinion on whether PMS was real, or an “excuse”. While there were a small number men and women who called in to claim that PMS was real and that it was something that women struggled to manage, the majority of callers either claimed that PMS was not real, demanding that women “suck it up”, or claimed that PMS turned women into “bitches” once a month. For example, one man claimed that his sisters were so bitchy premenstrually, that it made him “turn gay”. The discussion ended with Kyle saying to Jackie O, “you think you can say anything to anyone just because you think the blobs [periods] are coming” and proceeded to call women “blob monsters”. This is a contemporary example that not only demonstrates that it is socially acceptable to publically vilify premenstrual women, but also illustrates that premenstrual change continues to be surrounded by misconception.
In the last two decades, references to women’s angry and erratic behavior premenstrually have moved beyond the print media and onto movies and television shows. Films including *Mystery Men* (1999), *Repossessed* (1990), as well as television shows including *Married with Children* (1988) *Roseanne* (1996), *The IT Crowd* (2006) and *30 Rock* (2006-2012) all portray images of premenstrual women as extremely moody, scary or dangerous, with the men in their lives fearful or confused. In *30 Rock* for instance, several sketches were presented, where the female protagonist proclaims that she just got her period and becomes crazed and irrational.

One of the few examples in popular culture that attempts to present a realistic narrative of premenstrual change, was in the episode entitled ‘*Bad Mood Rising*’ in *Everybody Loves Raymond* (2000). Similar to the TV shows mentioned above, the woman, Debora (Raymond’s wife) is portrayed as emotionally volatile, hypersensitive and unpredictable premenstrually, and the husband (Raymond) is portrayed as confused, scared and frustrated as a result. However, this episode presents an insightful perspective of PMS within the context of a relationship. This episode highlights the fallacy of the biomedical assumption that ‘a simple pill will solve a woman’s problems’, as Debora explains that her premenstrual distress is largely the result of her receiving inadequate practical and emotional support during this time. While this episode highlights the relational context in which premenstrual change is negotiated and depicts premenstrual change in a realistic manner, such depictions are ultimately rare in popular culture.
Today there appears to be fewer instances of PMS imagery on TV and in print media compared to the 1980’s and the 1990’s. However, cultural representations of PMS continue to circulate and have the capacity to reach millions of people through the Internet. Individuals have wide access to movies, pictures, songs, as well as the opinions of others, through writing, sound and imagery online. This type of access has significant implications for how ideas and opinions on PMS are created and represented (Murray & Fisher, 2002).

For example, Thornton (2013) investigated the ways in which menstruation was constructed on the social network Twitter. Comments, or ‘Tweets’ that referenced menstruation were analysed. In the 2,211 tweets that were analysed, it was found that premenstrual and menstruating women were constructed negatively. Evident within Tweets were reproductions of cultural representations of the mad, bad and bloody woman (Ussher, 2006). This is illustrated by the following Tweets, “women who’s on the f*ckin’ rag…stay the f*ck away from me! I don’t give a sh*t if it’s that time of month-no excuses to act like a b*tch!” (p. 48) and “Passed a place called ‘PMS Firearms’…..so ladies, if it’s that time of the month, they’ll fix you up! Haha! #wow.” (p.49). Noteworthy was the finding that none of the 2,211 tweets challenged negative constructions of menstruation in a meaningful way. Such findings evidence how various online mechanisms and conventions, such as those available on Twitter,

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1 Twitter is a social network that allows individuals to send messages, announcements (commonly known as “Tweets”), which are sent from and to computers and mobile devices. Tweets are restricted by technology to no more than 140 characters, including spaces and the sender’s name, which can be real or assumed.
can help make shared meanings visible and reify negative constructions of menstruation and premenstrual change.

Performing a PMS related search on Google images results in numerous images depicting the premenstrual woman as “frenzied, raging beast, a menstrual monster, prone to rapid mood swings and crying spells, bloated and swollen from water retention, out of control, craving chocolate, and likely at any moment to turn violent” (Chrisler, Rose, Dutch, Sklarsky, & Grant, 2006, p. 371). Noteworthy, are the high portion of images that convey the detrimental impact of ‘PMS’ on men, or demonstrating the relational aspect of premenstrual change, as shown below.

Similarly, there are several videos that portray premenstrual women negatively. With over 4,000,000 views in three years, one of the first videos to be displayed in the results of a PMS related search is a mock trailer for a horror movie (revision3, 2009). This trailer presents a story of a town in which all the women are experiencing PMS at the same time, “it's their time of month again, but this time it's deadly”. Below this video are numerous comments from both men and women, with the majority hailing the video’s “hilarious” and entertaining traits, including: “It was funny because it's partly true! I know lots of women who act like demons while on theirs!” (fieryredruby).
The video following the mock trailer entitled ‘PMS survival tips’ (MauriceDevereaux, 2009). Within this video, husbands are offered simple tips to keep their monstrous wives at bay. This video represents premenstrual women as literal monsters who aggressively rip off their husband’s head when displeased by their husband’s actions. Below are snapshots of the clip which clearly displays the clip’s filming style. As a result of the 1950’s educational and government propaganda filming style, it effectively conveys a sense of humorous authority about a serious ‘deadly’ issue called PMS or rather, “Prehistoric Monster Syndrome”. Such a video reifies constructions of premenstrual women as irrational, monstrous, dangerous and premenstrual change as an unnatural or formidable experience for men.

Figure 3.4. A snapshot of the calendar scene from ‘PMS Survival Tips’.

Another popular YouTube clip approaches PMS from a slightly different perspective. This is not only apparent through its title, ‘PMS – Medication for men’ but also its caption, “Because men need to understand
what women go through every month, there's Malestrogen” (Monkeyboxcomedy, 2008). This clip takes the form of an advertisement that presents Malestrogen - the miracle drug that allows men to lose their sense of logic and rationality in order to help them understand what it is like to be a woman with PMS. While this video draws upon a discourse of empathy, it nonetheless adopts a biomedical discourse to position hormones as the sole cause of women’s emotionality during the premenstrual phase, which encourages men to dismiss legitimate underlying grievances. The remaining PMS related videos on YouTube are of a similar theme, with little if any positive depictions of premenstrual change. Such representations emphasise the insidiousness of negative PMS representations but nonetheless provide insight into how men and women’s constructions of premenstrual change are shaped.

Conclusion

This chapter examined the extent of men’s understanding and awareness in relation to women’s menstrual experiences and its implications upon their construction of such experiences. The research literature presented above suggests that women’s reproductive bodies and the menstrual cycle remain an elusive concept to many men. Indeed men’s accounts within this research indicate that many men also construct premenstrual change negatively, positioning premenstrual women as irrational, bitchy, crazy and opportunistic. This is not surprising, due to the narratives and representations that exist within the media and popular culture which portray the typical premenstrual woman as irrational, mad, uncontrollable and dangerous and her body as the source of distress
(Chrisler & Levy, 1990). Conversely, there is evidence that men can construct premenstrual change positively, with some men demonstrating an appreciation of women’s menstrual cycle experiences. As it is unclear as to why and how men understand, accept or appreciate premenstrual change, this emphasises a need to further investigate men’s understanding of women’s subjective experiences of premenstrual change. Finally, although there is a large discrepancy between the realistic and the popular images of PMS (Chrisler, et al., 2006), there is a continued need to explore how men develop and maintain their personal constructions of premenstrual change and how this impacts upon their practices.

**Summary of the Literature Review**

How women see themselves and how they are treated relies heavily on socially constructed definitions, in this case definitions of premenstrual changes. Within the history of PMS, a number of discourses have emerged as a means of constructing women’s bodies and behaviours. The phenomenon first described by Frank and Horney in 1931 is now firmly established as a clinical condition, a psychiatric illness worthy of medical, psychological or legal intervention. This produced a number of medical discourses negative in nature, suggesting that women’s pathological behaviour is a result of their uncontrollable biological functions which require medical intervention. The British criminal trials, in conjunction with the medicalisation of premenstrual change led to a broader cultural representation of women, as mad, dangerous and out of control. Such cultural representations have continued to permeate our thinking in the 21st century.
Moreover, there is a cultural acceptance of men’s limited understanding of premenstrual change and premenstrual women. However, there remain scarce resources by which men can develop a greater awareness of premenstrual change, whilst challenging hegemonic PMS discourses. In accordance with previous research, adopting negative constructions of premenstrual change can have negative implications upon men’s discursive practices within the relational context. While some men have demonstrated awareness, acceptance and understanding in relation to their premenstrual partners, the predominant practices men have been reported to adopt centre on rejection, dismissal and pathologisation. However, due to the absence of research on male partners in the context of premenstrual change, it remains largely unclear as to why men engage in such practices. This suggests that there is a need for an in-depth investigation into men’s constructions and experiences of their partner’s premenstrual changes. Accordingly, the research questions are:

1. What are men’s constructions and experiences of premenstrual change and what are the dominant discourses adopted within men’s narratives about PMS and premenstrual change?

2. How do men position themselves in relation to their partner, and how do these positions affect men’s practices within the context of premenstrual change?

3. How do men’s constructions, experiences and practices change following a couple-based PMS intervention?
In answering these questions, the next chapter presents a study in which a thematic discourse analysis was conducted on men’s online accounts of premenstrual change on the website, PMSbuddy.com.
Chapter 4

PMSbuddy.com: A Thematic Discourse Analysis

The literature review in the previous chapters focused on the consequences of current cultural discourses and representations of PMS for men’s understanding and construction of premenstrual change. This review provided insights into men’s diverse experiences in relation to premenstrual change, as well as the complex role culture plays in shaping such experiences. However, it remains unclear as to how such representations are negotiated by men. This chapter presents an analysis that was conducted on men’s online accounts, which were drawn from PMSbuddy.com (www.PMSbuddy.com). This analysis explores men’s experiences of their partner’s premenstrual changes, as well as their negotiation of cultural representations of PMS. By analysing cultural representations in everyday discourse, this furthers the understanding of how men’s responses in relation to premenstrual women are maintained within Western contemporary society.

PMSbuddy.com

With over 43,800 women being “tracked” worldwide, PMSbuddy.com is a relatively popular website about PMS. The key feature of PMSbuddy.com is that it offers a free reminder service, as well as an application for smart phones, to notify men when the women in their life are going to enter the premenstrual phase of the menstrual cycle. While this reminder appears to be predominantly aimed towards men, PMSbuddy also offers itself as a service for women, as the website suggests that women can
use it to “give a heads-up” to others about their PMS. This reminder works when details of a women’s menstrual cycle are entered into the ‘PMS calculator’ provided by PMSbuddy, by the person who wants to track her. This calculator estimates the dates in which the woman will be entering the premenstrual phase. With the woman’s cycle entered, the person tracking her will receive an email, or a smart phone notification informing them that the woman will be premenstrual in the proceeding days.

However, this tool can often be inaccurate, as the calculator determines the woman’s premenstrual phase based on a strict 28 day menstrual cycle and does not take into account the irregularity of many women’s menstrual cycles.

It is unclear as to how PMSbuddy.com appears to those who view the PMSbuddy web page. The website could be seen as an innovative and helpful tool for those “suffering from” and those “suffering because of PMS”, whilst acknowledging the impact negative premenstrual change can have on partners and relationships. It could also be seen as a helpful website, providing men and women advice relating to relational issues, including communication, understanding and support, as can be seen on their ‘PMS Tips’ page. However, by making its reminder service the focal point of the website, and presenting the slogan “saving relationships, one month at a time”, this website could also be viewed as perpetuating constructions of premenstrual change as a problem that needs monitoring. Furthermore, there are a number of ads on the ‘PMS Tips’ page. Although some popular websites have advertisements on their pages, which are often unrelated to the website (e.g. Facebook advertising weight loss), some of
the ads of PMSbuddy.com specifically refer to PMS. These can be seen as furthering negative constructions of premenstrual change. For example, an advert reads: “When all else fails, flowers will always do the trick. They are kryptonite to PMS”. Whilst this could simply be an attempt to be humorous to viewers, this ad could suggest that PMS is an issue or ‘thing’ that can be minimised through the simple gesture of giving flowers. Another advert for a dating website appears to vilify women with PMS by encouraging males to seek another partner if they are unable to cope with their current partner’s PMS. This ad states, “If it’s really that bad, maybe something’s amiss. As they say, it never hurts to look”.

In addition to the free reminder service and the PMS tips page, individuals who use the site also have access to an online forum, entitled ‘PMS Stories’. Within this forum, individuals can post stories, experiences, or advice relating to PMS. This forum provides access to a range of posts in which men share their experiences, opinions and observations relating to PMS. In light of the way in which PMSbuddy.com represents premenstrual change through its reminder service, its advice and advertisements, this begs the questions: ‘how is premenstrual change constructed by the men who use the features provided by PMSbuddy.com?’ and ‘How do these men situate themselves in relation to premenstrual women?’ In light of such questions, an analysis was conducted on men’s online posts from PMSbuddy.com. The aim of this analysis was to understand how men negotiate the multiple and contradictory representations of PMS and premenstrual change within the context of PMSbuddy.com, and to examine
how men position themselves in relation to premenstrual women in their accounts.

This analysis is valuable, as research pertaining to men’s experiences with premenstrual change remains scarce and few of these studies have utilised online spaces for analysis. Unlike other forms of face-to-face communication, or methods of data collection such as interviews, men’s accounts on PMSbuddy.com are a form of computer mediated communication (CMC). Within the context of CMC, there are different sets of norms (Kiesler, Siegel, & McGuire, 1984), individuals usually have the choice to remain anonymous (Spears, Lea, & Lee, 2011), there is a substantial absence of visual cues, and communication is asynchronistic in nature - conversations may not occur at the same time or place (Baltes, Dickson, Sherman, Bauer, & LaGanke, 2002; Walther, 1996). Such factors affect the type of information exchanged between individuals online. Anonymity can often be a distinguishing feature of CMC, which is linked to more self-disclosure than face-to-face discussions (Joinson, 2001). This is exemplified by Gergen, Gergen, and Barton’s (1973) study, where it was found that individuals who met and conversed in the dark, disclosed more intimate details than those who met and conversed in a lightened room. It was suggested that the anonymity allowed users to express what they truly thought and felt (Spears & Lea, 1994).

Moreover, the public nature of online forums often elicits rich information about the topic of interest. Similar to focus groups, online forums enable individuals to comment on, and respond to comments made by others. This enables the researcher to analyse consensus and the
operation of humour and dissent, in order to identify shared constructs and understandings of a particular experience (Kitzinger, 1995). Although it is a disadvantage of focus groups that the articulation of group norms risks silencing the voices of those who disagree (Kitzinger, 1995), this is less likely to occur with CMC, due to anonymity. Such research lends support to the value of utilising CMC as data, particularly online posts, by means of understanding men in the context of PMS.

**Issues with computer mediated communication.** It is clear that there are a number of factors that differentiate interactions within online and face-to-face environments. Within online forums, factors such as anonymity, lack of visual or verbal cues, asynchronous communications, opportunities to present alternative identities, and minimisation of authority have a number of positive and negative implications for the way individuals communicate, negotiate and share information online (Conrad, 2002; Walther, 1996). For instance, due to the level of anonymity the internet allows users, this often encourages disinhibition. Disinhibition breaks down social order (Huang & Alessi, 1996) and the regulation of behaviour (Donn & Sherman, 2002; Finn & Banach, 2002). This can often result in “trolling” (Herring, Job-Sluder, Scheckler, & Barab, 2002), where individuals deliberately engage in provocative behaviour, usually through the use of inflammatory or provocative language. This is illustrated by the following post:

“If you are so unhappy with your husband/partner maybe you should go get your guts stuffed [by] some other swinging dick. If
you were getting crammed correctly you would have a better attitude” (*Big Dick*).

Accordingly, it was difficult to determine whether participants were deliberately posting negative comments to elicit a negative reaction from others (trolling), or whether they were expressing their honest opinion. Also, it has been found that due to the lack of visual or verbal cues between the reader and creator of posts, as well as communication being asynchronistic, individuals tend to rely on their first impressions of a piece of text and are often easily provoked, in comparison to face-to-face interaction (King & Moreggi, 2007). Consequently, individuals tend to respond in a more aggressive nature online, using more emotive, profane and abusive language when responding to posts (King & Moreggi, 2007), as exemplified below:

*Andy:* I am a catch, and unlike you, I am grown up. Here's news for you: guys have hormonal imbalances at regular times too! WOW! [....] Ever think about it THAT way you spoilt child?

*Marc:* Gosh! ladies please! calm it down! (that's why my sister turned into a man)! she couldn't stand it! and I fricking can't stand this shit either!.

*AV:* You're angry because you can't find a man who could put up with your man-hating attitude...during any time of the month!!! Oh, by the way, it's going to take more than tweezers to pull my penis off! May want to get a set of "jaws of life" to make the attempt!
Have another nice menstrual cycle alone!!! You should be used to that now!!

As has been discussed in previous research literature, online environments elicit behaviours and responses that are unlikely to occur in face-to-face contexts (e.g. Conrad, 2002; Gackenbach, von Stackelberg, & Jayne, 2007; Joinson & Jayne, 2007). However, as online environments are becoming a popular medium through which individuals interact, it is important to understand how individuals talk about premenstrual change online.

**Ethical consideration when using online data.** Collecting data from online spaces poses a number of ethical dilemmas. Individuals often put very personal information online, with the sole intent of communicating with a specific group and often do not consider the possibility of a researcher using their posts as research data. Therefore, having personal information disseminated has the capacity to make an individual to feel exploited, especially if their posts relate to sensitive topics (King & Moreggi, 2007). Informed consent, privacy, and confidentiality are basic ethical tenets of scientific research on people (Frankel & Siang, 1999). However, gaining consent in such contexts can often be very difficult. Further, there are arguments that internet text-based social interaction is never completely public or private, but is always a mixture of both. Individuals online often consciously allow their posts to be accessible to the wider public (Waskul, 1996), which questions the necessity of gaining informed consent prior to analysis. However, individuals often do not, and cannot, predict who will be using their posts and for what purpose (Eynon,
Fry, & Schroeder, 2008). It has been suggested that when determining whether informed consent is required, a decision must be made as to whether postings on an internet community are ‘private’ or ‘public’ communications (Eysenbach & Till, 2001). This distinction is important because researchers “may conduct research in public places or use publicly available information about individuals (such as naturalistic observations in public places and analysis of public records or archival research) without obtaining consent,” (American Sociological Association, 1999). In accordance with the guidelines discussed by Eysenbach and Till (2001), it was determined that, for the present analysis, gaining informed consent was not necessary. This is due to the fact that the PMSbuddy forum is accessible to anyone who visits the website (including those who do not sign-up to PMSbuddy.com), there are no restrictions on who can post online and individuals have the choice to remain anonymous.

**Method**

**Research design.** A thematic discourse analysis (Braun & Clarke, 2006) was performed on the accounts posted in the PMS stories forum within the PMSbuddy website (PMSbuddy, 2007) between September 2008 and February 2009. While the forum contained posts from both men and women, men’s posts were separated from women’s posts, as the focus of this analysis was on men. This totalled 176 posts, which excluded the comments in response to the initial post. The length of posts ranged from 13 to 370 words. Some posts were edited with regards to spelling and punctuation to increase coherency, but the meaning of the posts were not altered.
Participants. Due to the absence of key demographical and visual information, factors such as the age, socio-economic status, religion and ethnicity of participants were largely unknown. With regards to gender, cues within the text were utilised to identify the gender of the online personas, which included gender specific names such as ‘Jessica’ or ‘Mark’, as well as statements such as, “I am a man who…” or “when I get PMS...”. Caution was used when making assumptions about gender; therefore posts and online names that were ambiguous were excluded from the analysis, such as the following post: “I wonder who is really on PMS, I don’t think you will understand PMS without woman guys. How can this be explained if you only know one side?” (Me).

Data analysis. Data were analysed using a thematic discourse analysis (DA), with a focus on men’s construction of PMS and their experience in relation to women’s premenstrual changes (Braun & Clarke, 2006). This type of analysis allowed data from the posts to be separated into coherent themes, whilst maintaining a focus on the way in which discourse constructs meaning (Braun & Clarke, 2006; Stenner, 1993). This particular type of thematic DA used in the present study was informed by a critical realist epistemology. This enabled me to acknowledge the ways in which individuals make meaning of their experience and how social context impacts such meaning, whilst acknowledging the material aspects of ‘reality’ (Willig, 1999).

The term discourse is used in different ways and can have different meanings depending on the methodology adopted (Willig, 1999); it is therefore important to explain what I mean by discourse. Our ways of
knowing are constructed through language and language is made up of, or structured by discourses (Burr, 2003; Potter & Wetherell, 1987). Discourses are culturally specific sets of meanings or statements that we draw on to construct different versions of events and to make the world intelligible (Parker, 1992). Discourses are powerful as they regulate our knowledge, or our ‘common sense understanding’ of the world; they bring different aspects of experience into focus and positions us in different ways, which has implications for acting in the world (Burr, 2003; Foucault, 1979). Therefore, while individuals can draw on different discourses to construct different versions of reality, at the same time, discourses contain a range of subject positions which can make available, or restrict our experiences and practices (Willig, 1999). In this way, we can position ourselves within, or be positioned by discourse (Harré & Lagenhove, 1999), which has important implications for our subjectivity (Davies & Harré, 2007; Foucault, 1979). For example, biomedical discourse positions premenstrual changes as an illness and women who experience negative premenstrual change as ‘PMS sufferers’. This contrasts feminist discourse, which positions premenstrual change as a natural or normal experience and women as agentic; having the ability to interpret and negotiate their experiences rather than being passive recipients of biological changes (Ussher, 2003b).

The thematic discourse analysis conducted with PMSbuddy followed the guidelines set out by Braun and Clarke (2006). Once the men’s posts were gathered, posts were read and re-read to enable in-depth familiarisation. During this process, initial notes were written, highlighting
patterns between men’s accounts. Key questions helped in this process, which included: ‘How are men describing PMS?’; ‘How do men feel about, and feel as a result of PMS?’; ‘What practices do men adopt in relation to PMS?’; ‘How do men position themselves in relation to premenstrual women?’ This allowed initial codes to be generated, which were put into Nvivo. These codes functioned to organise the data into meaningful groups (Tuckett, 2005). All relevant data extracts were coded and grouped together within that code. For example a code entitled ‘avoidance’ was generated. Therefore, all data extracts or online posts, in which men described avoiding, withdrawing, or wanting to be away from their partner premenstrually, were put within this code. Codes were then organised into potential themes, analysing how the different codes combine into primary themes. Therefore, codes that were thematically similar were merged together to create a primary theme, with some codes becoming sub-themes.

The next stage involved the revision and refinement of themes, examining at the level of the codes as to whether there is a coherent pattern (Braun & Clarke, 2006). All stages of analysis were discussed in detail with my supervisors to ensure consistency of patterns, and plausibility of analysis. Four major themes were consistently identified throughout men’s posts. The first major theme was “Men’s construction of PMS”, with the subthemes: ‘PMS as a hormonal issue’, ‘PMS as illegitimate’ and ‘PMS as a choice’. The second major theme identified was “Premenstrual women as mad, bad and dangerous”, with the subtheme: ‘Discursively splitting premenstrual women’. The third theme identified was “Men as victims of

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1 Nvivo is a qualitative data analysis computer software package. It has been designed for qualitative researchers working with very rich text-based or multimedia information, where deep levels of analysis on small or large volumes of data are required.
PMS”, with the subthemes: ‘Men’s descriptions of personal suffering’, ‘Men’s self-positioning as the innocent bystander’, ‘Men’s self-positioning as a ‘good partner’” and ‘Men’s adoption of coping strategies’. Finally, the major theme identified was ‘Being a good partner’. These themes are explored in the following section.

A Thematic Analysis of PMSbuddy Posts

Men’s construction of PMS. The majority of men constructed premenstrual change negatively, with descriptions of premenstrual change closely resembling cultural representations in the media and in popular culture. Whilst a small number of men actively positioned themselves as ignorant or lacking a general understanding of PMS, some other men positioned their opinions of PMS as a ‘matter-of-fact’. In order to make sense of women’s behavioural and mood changes premenstrually, a large portion of men positioned PMS as resulting from hormonal fluctuations. The implications of this positioning upon men’s PMS narratives are presented below.

PMS as a hormonal issue. A large proportion of men adopted biomedical discourse to position women as passive recipients of hormonal forces. This is exemplified by the following comments,

Dr. Spiff: After the dust settles and hormone levels return to nominal, you can go back to a 'normal' relationship.

Jack: When they are in the middle of the PMS state, they don't have any rational perspective. You can't rationally talk them down
anymore than you could teach your cat algebra. It's like being really high or drunk. Hormones are super-powerful drugs.

David: I think the reason why men need [PMS] to be explained to us is that we don't have the same hormonal processes.

In describing premenstrual change as a hormonal issue, it was common for men to imply that PMS could, and should be ‘fixed’ through medical intervention. This is supported by Bill, who explained why women should seek medical intervention for their PMS.

Title: glad I don't deal with it

Bill: when I got a divorce, one criteria for re-entering the dating world was... she had to have a hysterectomy and preferably be on a daily oestrogen supplement (or else on a daily antidepressant.) I am fortunate to have married a woman on oestrogen post hysterectomy. So I don't have to deal with the EXTREMELY SCARY mood swings of PMS, just the plain-ole bad ones associated with two X chromosomes trying to coexist in the same body.

In this account, Bill presented his primary criterion for entering a new relationship—women must either have no uterus, or should be taking oestrogen supplements. He justified having this criterion by explaining that these methods prevent women from experiencing the “EXTREMELY SCARY” mood swings associated with PMS. Bill attempted to justify his argument by suggesting that his new wife’s hysterectomy resulted in the absence of mood swings. Notable is the way in which Bill implicitly
attributed his divorce to PMS. This evidences the adoption of a masculinist perspective, whereby marital discord and family relapses are blamed on women’s “periodic lapses in female placidity” (Zita, 1988, p. 80). As both hysterectomy and oestrogen supplements relate to hormones, *Bill* is constructing premenstrual mood change as solely a hormonal experience. Noteworthy is *Bill’s* alternative criterion that women should be taking daily antidepressants. As the use of antidepressants for women’s premenstrual changes in affect is argued to reify the pathologisation of premenstrual change (Ussher, 2003b; Ussher, 2010), *Bill* made clear his representation of mood change as a form of madness necessitating treatment. By associating the moods women tend to experience as “bad”, *Bill* positioned womanhood as a disability or a liability, which implies a construction of the ideal woman as calm, stable and appeasing. In this way, *Bill* is drawing upon a hegemonic discourse of idealised femininity, which condemns women’s divergence from such behaviours (Cosgrove & Riddle, 2003; Swann & Ussher, 1995).

Similarly, within *Nate’s* post, he presented a proposition to all the men suffering from women’s experience of PMS.

**Title: Water Supply**

*Nate:* Anyone interested in breaking into the water supply and dumping anti-hormone and anti-bitching chemicals into the water? It will just take the edge off life for everyone, women included.

*Nate* also appeared to support the reductionist view that hormones alone can make premenstrual women ‘bitchy’, whereby “anti-hormones”
are the cure. Also by making a reference to “everyone”, Nate appeared to construct PMS as a wider social problem, which reinforces the immediacy of ‘curing’ PMS.

*Bill* and *Nate’s* positioning of PMS as a biomedical illness is in line with cultural assumptions of PMS (Chrisler & Caplan, 2002; Zita, 1988). While there is compelling evidence within the PMS literature that premenstrual change is not solely a result of hormonal fluctuations, it is assumed by lay audiences that the underlying cause is something female, such as female hormones (Taylor, 2006). By constructing PMS as solely a hormonal issue, this enables men to construct women’s distress as a personal, rather than a relational experience. Therefore, women’s experience of anger or sadness is conceptualised as a result of faulty hormones, rather than the result of external stressors, such as work, family or the intimate relationship (Kuczmiercyk, Labrum, & Johnson, 1992; Seigel, 1986; Ussher, Perz, & Mooney-Somers, 2007). In this way, the effects of hegemonic PMS discourse are profound, as the biomedical construction of the PMS body enables men to strip women’s premenstrual experiences of context (Cosgrove & Riddle, 2003; Zita, 1988).

Men’s adoption of biomedical discourses to make sense of premenstrual change, provides them with a framework to construct premenstrual change as pathological and women as disordered (Ussher, 2004b). However, the adoption of biomedical discourse did not serve this function in all men’s accounts. This is illustrated by Bob, who explained,

Title: re: Some Girl
Bob: Women don't "choose" to be insane because they have PMS, the irrationality comes from a sudden shift in hormones. It is NOT a choice. For those men who denigrate this-I can only say you lack a basic education in biology. Hormones control EVERYTHING about us… Some women *can* manage it without being irrational, some have hormone changes so dramatic it's unrealistic to expect them to keep it together. Every woman is different.

Bob described PMS as predominantly a hormonal issue. However, he did not make reference to medication or medical intervention. Rather, Bob appeared to use biomedical discourse to reject other men’s claims that PMS is a choice - a common conception held among men (Laws, 1992; Sveinsdottir, Lundman, & Norberg, 2002). Paradoxically, Bob also drew upon dominant representations of PMS, deployed within popular culture, to describe premenstrual women as “insane” and “irrational”. While this would imply a negative construction of PMS, Bob appeared to use these concepts to reinforce the idea that the premenstrual phase is a difficult time for women, making the argument that men should respond to their partner with increased understanding and support during this time, as he stated:

Some women get crazy lust at specific times in their cycle, some feel just completely disconnected and unworthy of you at times. How hard would it be to give her what she needs, if you've already discussed it? Give her reassurance during those times she needs it, sex when she's crazy w/lust, be her confident leader when she's feeling especially insecure and confused.
Notable in Bob’s account was his suggestion that offering emotional and practical support to women is not only helpful, but a partner’s responsibility, “It’s our obligation to help the women we care about”, he concludes. Bob’s construction of PMS appears to relate to his acceptance that premenstrual experiences are not easily controlled by a woman and therefore do not warrant blame. While Bob was the only man in the selection of accounts to describe PMS in this way, his account illustrates that men who position premenstrual change within a biomedical framework can still demonstrate recognition of the woman’s need to be understood and supported during this time.

**PMS as illegitimate.** Within the majority of accounts, men dismissed the legitimacy of women’s distress premenstrually. Instead, men positioned women’s complaints, or their expressed discomfort, as a nuisance. Men’s use of words to describe women’s expression of premenstrual distress included “bitching”, “whining”, and “moaning”.

- Bitching: How do I Stop the bitching. (*All I have is my hand*)
- Whining: Stop whining and mow the lawn. (*Rick*)
- Moaning: Just bitching and moaning all the time. (*I can’t fucking take it anymore*)

Evident within these accounts is men’s positioning of women’s expression of premenstrual distress as prolonged and excessive. While it is suggested that the act of complaining has the capacity to initiate empathy in others (Kowalski, 1996), lacking in these accounts is a sympathetic
discourse when describing women’s negative premenstrual experiences. Instead, men detailed the disruptive and detrimental impact of their partner’s expressed discomfort on their own lives and relationship. Further, expressions of frustration, irritation or intolerance, as well as demands for women in general to “quit yer bitchin”, implies a construction of premenstrual complaints as excessive, illegitimate or disproportionate to the degree of emotional and physical pain, as perceived by men.

Furthermore, a similar portion of men positioned women’s premenstrual crying as trivial, temporary or solely result of PMS. This is illustrated by a post entitled, ’Just go play golf’, which stated, “It's always been my answer to PMS... just head out to the course and leave her to cry over shit like Tide commercials into a bucket of ice cream... My 2 cents to the fellas (Me). In a similar vein, Will D positioned premenstrual crying as a result of trivial matters, but also highlighted its frustrating and confusing nature.

**Title: Life**

*Will D:* I love my wife, but she makes me go nutso when she has PMS. Last week I bought her a necklace just to be nice, but she started to cry because it has rubies and she said she hates rubies and that I never listen. WHO CRIES WHEN THEY GET A NECKLACE WITH RUBIES?!??!

*Will D* prefaced his account with a statement that he loves his wife, which made clear that his complaint was about her premenstrual changes and not her personally. He positioned himself in this narrative as the ‘good’
partner, who thoughtfully gave his wife jewellery. However, in
describing how his wife’s reaction to this gesture made him go “nutso”, he
reinforced the notion that her reaction was undesirable and unreasonable.
He proceeded to focus on her reaction, framing it as PMS. Finally, Will D’s
exclaimed question, “WHO CRIES WHEN THEY GET A NECKLACE
WITH RUBIES?!?!?” conveys exacerbation in relation to her reaction,
suggesting that her reaction was unexpected or unexplainable.

In addition to premenstrual crying, many men expressed intolerance
for women’s experience of premenstrual irritability or anger, positioning
such changes as an agitating and frustrating factor in their intimate
relationship. This is illustrated by ‘Poor Bastard’ who disclosed the
negative consequences of his partner’s premenstrual ‘bitchiness’ upon
himself and his relationship.

-My wife-

Poor bastard: Last month we were going to her parents house and
she was being very bitchy and I asked her if she had PMS. She
repeatedly told me no, but repeatedly poured on the attitude. We got
into a huge fight over nothing, and she refused to admit anything
was amiss.

This extract contains a construction of premenstrual behaviour as
comprised of bitchiness and “attitude”. This is evidenced by the way in
which Poor bastard, prompted by his wife’s ‘bitchiness’, asked her if she
had PMS. Poor bastard’s description also reinforces the notion that PMS
underlies women’s experience of negative changes in affect. His
mentioning of their “huge fight” positions PMS as a negative factor in their relationship. Research on annoyances within a relationship presents an explanation for why men appear more frustrated with women’s premenstrual increases in ‘complaining’, crying and irritability or ‘bitchiness’. It is argued that men are especially critical of behaviour that threatens their autonomy or induces feelings of guilt, jealousy, anger or sadness (Baumeister, Stillwell, & Heatherton, 1994; Cross & Madson, 1997). It is thus not surprising that a number of men positioned women’s emotional outbursts as a source of disruption or a nuisance and attributed it to PMS, rather than other factors in the woman’s life, or their relationship.

Furthermore, men’s accounts above are not only suggestive of a lack of empathy, tolerance and understanding in relation to women’s premenstrual distress, but are also suggestive of the notion that women should engage in self-regulation and self-policing practices, to ensure that they maintain a demeanour of placidity and effective coping. In other words, men’s accounts suggest that women should adhere to idealised constructions of femininity (Douglas, 1995; Kaplan, 1992). Although this idealised image of femininity is unattainable (Lichtenstein, 1996), this image is so embedded in Western culture that it is a taken for granted truth that ‘good’ women can remain in control and take care of others, regardless of the circumstance (Chrisler, 2008; Ussher, 2003a). Such expectations echo throughout men’s accounts in the present study. This demonstrates how closely hegemonic constructions of femininity are tied with men’s constructions of PMS, which is important to consider when understanding men’s expectations of their partners premenstrually.
**PMS as an excuse.** In positioning PMS as an illegitimate experience, some men positioned ‘PMS’ as a word women exploited for self-serving purposes, such as absolving themselves of responsibility for engaging in ‘negative’ behaviours. For example, Ray suggested that his wife used her PMS as a guilt-free means to abuse him.

Title: The truth

Ray: My wife knows when its going to come each month. It is on her calendar. She will see it and even mention it. However, she will not take any meds until she has had one full day of using me like a punching bag first! Once she takes the meds all is well.....Why will she not take them the day before it starts? Because then she could not rip into me guilt free. I understand that I don't really know what is going on but I know that women use it for an excuse to do horrible things to people.

In this post, Ray expressed intolerance and frustration towards women’s use of the PMS label to explain or legitimate their temporary diversion from their ‘normal’ self. Within this account, Ray acknowledged that PMS was real, evident in his statement that medication makes his wife well again. However, he suggested that she purposely delays taking such medication so she can use her PMS to treat him “like a punching bag”, free of guilt. Notable is Ray’s use of the words “I know” when stating that, women in general, use PMS as an excuse. This implies certainty that the anger or ‘deviant’ behaviour associated with PMS is a tool used by women for malicious purposes.
Ray’s account is supported by Mak, who explicitly demanded that women stop using PMS as an excuse, “Ok, ENOUGH !. Fine, you get PMS. We geddit, stop using it for an excuse for every goddamned thing under the sun. It’s part of life, not a cause celebre...deal with it or SHUTTUP!”. Much like Ray, Mak conveyed intolerance for the way women take advantage of PMS. This implies a construction of PMS as an illegitimate reason for women’s change in behaviour, as well as a construction of women as calculating and opportunistic.

The posts by Mak and Ray are enshrined in a male culture of menstruation (Laws & Campling, 1990), where women are criticised for ‘using’ their menstrual cycle as a way of explaining their changes in emotion and behaviour (Figert, 2005; Sveinsdottir, et al., 2002). Within some research studies, there is evidence that some men and women position PMS as an excuse to be bitchy, to avoid blame, or to get out of everyday tasks (Koch, 2006; Sveinsdottir, et al., 2002). While women have reported that they have said that they were premenstrual to others in order to legitimate taking it easy, some women reported feeling that PMS was not accepted by others as a time when they may not be functioning at their usual level (Mooney-Somers, Perz, & Ussher, 2008; Ussher & Perz, 2013b).

**PMS as a choice.** A small number of men positioned PMS as something women could control but chose not to. ‘Control’ in most instances referred to a woman’s ability to remain rational, calm and refrain from having emotional outbursts during the premenstrual phase. A majority of men who positioned PMS as a choice, positioned PMS as real, but
constructed the negative behavioural changes associated with PMS as something women should push through or overcome. This is illustrated by Rob, who posed a question to women.

Title: The question is…

Rob: Can you manage your emotions enough not to bite the head off the cop who just pulled you over? The barista? Your boss? If you can, then you can do it with your SO [significant other], who deserves the best you have, just as you deserve his/her best.

Within his question, Rob highlighted women’s ability to control their premenstrual outbursts in social and work settings, and used this as evidence to justify his argument that women can exercise such control within intimate relationships. Rob’s post draws upon cultural representations of significant others as receiving the brunt of a woman’s premenstrual outbursts, regardless of the precipitating event.

Rob’s observational query is supported by past research, as women in Ussher’s (2002) study described scenarios in which they were able to control their anger and irritation in a work setting, but outwardly expressed their irritability or anger at home. While Ussher’s findings demonstrate women’s ability to ‘control’ their emotions premenstrually, she explains that “this is not simply a matter of internal containment and release” (p. 317). Ussher further explains that within the work setting, women are discursively constructed as needing to be calm and in control, which constrains and condemns the outward expression of emotion. However, such constraints are not apparent within the family setting as different rules
apply, allowing women to ‘let go’. Similar findings were apparent in a later study, where women reported that work tensions and pressures were a major cause of distress premenstrually. However, the need to remain a calm, professional worker resulted in frustrations being built up during the day, which was often needed to be expressed at home (Ussher & Perz, 2008). In the present study, men’s suggestions that women choose to experience PMS, or save their PMS for their partner, indicate a limited awareness of the factors that can affect a women’s experience of her premenstrual changes, such as work tensions and pressures, as well as social expectations to remain calm in these situations.

As a more extreme example, Andy presented a number of accounts in which he declared that women could, and should refrain from displaying premenstrual distress.

Title: Solution to PMS

*Andy:* Fuck them [women], whatever they go through (or don't but I'd rather believe PMS is real than think all women are liars) doesn't give them the right to be shithed to me. [...] It's your choice how you act regardless of your hormones if you are a normal person. If you can't, guess what, you’ve got some sort of actual mental condition and you need to seek help! [...] I ditched the relationships with women that decided it was OK to be a bitch, and have had great relationships with women that don't act like skitzoids no matter how bad their PMS is.
Andy conveyed blame and anger, in relation to the women in his life that experienced negative premenstrual changes, stating that there is no excuse for a woman to lose control of her emotions premenstrually. Andy’s construction of PMS as a choice is evident in his use of the word, “decide” as in “women who decided it was OK to be a bitch”, and the way in which he highlighted his own ability to control himself during times of stress, pain or hormonal changes, “I have stressful times, I have regular times were part of my body is absolutely aching in pain, I don't let myself treat other people like scum”. This makes explicit an ideology that it is a woman’s responsibility to control her emotions, regardless of her embodied changes or experiences (Chrisler, 2008). While Andy indicated that women should be blamed for their ‘bad’ behaviour, he declared that any man who suffers as a result of a woman’s PMS is also to blame, stating that men who do not make women aware of their unacceptable behaviour, are encouraging such behaviour, “If enough guys stop being push-overs we might actually get the girls that are being over the top to rethink their behaviour”.

Evident in the posts above is men’s constructions of premenstrual change as pathology to be treated, with many rejecting PMS as a legitimate explanation for women’s changes in behaviour or emotion premenstrually.

Premenstrual women as mad, bad and dangerous. Closely resembling the imagery within the YouTube clips, ad campaigns, books and television shows discussed in Chapter 3, men in the present study described premenstrual women as ‘crazy’, ‘nuts’, ‘irrational’, ‘demon’, and ‘a bitch’. This is illustrated by Kev, who stated, “Absolutely nothing makes
sense during irrational week, it's like they're on acid but continuing their
daily life”. In the case of *Just me*, the monstrous feminine discourse
(Ussher, 2006) was deployed to emphasise his partner’s unpredictable and
‘crazy’ behaviour premenstrually.

Title: goes fu-ing crazy at the drop of a hat

*Just me*: Once a month the bus to crazy town show's up and guess
who's on it. You got it! She started it yesterday morning. I got my
coffee newspaper and just did my morning routine. Crazy showed
up and decide that I did not do enough to help out And I was a liar
screaming, hollering just nut's.

*Just me* immediately positioned his partner as the monstrous
feminine by describing her as “crazy” and “nuts”. By mentioning his
“routine”, he implied that he did not engage in any unusual or undesirable
behaviour, which emphasises his innocence. Notable is the way in which
*Just me* referred to his partner as “her” or “crazy”, which depersonalises
her, making her less human during this time. Implicit in this extract is a
construction of premenstrual irritability as a choice, evident in *Just me’s*
use of the word “decided”. This assigns sole blame to the woman,
emphasising the deviance in her behaviour. In doing this, *Just me* makes
clear that he does not legitimate her premenstrual complaints, and rejects
the notion that he did “not do enough to help out”. It has been found that
many women do experience anger in relation to such issues based on
inequalities in the relationship (Ussher & Perz, 2013a). Such findings
suggest that men’s positioning of women as mad or bad can act as a barrier to their recognition of the issues underlying women’s premenstrual distress.

Within these accounts, premenstrual woman are positioned as mad, bad, unpredictable, dangerous and out of control, with PMS as an intense negative force that significantly interferes or disrupts a woman’s normal functioning. Prominent within these accounts were men’s description of women’s irrational behaviour, or altered sense of reality during this time, as Lickety explained,

Title: Examples of how I suffer

_Lickety:_ When my wife hits PMS she goes into search and destroy mode. She'll hunt me down and scream at me for something I did or did not do. I always know it's PMS because it's so illogical that I almost laugh - but dare I DO NOT!

_Lickety_ positioned his wife’s premenstrual anger towards him as illegitimate. Consistent with the monstrous feminine discourse is the emphasis on women’s dangerous and powerful behaviour and the fear it induces in men, which is exemplified by _Lickety’s_ exclamation, “but dare I DO NOT”.

In describing women’s premenstrual irrationality, a small number of men emphasised the difficulties in adapting to unpredictable shifts in moods, but also the difficulties determining what actions (or lack of action) will bring out a negative reaction in their partner.
Title: I don’t get moody….yeah right

*Kev:* I was on the phone the other day to a female employee while at home. We all have fun at work so we were continuing making fun of a colleague, which was the worst thing imaginable. To sound as though you're having fun with a female, even though my GF knows her, is one step away from having full intercourse, once the GF has entered 'Irrational Week'.

Conveyed through the extract above is an undertone of sarcasm. This enabled *Kev* to emphasise the ridiculousness of his partner’s reaction in regards to him ‘having fun’ with a female employee. In the last statement, *Kev*’s use of hyperbole functions to justify his description of the premenstrual phase as “Irrational Week”. Such an extract implies a construction of the premenstrual woman as powerful, capable of suddenly changing the ‘rules’ within the relationship, rather than her annoyance of his banter with a female colleague being legitimate.

**Discursively splitting premenstrual women.** In conjunction with men’s adoption of the monstrous feminine discourse, a small number of men described premenstrual women as having as two separate personas - their ‘normal’ non-premenstrual persona and their PMS persona; the “demon”, “Attila The Hun clone” “creature” or “she devil”. These descriptions of premenstrual women resemble the discursive practice of splitting which is adopted by many women premenstrually as a way of explaining their divergence from their ‘normal’ behaviour (Chrisler, Rose, Dutch, Sklarsky, & Grant, 2006; Swann & Ussher, 1995; Ussher, 2004a).
In accordance with the accounts above, women are constructed as two separate beings, the good and the bad woman. In this instance, the ‘good woman’ refers to the woman who is ‘normal’, calm and in control, and the ‘bad woman’ refers to the premenstrual woman who is often crazy, emotional and irrational. Such notions of splitting are made apparent through descriptors including “turn into”, and “morphs” as exemplified by Steve, “Sweeties, I know it's not your fault you turn into creatures occasionally”. This is also apparent in Dr. Spiff’s explanation.

Title: PMS is the harbinger of worse to come

Dr. Spiff: OK, let's take a look at this PMS thing... Assume that her periods are regular and for 4 days out of every 28, she morphs into a Charles Manson/Attila The Hun clone. So 14% of the time you have together is spent with a person you don't know and really don't like [...] Maybe you will be lucky and your partner will remain rational and human during her "change". But don't bet your life on it.

In this extract, Dr. Spiff calculated and compared the days in which women are premenstrual, to the days that they are not premenstrual. In doing this, Dr. Spiff is implying that there is a significant negative change in women premenstrually. By comparing premenstrual women to infamous and dangerous figures in history, he is emphasising the negative implications of PMS upon a woman’s demeanour and reinforces this notion by explicitly stating that women are dislikeable during this time. A similar account was presented by Game, who stated,

Title: bashnight
Game: it does my fucken head in, how such a beautiful woman 15 seconds prior to opening my 2nd beer can become such a demon”[…] I still love her and as many have said before me, I would not be a woman for Quid’s…! :)

In this extract, Game made a clear distinction between his non-PMS girlfriend (the beautiful woman) and his PMS girlfriend (the demon), making explicit the detrimental impact PMS can have on a woman.

Idealised constructions of femininity that position premenstrual expressions of anger, irritation, frustration and intolerance as deviant or unacceptable for a woman (Swann & Ussher, 1995), appears to enable men to discursively split the PMS (bad) woman and non-PMS (good) woman. At least for some men, this splitting is accomplished by placing blame onto women’s bodies, more specifically her hormones, as Laws (1992) explains.

It is central to the male view of women that there are Good women and Bad women. PMT isolates the badness in women to a part of themselves which is only sometimes present and results from circumstances (hormones) beyond their control (p. 21).

In accordance with this explanation, splitting acts to position the premenstrual phase as a time when the woman is not herself - a woman possessed (Ussher, 2004b). Men’s engagement in splitting when describing their partner was also found to be the case in Ussher and Perz’s (2013a) study. Heterosexual women described how their partner behaved in a rejecting manner in relation to not only their moods, but their very self premenstrually. Such responses were found to have negative implications
for women’s constructions of their premenstrual experiences. One woman explained that her partner’s statement that she should live elsewhere during the premenstrual phase made her feel so bad that she labelled PMS times as “slit your wrists time” (p. 8). This suggests that men’s engagement in splitting can have negative implications upon women’s negotiation and management of her premenstrual changes.

Although few studies have explored men’s use of splitting in their narratives of PMS, the notion of splitting is predominant in many women’s narratives of PMS (Sveinsdottir, et al., 2002; Swann & Ussher, 1995; Ussher, 2004a). For example one women in (Ussher, 2004b) study described herself as, “I am like two people, my normal self and this impatient, uptight person” (p. 261) and another explained, “I’m just stressed and anxious–not a pleasant person to be around. Its like Dr. Jekyll and Mr. Hyde” (p. 261). Similar accounts were found in Ussher and Perz’s (2006), where one woman reported ‘It’s like Dr Jekyll and Mr Hyde … I am quite a jovial, happy person normally but when I get like that Alan [her husband] says it’s time for the big scary monster to come out’ (p.357). A women’s engagement in splitting is argued to enable her to create a more acceptable explanation for the divergence from her personal standards, or her failure to meet the expectations of others. By positioning her PMS-self as ‘not me’ or attributing her negative emotions to an outside thing called PMS, women are able to keep a core sense of self as 'good' intact (Ussher, 2004b). Similarly, men may be using PMS as a way of explaining women’s deficiencies or incapability during this time, projecting blame and
resentment on something that is not the woman’s choice or something that is temporary. This may function to preserve a positive image of the woman.

In accordance with findings, it becomes clear that men’s splitting has greater implications for how they construct premenstrual change and women. As men positioned women’s premenstrual changes in affect as problematic, they are demonstrating adherence to the dominant model of mental health in the Western world, where consistency of positive emotions is held up as the norm (Ussher, 2002). Also, as the act of splitting presents a comparison of how women are meant to be, to how they are not meant to be (Kaplan, 1992 1992), men’s engagement in splitting evidences the degree to which constructions of idealised femininity are embedded in cultural discourse of PMS (Ussher, Hunter, & Browne, 2004).

**Men’s self-positioning as victims of PMS.** Consistent with cultural representations of men in the context of PMS, a large number of men described their experiences in ways that positioned themselves as victims of PMS. However, most of these men did not explicitly describe themselves as victims. Rather their accounts of personal suffering, their innocence and difficulty in coping with their partner’s negative premenstrual changes, enabled men to implicitly position themselves as victims of PMS.

**Men’s descriptions of personal suffering.** The majority of men who positioned themselves as victims of PMS described and emphasised how they suffered as a result of their partner’s PMS. This is illustrated by
Nowayman, who emphasised the negative impact of his wife’s PMS upon their intimate relationship.

**Title: Warning to all!**

Nowayman!: I have been with my woman for 25 years and she never really PMS'ed hard until after we had kids. Then it slowly got worse. In the past year or so the PMS was just gettin' worse [...] Then...... she hits me with "I don’t have feelings for you anymore"

She is now in straight up Mid-Life crisis!!!

Nowayman made clear his grievance with PMS by explaining that because of PMS, his partner’s feelings toward him have diminished. Nowayman’s use of the tactile word, “hits” implies that his partner’s change in feelings were sudden, unexpected and significant to him, exemplifying the negative impact of her PMS upon his subjectivity. Similar to other men presented above, Nowayman may also be demonstrating a lack of awareness of the multiple factors that can contribute to a woman’s premenstrual distress, such as responsibilities associated with child rearing (Ussher, 2003a).

Instances of women personally abusing men were also disclosed. Some men described these instances in a light-hearted and joking manner, “Bash night is the name "WE" have given to every 4th Thursday night; where no matter what is done or said I get bashed... not physically of course, just mentally” (Game). Other men described their experiences metaphorically, “I guess I had forgotten about PMS and have not learned to duck fast enough to avoid getting my head snapped off repeatedly over the
years” (Growing a new head). Several men emphasised their plight by concluding their post with a plea for help or an exclamation of intolerance, as was demonstrated by Just busted by hump all week.

Title: I JUST DON'T GIVE A CRAP

Just busted my hump all week: I just worked all week. She stays home and takes care of the house. She wants to go to some crappy home show on Sunday. I need a day off and said I don't want to go. She just went fucking nuts. I can't believe you don't want to spend time with me. She keep's blaming me for this I think I may get a hotel once a month. HELP WITH PMS !!!!!!! HELP can't come soon enough.

The online name, ‘Just busted my hump all week’, as well as the beginning statement “I just worked all week”, implies a self-positioning as a hard worker. This functions to legitimize the man’s need for a day off, rather than going to a “crappy” home show with his partner. By stating that his partner “went fucking nuts” in response to his refusal to go, this implies that her reaction was disproportionate and not warranted. The intolerance of his partner’s reaction is highlighted by his suggestion that he should “get a hotel” once a month. The final plea for help emphasises his need to be saved from such circumstances, strengthening this notion of victimisation. While these men described the negative impact of PMS in their lives, instances whereby men expressed concern in relation to their premenstrual partner were minimal. Instead, men expressed irritation or directed blame towards their partner, evident through pleas or demands for their partner to
stop her disruptive and stressing behaviours. Noteworthy are men’s negation of explanations beyond PMS to explain relational discord, which is further supported by the following extract, “Ok this is really serious. I'm getting to the point that I can't stand my wife. Just bitching and moaning all the time. Just stop bitching and all will be great” (*I can’t fucking take it anymore*).

Men’s positioning of themselves as victims in relation to (pre)menstrual women is a finding consistent within Thornton ‘s (2013) research. Thornton noted a number of male Tweeters, who portrayed themselves as victims in relation to menstruating women, arguing that these women should adjust their behaviour around males. Moreover, recurrent themes of negative relational impact attributed to premenstrual symptomatology are congruent with previous research (e.g. Gardner, 2008; Ryser & Feinauer, 1992; Ussher & Perz, 2013a; Ussher, et al., 2007). Men in Laws and Campling’s (1990) study for instance attributed arguments and difficulties in their relationship to PMS. Further, men’s positioning of PMS as the cause of their relational deterioration, echoes the romantic discourse used by women in Swann and Ussher’s (1995) study. This discourse enabled these women to construct their premenstrual experiences in a way that suggested, ‘everything would be fine if PMS did not exist’. In much the same way, men’s description of PMS implies that their intimate relationship would be fine if the woman’s PMS did not exist.

**Men’s self-positioning as the innocent bystander.** A small group of men constructed their posts in a way that emphasised their innocence prior to, and during premenstrual conflicts with their partner. While these men
also described their suffering in the context of PMS, they also emphasised the injustice of their suffering. This injustice was evident in their description of their innocence, as well as the unreasonableness of their partner premenstrually. In addition, men suggested that women’s premenstrual outbursts were not precipitated by their wrong-doing, but by ‘seemingly ordinary’ behaviours, such as choosing the wrong food, playing the television too loud, declining sex, or in ‘Game’s’ case “[leaving] a light on in a room not being occupied, leaving 1 microscopic Crum on the kitchen bench or better still, forgetting to remind her to not forget to do something”. Similarly, TB explained:

Title: Yep it’s happening again

TB: I was in the kitchen happily doing a job for our daughter (covering a school book with contact plastic) when the 'she devil' emerged in from the garden screaming that the TV was too loud (the ads were on) & that our neighbours didn't want to listen to our TV blaring. I must admit I wasn't paying too much attention to the TV but was taken back by the suddenness and ferocity of the tone & volume of her voice.

Note the way in which TB began his account by emphasising the positivity of his behaviour during this moment. He not only described his demeanour as “happy”, but he also mentioned that he was engaging in a fatherly practice of helping his daughter. He juxtaposed his caring and positive practices at that moment to his wife’s, or “she devil’s” reactions.
This contrast is intended to encourage us to question the legitimacy of his partner’s negative reaction.

Furthermore, other men alluded to the notion that their partner’s yelling or accusations were unfounded or baseless. This is illustrated by Donger who described a conflict between himself and his wife.

Title: 1 night, 3 texts

Donger: One evening my wife became irrationally upset with me. My back was out, and I mean OUT. She wanted sex. When I declined she was furious because, in her mind, I was rejecting her. I said she was being childish and refused to engage and went to bed. Next morning I received a text message from her, "Last night your behaviour was unacceptable. You called me all sorts of names and rejected me. Asshole". Note: I can only surmise that the 'names' I called her referred to me describing her as being childish.

Donger began his account by explaining why he declined his wife’s request to have sex on a particular night and positioned his injured back as a legitimate reason. By presenting this explanation, this enabled him to position his wife’s reaction as illegitimate and unjustifiable. Donger’s emphasis of his innocence is furthered by his description of her as “irrational” and “childish”.

Accounts such as Donger’s demonstrate men’s constructions of the premenstrual phase as a time of injustice, as well as a time of increased
conflict over apparently trivial issues. Seigel (1986) argued that anecdotes which describe the premenstrual wife as unpredictably attacking the husband over trivial matters may be describing “an ineffective pattern of conflict resolution” (p. 365), whereby important issues and differences of opinion are not resolved to the wife's satisfaction throughout the menstrual cycle. Seigel’s assertion is consistent with several research studies on self-silencing (e.g. Perz & Ussher, 2006; Ussher, 2003a, 2004b). It has been found that the expression of frustration and grievances within the relationship premenstrually can be positive for the woman (Ussher & Perz, 2013a). However, when these issues remain unresolved - perhaps due to the partner’s rejecting and dismissive responses, this can increase the woman’s distress premenstrually and increase relational dissatisfaction. This highlights the necessity of effective conflict resolution strategies for the management of conflict within relationships. However, adopting effective strategies may be difficult for men, especially if they adopt a victim discourse in their accounts.

Implicit in some men’s accounts was a victim discourse which suggested, “what you say or do during PMS is wrong. Also know that she can't be held responsible for anything she says or does during this time” (Dr Spiff). This discourse enables men to construct their experiences with their premenstrual partner as unjust. Such discourses are argued to make available powerless positions and practices, which may inhibit men’s efforts to help resolve the situation (Doherty, 1981). When this occurs, partners are more likely to give up trying to resolve the problem, which may lead the partner to engage in repetitive negative interactions with little
hope for change, or avoidance of the issue or the partner (Doherty, 1981; Fincham & Beach, 1999). Such findings provide insights into the implications of the victim discourse upon men’s engagement in effective conflict resolution strategies in the context of negative premenstrual change.

In addition, some men suggested that their difficulty dealing with the relational conflicts that occurred premenstrually related to their inability to understand what their partner was experiencing during this time. This is illustrated by Stefan, whose conflicts with his wife prompted him to ask for advice within the forum.

Title: Desperate for advice

Stefan: She [my partner] makes general statements like you don't listen which don't really mean much to me. I ask for a concrete example...a reason and she goes off her nut saying there it is...or how many times do I have to tell you incredulously???. Should I just nod and pretend to understand? Which doesn't really seem like communication to me?

Similar to the men’s posts above, Stefan framed his post in the form of a complaint to emphasise his negative circumstances and his innocence. Through this post, he noted the difficulty communicating with his partner during this time. Communication was a central theme within these men’s accounts, as a number of men requested that their partner communicated with them effectively, as was the case with Aaron B.
Title: Victim

Aaron B: I view the problem as this: although the women in our lives are suffering and going through a lot, instead of realizing that this occurs monthly and asking for help, we are verbally abused for a week and expected to 'man up'. If my wife came to me with 'I feel really crappy, will you feed me chocolates in the tub?' I'd be happy to help. Instead it's something about me being unloving because I fell asleep during a movie (after working 10 hours that day). At least for some of us men, the victim mentality is on the woman's side. Be on our team, ladies, we love to help.

Within this extract, Aaron B acknowledged women’s difficulty in coping premenstrually. However, he used this acknowledgement to comment on women’s failure in utilising their partner as a source of support during this time. He made clear the importance of his partner’s engagement in effective communication, as this would indicate to him how he could support her premenstrually. He juxtaposed this statement with a description of the negative ways by which he is usually treated by his partner. He concluded his post by defending the men who are willing to offer their partner support and implores women to resist positioning themselves as a victim, in order to help guide their partner. This account suggests that some men may be willing to offer support, but are dependant on their partner’s ability to communicate her needs.

Communication has been found to have a significant link to relational satisfaction (Goodman & Ofshe, 1968; Litzinger & Gordon, 2005; Pollock, Die, & Marriott, 1990; Rehman et al.; Welthagen, 1995).
Further, a woman’s engagement in effective communication within a relationship can have a number of positive implications for how premenstrual change is experienced. For example, a woman can help her partner to be aware that she is not feeling her best premenstrually and may need extra support and understanding (Mooney-Somers, et al., 2008). However, negative responses from the partner may discourage women from engaging in self-disclosure about their premenstrual experiences. Men responding in ways that discourage women’s self-disclosure may not be deliberate, as men often struggle to make sense of premenstrual change (Ryser & Feinauer, 1992) and may consequently take up a position of powerlessness in relation to their premenstrual partner. This may make it difficult for men to refrain from responding to their partner with avoidance, confusion or defensiveness. The present findings suggest that men’s understanding of premenstrual change is important to developing ways of communicating within the relationship that allows the woman to express her needs and concerns.

**Men’s self-positioning as a ‘good partner’**. Within some posts, men’s accounts of injustice related to their self-positioning as a ‘good partner’. In such instances, being a good partner referred to remaining faithful or being a good father, or in *I'm A good husband*’s case, being a financial provider, “Ok here's the deal. I make 50K per year all kind's of perk's have good home. Will she stop BITCHING any soon”. This account highlights the notion that the provision of such needs for the family and home should be sufficient to appease his partner premenstrually. A similar account was provided by *Growing a new head*, who expressed confusion in
relation to his partner’s negative response to him, despite him being a good father, husband and provider.

Title: Tampa Bay Times Feb 3

Growing a new head: I was still recovering from yesterday from when I left the house and tried to say goodbye. I didn't think I had done anything to upset her either that morning or the night before but when I said goodbye she snapped "good Riddance!" and then said I was overly emotional because I was a bit stunned by her words. I am married 20+ years, never cheated, have provided adequately, she has never had to work since our firstborn, stayed in shape, committed to our kids, etc.

Within this account, Growing a new head described the negative and unexpected response from his partner and emphasised this description by claiming that he was stunned by her response. By listing his positive qualities and practices within the relationship, Growing a new head is making clear his mistreatment and the injustices within the relationship.

Men’s accounts of being a good husband, father, and in particular a good provider, reflects a traditional patriarchal discourse of the man as the sole provider and the woman as the caretaker of others and of the household (Riley, 2003). The traditional role assigns an instrumental role to the husband - he is responsible for providing material resources, establishing the family’s social status and handling the financial transactions. The wife is assigned to the expressive role - she engages in activities that are confined to the home and assumes responsibility for the
quality of the dyadic relationship (Pollock, et al., 1990; Riley, 2003). Men’s talk reflected their adoption of hegemonic constructions of heteropatriarchy, which reify a woman’s and a man’s role within the family, where the woman must fulfil the caring role in spite of her premenstrual distress.

Further, a number of these men expressed entitlement for their hard work, demanding better treatment from their partner, in the form of sex, or receiving recognition or gratitude. Men’s expression of entitlement and power indicate their adherence to traditional patriarchal constructions, which assigns high importance to the sole provider of the household. Edly and Wetherell (1995) explains that power within families is a complex matter and while women can be powerful in certain aspects through their mothering activities, power within the family and in society more generally depends on financial recourses and freedom for paid work, which appears to be the privilege bestowed upon the men in the present study. Although men in the present study associated being a ‘good provider’ with their partner’s relational satisfaction, research on intimate relationships suggest that relational satisfaction is more strongly related to open communication, complex negotiation and ‘emotion work’ from both parties rather than financial support. However, unlike egalitarian relationships, men’s responsibility for engaging in social interaction and emotional sharing within the family expressive concern in traditional relationship is limited (Pollock, et al., 1990). This provides further insight into the critical role of constructions of hegemonic masculinity in shaping men’s negative constructions and negative practices in relation to premenstrual change.
**Men’s adoption of coping strategies.** Various coping strategies were described by men which included responding aggressively, “I told her to go F [fuck] herself” (*Poor bastard*), being supportive “I treat them [my girlfriends] the way I myself want to be treated” (*Lefty*) and remaining rational, “The best defence against irrationality is extreme rationality” (*Donger*).

A number of men described using the PMSbuddy reminder service as a coping strategy, with several men thanking PMSbuddy for giving them sufficient warning to avoid their partner, or for prompting them to offer more support. This is exemplified by *Lickety*, who stated, “I just signed up with PMSbuddy - hoping it'll help me look for the signs in advance so I can be an even better Hubby”. Another man explained, “We sign up so we can be warned when to avoid them (or when to send them flowers, chocolates etc to help redirect their anger away from us). Thanks PMSbuddy” (*me*). Noteworthy is the simplistic methods *me* positioned as effective remedies for PMS. Such remedies closely resemble the adverts presented on the PMSbuddy website.

Of the coping strategies described by men, most expressed the preference of avoiding their partner during the premenstrual phase, or avoiding the conflicts that often occurred during this time. Whilst some of these men talked about avoiding their partner in a joking manner, a number of men positioned the practice of avoidance as essential. In the majority of cases, avoidance was described in relation to preventing disagreements, particularly those disagreements which were constructed as having no foreseeable resolution. This is exemplified by *Jon*, who explained,
Title: Goes both ways ALWAYS

*Jon:* Truth is most men will try to avoid the confrontation at all cost where as even when you are not PMSing you ladies tend to push till we get upset... really upset... not to say it don't go both ways here either...in all reality we just don't want the confrontation cause there is no talking to you.

Within this extract, *Jon* constructed his post as if he was talking to all women, on behalf of all men. To defend men’s avoidant behaviours, he suggested that women are generally unable to resolve conflict effectively, which becomes worse during the premenstrual phase.

Men’s positioning of avoidance strategies as important during moments of increased conflict premenstrually, are well evidenced in the research literature (e.g. Frank, 1995; Rundle, 2005; Ussher & Perz, 2013a). For instance, Frank (1995) found that men’s typical coping strategy for dealing with emotional upheaval was to distance or detach emotionally, physically and sometimes spiritually from the marriage. McDaniel (1988) argued that in many cases, men’s avoidance or withdrawal from the intimate relationship premenstrually, is part of a distancer-persuer dynamic. Within this dynamic, the woman is the persuer, as she expresses her feelings in order to address the power imbalances within the relationship. However, the man experiences this expression in a pursuing, angry, irrational, or pleading way and distances from the intensity of the woman. The more the man withdraws, the more desperate the woman becomes. As a result, both members of the intimate dyad are left feeling misunderstood.
and needy. Findings are consistent with Gottman and Krokoff’s (1989) research, as it was found that can have long-term negative implications on intimate relationships. This illustrates the negative implications of men being avoidant in relation to the woman, during the premenstrual phase.

Some PMS researchers have reported that not all avoidant behaviours adopted by partners are maladaptive for the relationship, and can even help to ameliorate a woman’s premenstrual distress (e.g. Rundle, 2005; Ussher, 2003a; Ussher & Perz, 2008). A small number of the men interviewed in Ussher and Perz’s (2013a) study gave accounts of learning to give their partner space, or avoid fighting, by removing themselves when their partner was premenstrual. Men’s accounts in Ussher and Perz’s study differed to accounts in the present study, as men in Ussher and Perz’s study indicated that their distancing behaviours were motivated by awareness of the woman’s need for time for herself, which they actively facilitated. This highlights a distinction between avoidance and ‘giving the partner space’. Gottman (1993) provides further insight into this distinction by arguing that ‘negative’ behaviours, such as avoidance, appear to be dysfunctional only when they are not balanced with about five times the positivity; and when there are high levels of complaining, criticising, defensiveness, contempt, and disgust. This suggests that the beneficial impact of avoidance as a coping strategy during times of premenstrual distress is heavily dependent on the positivity of other interactions within the relationship.

There was a group of men who described their repeated and long-term negative experiences with their partner’s negative premenstrual changes and who emphasised their subsequent inability to cope in such
circumstances. Similar to the accounts reported above, the large majority conveyed expressions of anger, resentment and frustration towards their premenstrual partner, with many men positioning themselves as victims. However, these men constructed their suffering as so severe, that they used it as a legitimate reason to consider leaving the relationship.

Title: least logical is correct

Help!: Sorry, I am a man. I love my wife, but I don't know if I can take her PMS anymore. I've considered homosexuality to escape PMS...that's how desperate I am. I just want to know. At what point do you ladies decide to take your pain and confusion out on us men? If you love us then why would you want to push us away like that? I've come close to ending the relationship on several occasions...always when she is on the rag.

By prefacing his post with “I love my wife but”, Help! positioned his wife’s PMS as a significant problem affecting his relationship with her. Help! made no other reference to factors affecting their relationship, apart from his wife’s decision to push him away. This implies a construction of PMS as a choice and as a primary source of relational disruption. Similar to Help!’s account, All I have is my hand explained,

Title: She is such A bitch

All I have is my hand: I've been married for 25 year's just found this site [...] Nothing I can do is good enough for her. I'm sick of having to take care of my own needs. If she doesn’t come around soon I will be leaving.
With references to his wife as a “bitch”, *All I have is my hand’s* account implies resentment and blame towards her, reinforcing notions of victimisation. He legitimated his positioning of her as a bitch by explaining that she constantly insults him and does not meet his needs, presumably sexual needs, implicated by his online name “all I have is my hand”. It is interesting to note that a number of men made references to long-term marital issues within the relationship such as lack of sex “I have not had sex in 2 years”, but continue to blame it on PMS. Within this extract, *All I have is my hand* drew upon the male sexual drive (Hollway, 2001) to construct his sexual needs within the relationship as important. Therefore, with such needs not being met for over two years, this illustrates the extent of his suffering. This is suggestive of a construction of PMS that enables men to negate their personal contribution to relational discord. In this way, men may be using PMS as a reason to maintain the victim position due to cultural constructions of PMS as a problem (Chrisler & Caplan, 2002; Chrisler & Johnston-Robledo, 2002; Figert, 1995; Ussher, 2006). Although these particular accounts highlight the detrimental impact of PMS on couples, it also highlights how negative constructions of PMS are used to maintain a man’s self-positioning as a victim.

**Being a good partner.** In contrast to the large majority of accounts posted on PMSbuddy.com, there was a small portion of men who described a number of positive practices, which they positioned as necessary for the amelioration of premenstrual distress. This included, being caring or understanding, providing emotional support, or in Stu’s case, being sympathetic.
Title: I get it toooo

*Stu:* Now I have a partner, 4 yrs now, I have a better understanding of PMS. I’m lucky in that in our house it only lasts a day or two but it is real […] We often laugh because I get some of the pains as well. The ‘ bellybutton out the bottom ’ pain, farting, stomach cramps and a feeling of just being off. It might sound nuts but I’m a believer of sympathetic PMS. BECAUSE IM A SUFFERER. ¶ It is what it is can’t be helped as a bloke I just do what I can to ease the pain (and minimise the damage lol) even though my offers of a hot water bottle and chicken soup have yet to be taken up.

Implicit within *Stu’s* account is a construction of premenstrual change as real and as a relational experience. He conveys this through his exclamation that he is also a sufferer of PMS and also through his suggestion that he can help to ease his partner’s pain. Notable is the absence of blame, stating that PMS “can’t be helped”, which is unlike the accounts presented earlier in this analysis. The absence of blame is also evidenced by *Lefty’s* account, as he explained,

Title: why she I call back:

*Lefty:* I’d like to add that as I read many of these other stories, I get to thinking maybe it’s not the girls fault men can’t cope with them. I myself understand my friend and work with her to keep her happy. In return she keeps me happy !! If you guys want a good relationship and a happy one be there for them, they like that. I’ve been doing that now for quite some time and it really works for me.
These men positioned the practice of ameliorating their partner’s premenstrual distress as their responsibility as a partner, and did not demand recognition, or praise for their efforts. This was particularly the case in Bob’s account, as he stated:

Title: re some girl

Bob: It’s our obligation to help the women we care about, no different than taking care of anyone else in our family when they don’t feel well, just like she would take care of you when you’re down with the flu.

Through the inclusive word “our”, Bob is talking to all men, in order to express conviction that partners should care for the woman while she is premenstrual. Notable is the pride some of these men express in relation to providing support. This is exemplified through the following extract.

Title: Sharing her feelings!

Mike: Sometimes I will just sit and hug her for hours; crying and sobbing along with her. […] I think empathy is the best policy for helping her through the tough times and am proud to help her.

Within this extract, Mike expressed pride in relation to sympathising with his partner, to the extent of “crying and sobbing” with her. In accordance with research on masculinity, Mike is resisting the hegemonic construction of the “bloke”, to take up a subordinate construction of romantic masculinity (Allen, 2007; Gilmartin, 2007). Connell’s (1987)
concept of hegemonic masculinity describes how there are culturally dominant forms of being a male, the ascendancy of which is constructed in relation to various subordinate masculinities and femininity. One of the factors that make romantic masculinity subordinate is its association with the feminine practices. Romantic masculinity also implies the possession of attributes associated with femininity, such as emotional attachment, care, and sensitivity (Holland, Ramazanoglu, Sharpe, & Thomson, 1994). This suggests that men’s resistance of traditional, or hegemonic masculinity, is critical to their engagement in supportive premenstrual practices. However, this does not imply that men completely disavow traditional masculinity in favour of alterative masculinities. It has been found that men, who demonstrate ‘nice’ qualities, such as the ability to help around the house and provide emotional support, often simultaneously value masculinities characterised by typical hegemonic qualities, such as being able to provide and protect the home (Talbot & Quayle, 2010).

The finding that men can engage in supportive behaviours during the premenstrual phase is well evidenced (e.g. Frank, 1995; Frank, Dixon, & Grosz, 1993; Rundle, 2005; Ussher & Perz, 2013a; Ussher, et al., 2007). Men have reported themselves as being understanding and considerate during the premenstrual phase, providing emotional and practical support during times when the woman is feeling distressed premenstrually. For example, Rundle (2005) found that some partners were more considerate during the premenstrual phase, providing the woman with more physical and emotional space when needed. In a study by Ussher and Perz (2013a), one third of heterosexual women gave accounts of supportive and
understanding partners, emphasising the positive impact this had upon their premenstrual distress. As noted previously in this thesis, a partner’s engagement in support is more likely to occur within lesbian relationships, than heterosexual relationships (Ussher & Perz, 2008, 2013a). This strengthens the notion that gendered roles play a critical role in men’s negative practices and constructions in relation to premenstrual change.

The present findings, in combination with previous research, contests discourses within popular culture which position male partners as insensitive to women’s premenstrual needs and experiences. Rather, such findings support the argument that male partners are indeed capable of engaging in practices that help women cope with negative premenstrual change.

**Conclusion**

The present analysis drew upon online posts from PMSbuddy.com in order to explore how men negotiated cultural representations of PMS in an online context. This analysis also examined the discourses men adopted to make sense of women’s premenstrual experiences. The present findings demonstrated that a small number of men had positive constructions of premenstrual change. However, for the majority of men, their constructions of women’s premenstrual experiences were largely negative. The use of reductionist biomedical discourses were frequent, suggesting that biomedical discourses of PMS play a prominent role in men’s negative construction of PMS. Women’s behaviour and experiences, as described by men, echoed cultural constructions of premenstrual women as
uncontrollable, irritating and irrational, necessitating control and restraint (Chrisler, 2002; Parlee, 1987). Further, men’s deployment of the monstrous feminine discourse to construct women as mad, bad and dangerous, reifies PMS as a social and relational problem. These findings highlight the dominant and negative discourses within men’s narratives of premenstrual change. Moreover, a large number of men expressed feeling victimised and positioned their partner’s negative premenstrual changes as a significant source of personal and relational distress, reinforcing the notion that men can indeed be negatively affected by their partner’s experience of premenstrual change. While some men presented accounts in which they effectively coped with their partner’s premenstrual distress, this was not the case with all men, with some men constructing their suffering as so severe that they considered ending the relationship. Such accounts of men’s suffering in the context of PMS warrants further investigation.

It is clear that the online posts from PMSbuddy.com presented a unique avenue by which to gain insight into men’s constructions and experiences of PMS. However, as many of these accounts were brief, with no opportunity to further query men’s comments, an additional study consisting of in-depth interviews with male partners of women who presented with PMS was conducted. Accordingly, the next chapter details and presents an analysis conducted on men’s interviews prior to and following their participation in a couple-based intervention for PMS.
Chapter 5

Men’s Constructions of Premenstrual Change in their Partner:
An In-depth Interview Study

Extending upon the PMSbuddy study, the interview study involved an analysis of interviews conducted with men prior to, and following their participation in a couple-based PMS intervention. In addition to examining the constructions men hold in relation to PMS and premenstrual women, the present study aimed to determine the impact of participating in a couple-based PMS intervention upon such experiences and constructions. This chapter describes the research design and the method that was implemented within the interview study. This chapter also includes a description of the participants, recruitment, the PMS intervention, data collection, and ethical issues. Issues that were encountered during data the collection process are also discussed.

Method

Research Design. The present study is part of a broader research project - a PMS intervention study. In order to provide a context for the present study, it is important to briefly detail the intervention study.

The broader research project. Within the intervention study, a randomised control trial (RCT) was conducted in order to examine the relative efficacy of a couple-based psychological intervention for PMS on women’s experience of premenstrual distress, in comparison to a one-to-one psychological PMS intervention and a wait-list control. The couple treatment group was the focus for the present study. As such, the present study utilised a pre- and post-intervention design, in which male partners
were interviewed, prior to, and following their engagement in the couple-based intervention. The interviews conducted were one-to-one and semi-structured. By conducting pre- and post-interviews, this enabled an examination of men’s constructions, experiences and negotiation of premenstrual change and how such constructions and experiences were shaped by a PMS intervention for couples.

**Participants and Recruitment Strategies**

**Participants.** Twelve heterosexual men age ranged between 22 and 53 (M = 38.9) were drawn from the broader study. The length of men’s relationship ranged from 2 to 32 years (M = 7.79). All, but two men were living with their partner, and six couples had children. A demographic description of each participant is presented below. The men’s names have been replaced with pseudonyms.

- Brian, aged 50, is a professional engineer. He has been married to Lorraine, aged 39, for 3 years. They have two children together.
- Tom, aged 50, is a police officer. He has been with his partner Janice, aged 47, for more than 10 years. Tom has children, but Janice does not.
- Andy, aged 45, is a manager. He has been married to his partner Susan, aged 42, for 14 years. They have two children together, ages 10 and 3.
- Blake, aged 30, is a photographer. He has been with his partner Kim, aged 27, for 3 years. They do not have any children.
- Nathan, aged 20, is a student and a labourer. He has been with his partner Jacky, aged 19, for 4 years. They have no children and are not living together.

- Terry, aged 53, is a mechanic. He has been married to his partner Helen, aged 48, for 32 years. They have three children together, and their 21 year old currently lives with them.

- Shaun, aged 42, is a general manager. He has been with his partner Mary, aged 29, for 7 years. Shaun has three children that visit on alternating weekends.

- Dale, aged 40, is an ambulance station manager. He has been married to his partner Cynthia, aged 33 for 13 years. They have two children together, who are aged 8 and 4.

- Jonah, aged 28, is a nurse. He has been together with his partner Fiona, aged 22, for 2 years. They have no children and are not living together.

- Greg, aged 37, is an operations manager at a bank. He is partnered with Diane, aged 33 - the length of their relationship is not specified. They have no children together.

- Laurence, aged 31, is a scientist. He has been married to his partner Hayley, aged 31, for 5 years. They have no children together.

- Pete is in his late 20s and works in a professional capacity. He has been married to his partner Sandra, aged 26, for 2 years. They have no children together.

Twelve pre-intervention interviews and nine post-intervention interviews were conducted with men. The discrepancy between pre- and
post-interview numbers was because three men were unable to attend all the intervention sessions and were thus ineligible to take-part in a post-intervention interview. However, the men’s pre-intervention interviews were still included in the present analysis.

**Recruitment**

Participation for the broader intervention study was facilitated through advertisement through several contexts, such as radio, flyers and the social networking website, Facebook. Women interested in participating in the intervention were directed to an online survey, which assessed whether they had significant levels of premenstrual distress. The inclusion criteria for the intervention required women to be; aged between 20 and 45; having regular menstrual cycles (21-35 days); not experiencing a major psychiatric illness; not pregnant or lactating within the previous 12 months; currently in a relationship (heterosexual or lesbian); and experiencing the presence of moderate-severe premenstrual symptoms, as measured by a pre-questionnaire.

Women who met the inclusion criteria for the intervention study, were required to complete a daily mood diary (Endicott & Harrison, 1990) for the duration of three menstrual cycles. Women rated the severity of menstrual cycle changes including bloating, irritability, orderliness and tiredness. In order to be included into the study, women needed to have experienced a 30% increase in two or more affective symptoms (depressed mood, irritability, anxiety/tension, aggressive feelings, and tiredness) during the premenstrual phase, compared to the rest of her cycle. The
women who met criteria for the study were randomly allocated into one of the three treatment groups – one to one, couple, wait-list control.

The women allocated to the couple-based intervention group were contacted by me. This was done prior to them attending their first intervention session. I sent them an email with the details of my study (see Appendix 2), which explained the focus of the study and why their partner’s participation was required. Also in this email was a request for the woman assist me in recruiting her partner by either forwarding my email to him, or by providing me his contact details, in order to contact him directly.

Procedure

**Semi-structured interviews.** Telephone interviews were conducted with all participants within one month of their participation of intervention and within one month from their completion of the intervention. Telephone interviews present significant advantages over face-to-face interviews, as participants often prefer the relative anonymity of telephone interaction, particularly if the content of their interview is embarrassing or sensitive (Sturges & Hanrahan, 2004). Also, telephone interviews were a convenient and accessible method for participants, as it did not require participants to travel for the interview. This also meant that choosing a time to conduct the interview enabled more flexibility for both the participant and I, as interview times did not have to coincide with room bookings.

Interviews were audio-recorded, and the duration of interviews averaged 50 minutes. In order to determine the suitability of the interview schedule, pilot interviews were conducted with two men who had been in
an intimate relationship with a woman who experienced negative premenstrual change.

Prior to asking my first interview question, I provided the participants with a brief introduction. In this introduction, I informed participants that the interview was going to be audio recorded and transcribed. I also informed them that the interview was strictly confidential, that their participation was voluntary and if desired, they could withdraw from the study at any time. Once participants indicated that they were willing to continue with the study, I reminded them of the purpose of the interview and proceeded to ask the first interview question.

Within the pre-intervention interview schedule (see Appendix 6), men were asked questions relating to their constructions and their understanding of premenstrual change. However, it was important to gather contextual information, such as the man’s feelings towards his partner generally, as well as the couple’s relational interactions, particularly their modes of affection, communication and conflict. Therefore, the first interview question was, “What is your partner like when she is not premenstrual?” Men were then asked to describe what their partner is like when she is premenstrual. Proceeding questions centred on exploring how men made sense of their partner’s experience of premenstrual change. Such questions included, “To what extent do you think you understand what she experiences?” The next set of questions was asked to determine men’s responses and modes of coping in relation to premenstrual change, which included, “How do you respond to your partner during this time?” The final question explored the extent to which men constructed certain premenstrual
changes positively. As all men had not heard of positive premenstrual change, I began by explaining that women have been found to experience positive changes premenstrually and provided them with examples including increased energy, cleanliness and increased arousal. I then asked them, “Can you think of anything that you would deem positive during this time?”

The post-intervention interview schedule (see Appendix 7) addressed similar questions, but focused on how the intervention impacted each of these areas, specifically men’s understanding, experiences, coping and responses to premenstrual change. Concluding questions addressed men’s experience of the intervention sessions. An example of such questions included, “What aspects of the intervention did you find most beneficial?” and “To what extent do you think there was an advantage of including you in the sessions?”

**Couple-based PMS Intervention**

The aims of the couple-based PMS intervention within the present study included: aiding effective couple communication, providing couples with alternative explanations for causation of premenstrual problems and increasing women’s access to self-care practices. To achieve these aims, the intervention consisted of three 90-minute sessions of brief couple-based PMS therapy and a two-month booster session (four sessions in total). Take-home exercises or ‘homework’ were also assigned after each session. The sessions were conducted by a qualified and registered clinical psychologist, on a monthly basis. The intervention is closely modelled on a
self-help psychological treatment package (Hunter et al., 2002; Ussher, Hunter, & Cariss, 2002; Ussher & Perz, 2006) and is described below.

In the first session of the intervention, the psychologist discusses with the couple what the intervention is about, what causes premenstrual distress, and how couples can cope with negative premenstrual change to reduce distress broadly within a bio-psycho-social model. The psychologist then explains to the couple the importance of women looking after themselves throughout the entire month. Couples are provided with information on exercise, diet, sleeping and relaxation. The woman’s partner is also provided information regarding their role in helping the woman to better cope with negative premenstrual change.

In the second session, the psychologist explains to the couple why it is important that the woman takes care of her needs. The psychologist examines how the woman communicates with others and helps her to develop ways to increase positive time throughout the month. Women are provided with strategies on how to engage in self-care and how to be more assertive. Also during this session, the psychologist explains to the couple how a greater understanding of premenstrual change within the intimate relationship can help to reduce premenstrual distress and increase coping. Specifically, the woman’s experience of emotional reactivity, as well as ways the couple can reduce her experience of emotional overload is discussed.

In the third session, the psychologist discusses methods of understanding and coping with premenstrual distress by focusing on the woman’s thought processes. Specific issues examined include: the link
between thoughts, feelings and behaviour, developing helpful ways of thinking and developing ways in which the partner can help the woman to reduce her premenstrual distress.

During this booster session, the psychologist revises all aspects of the intervention with the couple and key points reiterated.

Analysis of interviews with male partners

Interviews were transcribed verbatim, in which laughs, emphasis and pauses were noted (Lyons & Coyle, 2007). The interview data were analysed using Foucauldian discourse analysis (DA) (Arribas-Ayllon & Walkerdine, 2008; Willig, 2003). Foucauldian DA asks questions about the relationship between discourse and a person’s experiences or ways of being; the relationship between discourse and the practices people adopt; the relationship between material conditions within such experience takes place (Parker, 1992).

The Foucauldian DA conducted within the present analysis was guided by Willig’s (2003) description of six stages of Foucauldian DA. Through this analysis, I was able to map some of the discursive resources used within men’s accounts, and the subject positions they contain, and to explore their implications for subjectivity and practice (Willig, 2003), which was essential to meeting the research aims. Additionally, while Willig’s six stages of Foucauldian DA assisted with the interpretation of data, Braun and Clarke’s (2006) guide to conducting a thematic analysis assisted with the organisation of codes and themes. The methods by which these two guides were utilised are described below.
During each stage of analysis, I discussed in detail with my supervisors, my method of analysis. This ensured that there was a consistency within patterns identified, and that my analysis was plausible. Once interviews were transcribed, transcripts were read and re-read to enable in-depth familiarisation and initial notes and ideas were written (Braun & Clarke, 2006). In the next stage, I sorted and categorised the data by creating codes, which were put into NVivo. It was during this stage that I implemented Willig’s six stages of Foucauldian DA. The method by which these six stages were followed within the present study is described below:

**Discursive constructions.** This stage of analysis is concerned with the ways in which discursive objects are constructed. As the discursive object depends on the research question, I focused on identifying the different ways in which men constructed premenstrual change and their premenstrual partner. Therefore, as the focus of this analysis is on examining men’s constructions of PMS and premenstrual change, I identified the different ways in which PMS and premenstrual change - the discursive object, was constructed within their transcripts. This required me to highlight all instances in which men referred to premenstrual change, PMS and premenstrual women. This included all instances in which men described the changes their partner experienced premenstrually, and descriptions of how such changes affected her and their intimate relationship. This stage also included identifying implicit references to PMS. For example, although someone referred to PMS as a ‘thing’, this was still a construction of the discursive object and was included in the analysis. Key questions that facilitated this stage of analysis included:
‘How is the discursive object constructed through language?’ and
‘What type of object is being constructed?’

By following this stage, several discursive constructions of premenstrual change were identified and where put into Nvivo as codes. These codes included: ‘PMS as an illness’, ‘PMS as natural’, ‘women as PMS sufferers’, ‘premenstrual women as monstrous or crazy’, ‘PMS as positive’, ‘PMS as a choice or excuse’, ‘PMS as time constrained or temporary’ ‘PMS as a hormonal issue’, ‘PMS as complicated or a mystery’, ‘PMS as a power struggle’, ‘PMS as a problem within the relationship’ and ‘men as victims of PMS’.

**Discourses.** Having identified all sections in the data that contributed to the construction of premenstrual change, I located the various discourses of premenstrual change within broader cultural constructions. Within this stage of analysis, I aimed to locate the various discursive constructions of the object within wider discourses, being aware that the same object can be constructed in multiple ways. For example, a man drew upon a biomedical discourse to talk about his partner’s premenstrual changes as an illness that needs to be treated, while another man drew on naturalistic discourse when describing premenstrual change as a normal and natural experience. Key questions that facilitated this stage of analysis included: ‘What discourses are drawn upon?’ and ‘What is their relationship to one another?’

The cultural constructions, or discourses identified during this stage were: ‘biomedical discourse’, ‘scientistic discourse’, ‘naturalistic discourse’, ‘emancipatory discourse’, ‘discourses of hegemonic
femininity’, ‘discourses of hegemonic masculinity’, ‘the monstrous feminine discourse’ and ‘the marital or relational discourse’. The discursive constructions were also put into Nvivo as codes.

**Action orientation.** Within this stage, I examined the function of certain discourses and what men stood to gain from their deployment of certain discourses, or making certain statements. A focus on action orientation allowed me to gain a clearer understanding of what the various constructions of the discursive object are capable of achieving within the data. For example, a man’s deployment of biomedical discourse may function to legitimate his decision to dismiss his partner’s complaints premenstrually. Key questions facilitating this stage included: ‘What do the constructions achieve?’, ‘What is their function?’ and ‘What is the author doing here?’ No further codes were created during this stage. However, this stage helped me to further define the discourses and cultural constructions identified earlier. This stage was later revisited during the analysis and description stages of analysis, which is described later in this section.

**Positioning.** As stated previously, subject positions are made available through wider discourses and within that, each subject position makes available particular discourses (Harré & Lagenhove, 1999). Therefore, once the various discourses and constructions relating to premenstrual change were identified within the interviews, the subject positions they offered the men were identified. A key question that facilitated this stage included: ‘What subject positions are made available by these constructions?’ A small set of key positions that men took up were identified, including: the ‘pacifier or peacekeeper’, ‘the naïve scientist’,
‘the victim’, ‘the good partner’, ‘the critical partner’, ‘the unknowing partner’. There were also a number of positions that men assigned women, including: ‘PMS sufferer’, ‘monstrous feminine’, ‘child’, and ‘agentic individual’.

**Practice.** Within this stage, I explored the ways in which discourses and the subject positions contained within them enabled, or constrained opportunities for men’s practices (Harré & Langenhove, 2007). This allowed me to look at the relationship between discourses surrounding PMS and men’s engagement in coping, support or rejection in relation to their premenstrual partner. Key questions facilitating this stage included: ‘What possibilities for action are mapped out by these constructions?’ and ‘What can be said and done from within these subject positions?’ A large number of practices were found, each relating specifically to a certain position. For example, within the ‘good partner’ position identified, practices relating specifically to this position included: providing practical and emotional support, engaging in effective communication, being sympathetic and avoiding behaviours that exacerbated premenstrual distress. The practices identified were also put into Nvivo as codes.

**Subjectivity.** In this final stage, I focused on what was felt, thought and experienced from within the subject positions identified. It allowed me to explore the relationship between discourse and subjectivity, as discourses make available ways of seeing the world and ways of being within the world (Parker, 1992). Within this stage, I traced the consequences of taking up various subject positions for men’s subjective experience. This allowed me to explore the relationship between subject
positions, experience, and subjectivity of the men in the context of premenstrual change. Key questions facilitating this stage included: ‘What can potentially be felt, thought and experiences from the available subject positions?’ Several practices were identified, which were put as codes within Nvivo. Examples of these codes included, ‘men feeling victimised, ‘being confused’, ‘feeling helpless’, ‘feeling guilty’ and ‘men feeling sorry for their partner’.

Following the implementation of Willig’s six stages, 55 codes were identified and a thematic framework was developed, which served as a way of organising the codes into potential themes. This was achieved by examining the relationship between codes, between themes, and determining which themes were sub-themes and which were primary themes (Braun & Clarke, 2006). Once themes were determined, relevant data extracts were coded under these themes. For example, within the primary theme, ‘Men’s understanding of PMS’, data extracts in which men referred to what they understood and did not understand about PMS, the sources by which they learned about PMS, what aspects of PMS they wanted to learn more about, and methods of awareness, were coded under this theme.

Once this thematic framework was developed, it needed to be reorganised and further refined because there were too many key themes which did not fit under the current framework and other themes which did not greatly contribute to the present study. It was determined that the subject positions identified previously within the analysis could act as primary themes and the analysis could be organised and presented in
relation to these subject positions. The initial thematic framework was not completely discarded, as many of the themes and relationships identified were placed under the subject positions. For example, the themes that related to men’s constructions and lack of understanding in relation to premenstrual change were themed under the position the ‘Unknowing Partner’.

The next stage of analysis involved the further revision of themes (Braun & Clarke, 2006). Accordingly, some subject positions were discarded, such as the ‘Pacifier position’, as supporting data were scarce. Other positions were redefined and were renamed. For example, the ‘Unknowing Partner position’, was changed to the ‘Naïve Partner Position’, as this aided in the clarification of the theme. The ‘Victim Position’ was further refined and separated, as this theme contained a large number of data extracts in relation to men’s negative experiences and constructions of PMS. This theme was separated into the ‘the Victim Position’ and the ‘Critical Partner Position’. Therefore, while these two themes both centred on the negative aspects of premenstrual change, the ‘Critical Partner Position’ focused on men’s constructions of premenstrual change and premenstrual women, while the ‘Victim Position’ focused on men’s constructions of themselves in relation to premenstrual change.

Following this refinement process, the final major themes are: the ‘Naïve Partner position’, the ‘Expert position’, the ‘Supportive Partner position’, the ‘Critical Partner position’ and the ‘Victim position’. After this thematic framework was deemed suitable for the present analysis, I further defined and refined the names of the themes. Here, I determined
what aspects of the data each theme captured, and how this contributed

to the overall ‘story’ (Braun & Clarke, 2006). I selected key extracts and
organised them in a way that provided a framework for a story to be
developed.

Within the final stage of writing up the analysis, I revisited Willig’s
six stages of analysis, as this enabled me to interpret and describe each
extract in more detail. Therefore, within each data set, I identified and
described how premenstrual change was discursively constructed; the
cultural discourses men drew upon; what men achieved by adopting these
discourses; the positions they took up; the implications of these positions
upon what men can do and say; and what can be felt experienced from
within these positions.

During the post-intervention analysis, the same process was
followed, except I focused on how men’s positioning changed following
the intervention, searching for new positions that men might have taken up.
Using the positions identified in the pre-intervention analysis, I identified
instances in which these subject positions were taken up or resisted in
men’s post-intervention interviews. I implemented Willig’s guide to
investigate the circumstances that enabled men to resist or continue to
adopt such positions, examining the discursive resources that men drew
upon. I also examined the implications of such positions upon men’s
practices and subjectivity in a post-intervention context. Many of the
positions and themes identified within the post-intervention analysis
reflected the positions and themes identified within the pre-intervention
analysis. The primary themes are: ‘Men’s Experience of their Partner’s
Premenstrual Changes Post-intervention’, the ‘Knowledgeable Partner position’ and finally ‘Men’s experiences of the intervention’.

**Ethical considerations**

All aspects of data collection and analysis were conducted in accordance with the ethical guidelines approved for this study by the Human Research Ethics Panel of University of Western Sydney, approval number H6698.

Participant rights were protected using informed consent procedures and participation in the research was entirely voluntary. To protect privacy, all telephone interviews were conducted in a private location, where other people could not hear the interview. To protect confidentiality, no participant was identified from transcripts or questionnaires, as their names and their partner’s names were replaced with pseudonyms. The data collected were stored on a computer, which can only be accessed by me, with a log on name and password. The hard copy versions of the transcripts are stored securely in a locked filing cabinet. Long-term storage utilises the secure UWS data storage facilities.

A basic principle of ethical research practice is to minimise the risk of harm or discomfort to participants (National Health and Medical Research Council, 2012). A potential risk to participants in qualitative research is that they will become distressed and their mental state might worsen, which is increased when the research deals with emotionally charged issues such as suicidal actions or traumatic life events (Jorm, Kelly, & Morgan, 2007). Being a woman’s health issue, premenstrual change can be an emotionally charged, or sensitive topic for individuals...
(Corbin & Morse, 2003), which means that there is a chance of a participants experiencing distress during the research process. ‘Distress’ in this instance can refer to the participants experience of stress, anxiety, depression, embarrassment, discomfort, negative reaction, regret for participating, and intrusion of privacy (Boothroyd & Best, 2003; Boscarino et al., 2004; Jacomb et al., 1999; Jorm, et al., 2007). In order to minimise distress for participants, I implemented a number of procedures, as per Jorm, et al.’s (2007) recommendations. Prior to conducting the interview, I gained informed consent. Prior to gaining consent, I made sure that the participants were aware of the purposes of the study, that participation was voluntary, that they could discontinue their participation at any stage of the research process and that they could have all their data withdrawn from the study. In relation to responding to distress, I was prepared to respond to the distressed participant in a supportive manner and ask them how they are feeling. Although no male participant showed distress during the interview, if this had occurred, counselling services would have been offered. At the end of the interview, participants were debriefed following the interview, reiterating the focus of the study and the purpose of the interview. This gave me a change to assess whether participants experienced distress as a result of the interview and offer further information on accessing further support if needed.

Another issue that needed to be considered were the implications of conducting interviews with male partners upon the intervention outcomes of the broader study. There is research evidence that interviews alone can have a therapeutic effect upon the participants (Rosenthal, 2003).
Therefore, it is possible that simply conducting an interview prior to the intervention can potentially affect the results of the intervention. It was considered critical to the results of the present study to conduct pre- and post-intervention interviews. As a result, a number of methods were implemented which helped to counterbalance this issue.

   I was aware that the participants were going to take part in an intervention, as well as a second interview with me. Therefore, I made sure not to provide them with any information that could influence their experience of the intervention or their accounts within the post-intervention interview during our debriefing, or the interview itself. For example, when one participant asked me on a number of occasions what my perspective was on premenstrual change, I avoided answering such questions. The extract is presented below.

Brian: That, you’d have to get really into some detail chemistry there. But, I’m bloody sure if, it’s got to be there [laughs]. Anyway, enough of me. What’s your thoughts? Is it or isn’t it [laughs], or you’re not commenting? [laughs].

Interviewer: No, it’s not for me to say [laughs]. It’s all about you at this moment.

Brian: Is it?

Interviewer: Yeah.

Brian: Right, okay. Cop out, cop out. “You know, I’m not going to be drawn into that,” yeah okay [laughs].

One final aspect that may have helped to minimise the impact of the present study upon the overall results of the broader study is the fact that
the woman also had to take part in a one-to-one interview as part of the broader study. This meant that the couple had a similar experience of being interviewed prior to the intervention.

The analysis of the interview study is separated into two chapters. Chapter 6 present the themes identified in men’s pre-intervention interviews and Chapter 7 presented the themes identified in men’s post intervention interview.
Chapter 6

An Analysis of Men’s Pre-Intervention Interviews

Within men’s pre-intervention interviews, several discourses were identified as having been adopted, through which subject positions became available to the men. It became apparent that each man took up multiple, and sometimes contradictory positions within the context of describing premenstrual change and within the context of the interview. This is important to note when reading this analysis, because most men will appear under the discussion of a number of positions. These positions were: the ‘Naïve Partner position’, the ‘Expert position’, the ‘Supportive Partner position’, the ‘Critical Partner position’ and the ‘Victim position’. The set of discursive circumstances in which each of these positions were taken up and the implications of these positions upon men’s practices and subjectivity are discussed in this chapter.

The Naïve Partner Position

The majority of men took up the subject position of the Naïve Partner in relation to their partner and her premenstrual changes. From the position of Naïve Partner, men constructed the premenstrual phase and women’s premenstrual changes in behaviour as confusing, complicated and illogical. The Naïve Partner position is made accessible through cultural constructions of PMS that represent premenstrual change as mysterious, puzzling and solely a woman’s issue (Chrisler & Levy, 1990; Rittenhouse, 1991; Ussher, 2011). A key discourse adopted by men from the position of the Naïve Partner was the ‘Woman as Other’ discourse, which is based on the idea that men and women are biologically different and thus their
embodied experiences are different. Accordingly, this discourse functioned to emphasise men’s inability to access ‘feminine’ experiences and legitimated their difficulty in making sense of their partner’s experience of premenstrual change. The following theme will highlight the discursive and material practices through which the Naïve Partner is manifested, as well as explore the barriers men encounter when attempting to resist the Naïve Partner position. Subthemes within the Native Partner were: ‘Men’s difficulty understanding premenstrual change’, ‘Lack of awareness’ and ‘The disruption of communication premenstrually’.

‘I just don’t understand it’: Men’s difficulty understanding premenstrual change. All the men who adopted the Naïve Partner subject position drew upon biomedical discourse in order to construct premenstrual change or ‘PMS’ as real and to acknowledge that women indeed experience cyclic changes, emotionally and physically. This is illustrated by Greg who stated, “It’s a physiological – you know what I mean, a physical thing, and it affects the emotional, you know, body and, you know, hormones”. Although these men accepted and understood that premenstrual change affected their partner, they admitted difficulty understanding how this came about, as Tom explained, “I know it affects people in different ways, as to the nuts and bolts of it, I don’t really, probably don’t really understand it that well”. Notable is the juxtaposition of “I know” and “I don’t know”, which indicates that PMS can simultaneously be known and unknown; that some aspects of premenstrual change are understood by a person, while other aspects of premenstrual change are not. Such contradictions were evident throughout men’s accounts, which are further explored below.
‘Why are you upset?’ Making sense of premenstrual mood change. Within the majority of accounts, men stated that they could not understand why their partner experienced sudden shifts in mood premenstrually, and why such moods were particularly intense during this time. This is exemplified by Pete in the following extract.

Um, a lot of the time frustration, um as a guy, because I just don’t understand it. It’s not necessarily frustration that she’s upset, I mean that does come into it because I – I kind of go, “you’ve got nothing to be upset about”, you know? “You live in a great country, you’ve got a great family, great job, you know, why are you upset? Why are you depressed? Why are you sad?” All that sort of stuff. Um, and also frustration though that I don’t get it, that’s sort of like where my frustration comes from, that I’m – you know as much as we talk about it, I’m still not understanding where she’s coming from.

Notable within the extract above is Pete’s deployment of the ‘Woman as Other’ discourse, evident through the statement “as a guy”. As it cannot be denied that the experience of premenstrual change is biologically inaccessible to men, as well as the experience of being positioned as a premenstrual woman, the Woman as Other discourse serves to legitimate Pete’s naivety in relation to his partner Sandra’s premenstrual experiences. Furthermore, Pete presented a sequence of rhetorical questions to highlight his confusion regarding Sandra’s experience of negative affect premenstrually. Through such questions, Pete constructed mood change as largely dependent on external factors such as family and a job. This
indicates Pete’s lack of awareness of the internal changes women can experience premenstrually, such as heightened arousal and sensitivity, which can affect women’s experience of premenstrual mood change (Sabin-Farrell & Slade, 1999; Ussher & Wilding, 1991). Such questions also indicate Pete’s limited awareness of how the gendered nature of social and familial life can impact upon women’s experience and construction of premenstrual change (Ussher, 2010). Furthermore, evident within Pete’s account was the taking up of a passive position in relation to premenstrual change, accepting that, “Unless you’ve experienced [PMS], you’re not really going to know what it’s like”. Through this statement, Pete positioned personal experience as essential to gaining a deeper understanding of Sandra’s premenstrual experiences. Such a sentiment was shared by Tom, as he explained,

All I can imagine is, it’s not very pleasant - if you're aware of what’s going on, but you know but not ever being; not ever going through something like that personally, it’s a bit hard to fully understand what’s going on.

Part of both Tom and Pete’s account was their positioning of lived experience as essential to their understanding of premenstrual change, as well as their acknowledgement that they could never experience such changes. Noteworthy was Tom’s engagement in empathy to understand his partner’s premenstrual changes, which allowed him to imagine that premenstrual change was “not very pleasant”. This highlights the importance of men’s engagement in empathy when attempting to
understand women’s experiences. Similar to Tom, Blake also engaged in empathy in an attempt to understand his partner Kim premenstrually.

I suffered from a bit of depression in my teenage years and my family members have had depression and all that kind of thing, so I kind of understand that side of it. But I think, in this instance, it’s also a different thing. Sometimes she’s just like a raging inferno inside and there’s no way I can understand that fully.

Within this extract, Blake negotiated and attempted to resist the Naïve Partner position, by representing himself as someone with experience. In resisting this position, Blake was attempting to relate and empathise with the depressive aspects of Kim’s premenstrual mood changes. This demonstrates the utility of identifying with the other person’s experiences, as it provides access to experiences not otherwise accessible. However, Blake did not completely resist the Naïve Partner position, as he also acknowledged the limitations of his empathetic understanding, noting the difference between experiencing depression and premenstrual mood change. Blake’s positioning of himself as naïve, was evident through his emphatic declaration that there was “no way” he can “fully” understand Kim’s premenstrual rage. Such an account also demonstrates how premenstrual change can simultaneously be known and unknown, and evidences Blake’s attempt to simultaneously accommodate and resist the Naïve Partner position.

While, some men were able to make sense of their partner’s premenstrual experiences by drawing connections to their personal
experiences, for such men as Terry, premenstrual change was ultimately positioned as a conundrum. This is evident in the account below.

I mean it’s a natural process it happens once a month. You’re not going to bleed to death and I’m just curious as to what women think about it. Do they just think it’s that time of the month and they can’t go swimming, or something of that nature you know? Surely, it can’t be that. Is it distressing for women? Is it that distressing that they change their - she had ten years, at least before children to get used to periods.

Terry presented a series of questions, and although he attempted to answer his own questions, he refuted such answers, implying dissatisfaction with his current understanding of the menstrual cycle. Terry suggested that women’s premenstrual distress is linked to their anticipation of the menstrual phase and the subsequent difficulties associated with menses, such as the inability to go swimming. Such a suggestion is noteworthy, as it implies Terry’s reliance upon an old (and disputed) idea that premenstrual distress is linked with dread, or anticipation of menstruating (Laws, 1992). Also, the repeated question, “Is it that distressing?” implies scepticism of the notion that women experience a high degree of distress in relation to an event that is constructed as “natural” and frequent. Terry positioned himself as a knowledgeable person, in relation to the medical and physical aspects of premenstrual change, “Well my understanding is that it changes their hormonal balance and they can get headaches. I am medically trained”. However, his adoption of the Naïve Partner position in relation to his partner Helen’s
premenstrual experiences, remained prominent in his account, evidenced by his frequent use of “I don’t know”.

It was not surprising that the men in the present study took up the Naïve Partner position in relation to premenstrual change, as several studies have demonstrated the barriers men experience when attempting to make sense of women’s reproductive experiences. The undergraduate males in Koch’s (2006) study expressed confusion in relation to women’s bodies and women overall, with one participant describing women’s emotional and physical changes as “complex” and “crazy”, and another participant labelling women’s bodies as “mysterious”. Equally, men in Ussher and Perz’s (2013) research study represented their partner’s experience of premenstrual mood change as difficult to understand or relate to, with one man stating, “I’m not really sure why [my partner] has to be so angry”. Some of the women from this study confirmed this notion, as Judith explained: “I have tried to explain it over the last couple of years…since we’ve had children (laugh) but it’s like talking to a brick wall. So I don’t think many men really comprehend what happens” (p. 17). Further, the main findings in Alpern’s (1983) study centred on men’s reports that the menstrual cycle was difficult for them to understand or “fully grasp”. Similar to the men, who deployed the Woman as Other discourse in the present study, men in Alpern’s study suggested that their own ignorance lied in the fact that menstruation was a process “outside of their own experience”. Such research strengthens the present findings that men’s deployment of the Woman as Other discourse functions to legitimate men’s
difficulty understanding women’s menstrual experiences. This can make the Naïve Partner position difficult to resist.

Finally, women report that the premenstrual phase is a source of confusion and frustration for men (Mooney-Somers, Perz, & Ussher, 2008; Perz & Ussher, 2006; Ussher & Perz, 2006). For example, one woman explained that her ex-husband “tried to understand [PMS], but “just gave up” (Ussher & Perz, 2008, p. 13). Women’s accounts suggest that the Naïve Partner position can also be assigned to men by their partner, making it difficult for them to resist this position. In the present study, this appeared to be the case with Terry, as he stated, “[She is] very secretive. She may think that a lot of the time I wouldn’t understand anyway”.

Mooney-Somers, et al.’s (2008) study provides insight as to why women do not talk to their partner about premenstrual change or name their PMS. Some women reported that they were reluctant to name their PMS for concerns that their partner would not understand them, or respond in a belittling, dismissive or rejecting manner. One woman, for instance, reported that naming her PMS makes her feel vulnerable in relation to her partner, explaining, “I find it kind of, very unfair that every month I have to say to my partner “no I’m, it’s the week that I’m getting my bad days…” it’s a bit embarrassing…it puts him to better position” (p. 66).

‘I generally don’t know until it’s too late’: Men’s lack of awareness. According to all the men who took up the Naïve Partner position in the present study, having awareness meant forewarning; having the ability to identify when their partner is premenstrual or “PMSing” - the shorthand term used by men to describe their partner as emotionally
sensitive, reactive, irritable, stressed or less tolerant premenstrually. Men positioned awareness as essential to knowing how and when to respond to their partner, but ultimately positioned awareness as difficult to attain and maintain.

The importance of awareness. Evident in men’s accounts was a construction of their premenstrual partner as ‘different’ from the way she was during rest of the month, particularly in relation to her emotionality and reactivity. This is exemplified by Terry who stated, “[Lynn] has absolutely no patience… She’s totally a different person”. In recognising this difference, men acknowledged the necessity of adapting their responses in ways that allowed them to avoid or minimise the exacerbation of their partner’s premenstrual distress. Blake for instance explained,

If [PMS] the reason for her depression or whatever, then I can be aware and then I can prepare myself I suppose; so I could do that. Maybe be a bit softer with her when she’s incredibly, when she’s being quite malicious [laughs], probably be a bit softer, which is all so difficult.

In the extract above, Blake linked awareness with the act of preparation. He used the word “prepare”, suggesting that the practices, which involve being non-reactive in relation to his partner, is not easily accessible. Therefore, being aware would allow Blake to construct Kim’s depressive moods as indicative of premenstrual distress and not as maliciousness. Although Blake acknowledged the utility of being aware, notable is his final statement, “which is all so difficult”, which implies awareness of his limitations in enacting such practices.
While these men acknowledged the role of awareness in minimising premenstrual distress, the majority of these men positioned themselves as lacking awareness, reflecting their adoption of the Naïve Partner position. This is illustrated by Jonah, who stated,

Jonah: I often don’t realise that she’s in a PMS style rant or rage until it’s almost too late until I’ve reacted, and been sucked in myself, um - - -

Interviewer: And how do you react?

Jonah: I get frustrated, and I tend to react, and instead I’m more like, I’m standing up for myself. I’m standing up for the person that she’s, or the thing to the point that I get frustrated, and I can raise my voice. But even at that, even at that time I realise that it’s an irrational style, it’s an irrational conversation, it’s an irrational conflict even.

Jonah described the consequences of his frequent inability to identify in advance when his partner Fiona is premenstrual. Jonah explained that, in response to Fiona’s “PMS styles rants” or “rages”, he defends himself, or defends the target of Fiona’s rant. However, he made explicit his regret for reacting, through the phrase “sucked in myself”. Also, by describing the resulting conflict, or conversation as “irrational”, Jonah highlighted the futility of engaging in such conflicts during this time. Finally, by alluding to the notion of time, through the phrase “too late”, our attention is drawn to the idea that having prior awareness would have enabled him to avoid engaging in negative interactions with Fiona. A
similar notion was echoed by Andy who also stated, “I generally don’t know until it’s too late”, and by Pete in the following extract.

If I haven’t clued on that it’s that time of the month, then all the time I just think she’s sort of having a go, for no reason and I kind of will get defensive and then, you know, that would usually escalate into an argument kind of thing.

Noteworthy within Pete’s account is the phrase, “for no reason”. This enabled him to emphasise the importance of being able to understand why his partner has “a go” at him during this time. In the absence of an explanation, such reactions from his partner Sandra were positioned by Pete as illegitimate, and a personal attack, which compelled him to defend himself. By stating that such a reaction will escalate into an argument, this allowed Pete to emphasise the detrimental consequences of being unable to make sense of premenstrual emotionality. This highlights the importance of a partner’s ability to link certain changes in mood or behaviour change to ‘PMS’, as it can provide them with a sufficient explanation for the woman’s experience of negative affect (Ussher & Perz, 2013).

The majority of men’s accounts contained the description of an inability - or delayed ability - to attribute the woman’s affectivity to ‘PMS’. This inability was positioned by men as serving to increase their propensity to react negatively and engage in relational conflict as a result deemed to be a frustrating and regretful outcome. Such findings are consistent with Rundle’s (2005) research, where four out of the six men described feeling frustration in relation to remembering to attribute changes experienced by their partner to PMS. Also, these men explained that they would often
forget when their partner was premenstrual and as a result, would become confused as to why she was acting in a certain way. Such results may explain why an increasing number of men are using the PMSbuddy reminder service, as demonstrated in the previous chapter. In the present study, Andy was the only man to state that he had used the PMSbuddy reminder service to gain some awareness of his partner's premenstrual changes. However, he claimed that this reminder was ineffective, explaining:

There’s a web based tool called PMS Buddy … you need to put in the date of, I don’t know whether it’s the last day of the cycle I think, but the problem is her cycles seem to be getting, well they are and she says this herself, they’re getting shorter and shorter. So they’re not the full 28 days and so I still get a reminder but I just, I don’t even look at them now because it’s usually too late...it would be great if it worked for me but it doesn’t.

The account above suggests that men, like Andy, would value various tools for tracking their partner, but become problematic when such tools fail to determine the onset of the premenstrual phase.

There is evidence that couples who are unable to attribute the woman’s changes in affect to the premenstrual phase, are more likely to engage in destructive behaviours, such as blaming. Such behaviour not only serves to exacerbate premenstrual distress, but can also be detrimental to the intimate relationship. Equally, couples who attribute such changes to premenstrual change can help them to resist adopting destructive behaviours and deal with relational matters effectively, increasing closeness.
and support (Ryser & Feinauer, 1992). This confirms reports that it is important to increase men’s awareness of premenstrual change, as this can have a positive impact upon not only the women’s negotiations of premenstrual change, but also the intimate dyad (Frank, 1995; Ussher & Perz, 2013)

*Not knowing how to respond.* All men who took up the Naïve Partner position conveyed confusion as to how to respond to their partner premenstrually. This was demonstrated by Andy, who expressed a desire to help his partner during the premenstrual phase, but positioned his lack of knowledge and understanding as a barrier.

About what I can do to help alleviate her…I’d rather be - this is probably a cop out but it would be better to be told. Like I said, I think I do a bit but not necessarily the right things. But it’s not because I don’t want to, it’s because I’m not 100% sure what they should be.

Implicit within Andy’s account was a positioning of his partner Susan, as his primary source of information and guidance during the premenstrual phase. Andy took up the Naïve Partner position to suggest that being “told” by Susan would help him to determine ways of alleviating her distress premenstrually, but ultimately he positioned this as a “cop out”. In this way, Andy attempted to adhere to constructions of a ‘good partner’ as attuned with the other’s needs and feelings (Lawes, 1999) and therefore constructed his need to ask Susan as a failing or sign of weakness for an intimate partner. Andy however, justified this practice by explaining that it would facilitate his enactment of the “right” responses. In a similar vein,
Pete stated,

> If there was a handbook that said ABCD, I’d read it like the Bible. Um, know exactly you know, what I can do to help. Um, but because I don’t understand it, because it just – I just have no comprehension of what she’s going through it does make it difficult to know exactly what to do.

Pete’s comparison of a hypothetical PMS handbook to the Bible functions to emphasise the importance of men being knowledgeable about premenstrual change. Pete’s excerpt clearly illustrates the implications of taking up the Naïve Partner position, as it appears that men who lack understanding, or who have “no comprehension” of premenstrual change, find supportive practices difficult to access. Whilst this was the case with the majority of men in the present study, this did not appear to diminish their willingness to attempt to provide support. However, as the following extracts will indicate, this was not the case with all men, as Terry took up the Naïve Partner position to justify his avoidant responses in relation to his partner Helen.

> I try and give her everything she wants but a lot of the times I can’t work it out.

> If I could work out a way to bribe her every month, I would’ve done it by now

> I can’t fight it. And after 30 years, I give up, I just run and hide.

In the excerpts above, Terry adopted a passive and defeatist position, evident through the phrases “I can’t” and “I give up”. This
functions to emphasise his acceptance of premenstrual change as
difficult to understand. Terry attempted to resist the position of an
unsupportive partner by mentioning his effortful, but unsuccessful, attempts
to support and understand Helen. Also, by highlighting his failed attempts
to help minimise premenstrual distress, this functions to justify Terry’s
subsequent engagement in “giving up”.

In heterosexual women’s accounts of PMS, it is commonly reported
that some men, as partners, are not responsive to women’s changes in mood
or needs premenstrually, which can result in the woman feeling
pathologised or rejected (Perz & Ussher, 2006; Ussher et al., 2007). The
present findings indicate that some men are willing to provide support, but
may not know how to provide such support. The present findings, in
combination with previous research, confirm assertions that a lack of
information can be act as a barrier to a partner’s engagement in support
(Mansfield, Koch, & Gierach, 2003). Accordingly, educating men on
premenstrual change can help to combat their lack of understanding, as it
can act to inform them about premenstrual change, as well as strategies of
support for their partner (Jones, Theodos, Canar, Sher, & Young, 2000;
Ussher & Perz, 2013a). Furthermore, it is has been suggested that effective
communication about premenstrual change between couples is central to
men’s recognition and understanding (Mooney-Somers, et al., 2008;
Welthagen, 1995). However, as the next section will demonstrate, the
premenstrual phase can often be a time of disrupted communication, which
can be difficult when men are attempting to resist the Naïve Partner
position.
‘It cuts the communication right down’: The disruption of communication premenstrually. All of the men in the present study positioned their partner as an important source of information regarding their premenstrual experiences. As such, these men positioned couple communication as key to maintaining their awareness of premenstrual change, and critical to resisting the Naïve Partner position. However, the majority of men described their partner as non-communicative or highly withdrawn premenstrually. This is exemplified by Brian who described his partner as, “silent, non-communicative…very introspective, introverted”. Similarly Pete said, “It’s not silent treatment but just not as talkative” and David said that his partner often becomes “very moody, withdrawn, doesn’t communicate very much”, stating that PMS “cuts the communication right down”. Although each man described their experience of disrupted communication differently, a notable issue discussed by men was that of the ‘mind reading dilemma’.

‘I don’t read minds. Talk to me’: The mind reading dilemma. A small number of men detailed the instances in which they failed to meet their partner’s expectations premenstrually, resulting in her being frustrated, angry or upset with them. However, men defended themselves by arguing that such expectations were unmet because their partner did not effectively express herself. Accordingly, this is labelled the mind reading dilemma, as men imply that the (impossible) act of mind-reading is the only way to know what their partner is thinking and feeling during the premenstrual phase. While it is possible that men experience this dilemma
at different times of the menstrual cycle, men highlighted this as a prominent issue during the premenstrual phase.

The mind reading dilemma was described variously by men. For instance, Nathan described instances where his partner Jackie would make plans for them but would not communicate these plans to him, until it’s too late.

Nathan: She’ll do it sometimes where she plans things, doesn’t tell me and thinks that she - like, oh, she knows she hasn’t told me but she’s got it planned in her head that this is what’s going to happen, and I’ve got something else and I haven’t told her about that, and then when she tells me and I tell her I can’t do it, it’s [sigh] very difficult.

Interviewer: So what happens?

Nathan: She gives me the silent treatment. She does that quite a lot.

In this instance, Jackie’s unspoken expectation relates to Nathan being available at certain times. According to Nathan, such lack of communication regarding their plans and availabilities results in relational strain and further disruptions in communication. This highlights the detrimental impact of when men construct such instances as a mind reading dilemma. While the mind reading dilemma was a common feature within men’s accounts of the Naïve Partner position, Brian’s account will be explored in more detail, as his account clearly illustrates this dilemma. In the following extract, Brian described the set of circumstances within which the mind reading dilemma occurred.
It would be around dinnertime and she’d sit there and say nothing to me until it was sort of getting quite late, and I’d say, “Are we going to have some dinner?” And she’d be going, “Oh, I don’t really feel up to making it and I thought you’d offer, I thought you’d offer.” Without any, there was, in other words there was an expectation on her part that, because it was getting late and because she felt unwell, or didn’t feel up to - energetic enough to do something about it, that I would somehow, without any verbal information from her, just simply go, “Oh, Lorraine’s unwell. Lorraine doesn’t feel like it. It’s dinner time; I’d better do something about that.” And so I’d say, “Well okay, you’re feeling off. I’ll make dinner. What would you like?” So I’d go off and make dinner.

Brian began his narrative by constructing an everyday scenario of himself and his partner Lorraine at dinner time, which functioned to legitimise his subsequent question relating to dinner. He recounted Lorraine’s response in relation to his initial question, repeating Lorraine’s statement, “I thought you’d offer”, in order to emphasise the apparent incredulousness of this statement. To justify his positioning of this statement as incredulous, Brian explained that Lorraine’s statement was made without any prior indication that she was unable to cook dinner and wanted him to cook instead. Further, the use of the word “somehow” as in, “I would somehow, without any verbal information from her, just simply go, “Oh, Lorraine’s unwell”, emphasises the impossibility of ‘knowing’ that he should have offered to cook dinner. Therefore, from Brian’s
position, Lorraine’s statement was unexpected and illogical. Notable was the way in which Brian validated Lorraine’s need for extra help with the cooking, by representing himself as willing to cook, but disapproved of the method by which she conveyed this need. Within the following extract is further detail from Brian, in relation to how his inability to “read” Lorraine’s “mind” negatively affects him.

Then there would be, at some later stage, an hour later, a day later, whatever, there would be this retort, “Well you’re not supporting me because you’re not, you could have done, why didn’t you do that for me? You know, you know I’m not feeling off, I’m not feeling right.” And I’d have to say, “Well woo, [laughs] hang on a minute. If you want, if you don’t, if you want something you need to tell me what it is so I’ve got this, understand. I’m not a mind reader. I don’t read minds. Talk to me.” And so I got into the habit and perhaps a bad habit [laughs], but I got into the habit she would do these things to me, I would actually get, start to get cranky. Because it would be a non-verbalised need that wasn’t being met and it would be attached to the expectation that it would be met without its verbalisation, and I’m going, “Well I can’t deal with that. I can’t do that.”

Notable is Brian’s rejection of Lorraine’s accusation that he is not supportive of her. Brian’s adoption of the Naïve Partner position is evident through the declaration and demand, “I’m not a mind reader. I don’t read minds. Talk to me”. By constructing such instances as a mind reading dilemma, it enabled Brian to refute expectations of men as intuitive and
legitimated his demand for Lorraine to articulate her needs during this time. Brian illustrated the consequences of Lorraine reacting to “non-verbalised” needs upon his mood, stating that it makes him “cranky”. Brian positioned being cranky as a “bad habit”, which implies regret for responding this way. However, constructing such instances as a mind reading dilemma functioned to legitimate his reactions, as well as his assumption that she would cook dinner, and served to discount the idea that he is lacking relational initiative to offer support.

Men’s talk of the mind reading dilemma enabled them to position their partner’s “unspoken expectations” as a problematic practice, contributing to increased relational conflict premenstrually. While the present findings demonstrate the negative implications of this discourse upon men, the findings also indicate the aspects of women’s premenstrual experiences that men struggle to understand.

Further, as Brian’s account indicates, the solution to men’s experience of the mind reading dilemma is not the development of the ability to “read minds”, but to increase awareness through effective couple communication. It is argued that honest and open communication in relation to the woman’s needs and concerns can serve to prevent the experience of repressed emotions spilling out premenstrually (Ussher, 2008). This can allow the woman to express her needs across the whole menstrual cycle, in order to receive help from others, lowering her sense of over-responsibility (Ussher, 2008). Such communication can also help the woman’s partner to understand the underlying reasons for the expression of negative affect premenstrually and help to determine effective methods of
support. This may facilitate the partner’s resistance to taking up the Naïve Partner position. However, men’s accounts in the present study, in combination with previous research, indicate that many women often engage in self-silencing and do not communicate such matters (Perz & Ussher, 2006; Ussher, 2003). A number of factors have been found to underlie women’s premenstrual self-silencing, including fear of judgment from her partner and family, as well as guilt or fear of disrupting the relationship (Perz & Ussher, 2006). This is an important factor to consider when understanding men’s adoption of the Naïve Partner position.

Men’s accounts at times appeared to reify traditional constructions of masculinity, positioning the man as unaware, or naïve to women’s emotional experiences (Conway, 2000). However, some men’s accounts appeared to engender discursive repositioning, which enabled them to take up resistant or alternative positions. This is evident in men’s expressed desires to learn more about premenstrual change and ways to help their partner cope with premenstrual distress. This is supported by such statements as “I’m a great believer in learning, so I’m trying to understand it better” (Laurence). Men’s expressed desire to learn about premenstrual change is not uncommon. For example, men in Brown and Zimmer’s (1986) study reported that they were willing to attend a PMS seminar because they: cared about partner’s concerns, wanted to learn ways to help their partner, wanted to learn more about PMS, or wanted to understand their partner better. Men’s attempts to resist the Naïve Partner position are suggestive of the tensions men encounter when naivety is adopted as part of their subjectivity.
Conclusion

PMS, and more generally women’s reproductive bodies have historically and socially been encased in mystery and debate; characterised by contradiction and constructed as a social danger (Chrisler & Caplan, 2002; Chrisler, 2002; Ussher, 2006). Such notions were echoed within men’s accounts in the present study. By taking up the Naïve Partner position, these men emphasised their difficulty in understanding how and why their partner experienced emotional, somatic and behavioural changes premenstrually. Many of these men drew upon the ‘Woman as Other’ discourse, to justify their naivety in relation to their partner’s premenstrual experiences. Accordingly, these men struggled to determine ways of effectively supporting their partner during this time. However, these men did not take up this position passively, as many actively attempted to resist the Naïve Partner position through practices such as empathy, or seeking other sources of information.

Men in the present study did not solely take up the Naïve Partner position within their accounts. For some men, their resistance of the Naïve Partner position was most evident in their adoption of the Expert position; where men positioned themselves as ‘experts’ of certain aspects of PMS. This will be explored within the following section.

The Expert Position

A small number of men took up the Expert position when describing their partner’s premenstrual experiences. These men did not necessarily position themselves as experts on premenstrual matters, but rather as an expert in their partner and what she experiences. The Expert
position is taken up when men speak with authority about premenstrual change or their partner's premenstrual experiences. This enables them to make claims about premenstrual change and to legitimate the validity of claims made by others. Discursive practices that differentiate the Expert position from other positions are men’s adoption of biomedical and scientific discourse. Such discourses construct premenstrual change as uni-dimensional, observable, measurable or predictable (Ussher, 1996; Zita, 1988). Not surprisingly, the Expert position can only be accessed if partners construct premenstrual change, or at least certain aspects of it, as something that they comprehend. Therefore, the Expert position is in direct opposition to the position of the Naive Partner, which is taken up when men struggle to comprehend premenstrual change. However, some men moved between the Expert and Naive Partner position within their accounts. This was possible because the men positioned themselves as highly knowledgeable on some aspects of premenstrual change, but lacking knowledge on other aspects of premenstrual change. While these men often constructed themselves as naive in relation to their partner, they nonetheless took up the position of the expert in the context of the interview. The following accounts demonstrate the different ways the Expert position can be taken up, as well as the implications of this position for men’s practices and construction of premenstrual change.

**Predicting premenstrual change.** A small number of men took up the Expert position to demonstrate their intimate awareness of their partner’s premenstrual experiences. These men drew upon broader cultural constructions of PMS, often located within biomedical discourse, to
emphasise the cyclical nature of women’s premenstrual changes and to position their partner’s premenstrual changes as predictable. This was demonstrated by Shaun, who explained how he is able to predict the onset of premenstrual change in his partner Mary.

If you look at a cycle point of view, it will start with, “My breasts are sore,” and then I’ll know within a week there’s going to be some form of change in her attitude, in her just the way she thinks, you know even, you know her ability to say handle small situations.

Immediately the Expert position is made explicit through the phrase, “I’ll know”. Shaun highlighted the utility of being able to link physical indicators, such as sore breasts, to the onset of premenstrual mood change, as he further explained,

I will probably be more inclined to compromise or even delay decision making until a couple of weeks time if something can wait. There’s no point in discussing something if I think it needs to be resolved while she’s ah, you know, suffering PMS or whatever it is.

Noteworthy is the way in which Shaun positioned Mary as a PMS sufferer, characterised by altered cognitions and the lowered ability to cope in certain situations. In this instance, the Expert position not only legitimates Shaun’s positioning of Mary, but also his practices in relation to this position, exemplified by his accounted decisions to compromise, or delay decision making. Similarly, Jonah mobilised the Expert position by stating that he can predict the onset of his partner’s menstrual bleeding by observing the change and intensity in her premenstrual moods.
I guess I can gauge how, how, how soon the bleeding will start as to how intense, and how quickly her mood, and her focus is on the frustrations in her, in her world change, how quickly she changes between them.

For Jonah, having an intimate awareness of the relationship between Fiona’s mood change and her menstrual cycle was constructed as useful, because it allows him to determine what he can expect from her in relation to their relational interactions. This awareness also informs him of how reactive Fiona will be during this time, “I use it now to judge how, how she will react to certain things that I ask of her, or do with her, or what I can expect from her -um, when we spend time together”. All the men who took up the Expert position to demonstrate their ability to predict premenstrual change were able to do so by drawing upon a marital discourse or a discourse of intimacy, which represents partners as having a deeper understanding of each other than those who are outside the intimate relationship (Lawes, 1999).

Laurence, on the other hand, demonstrated his knowledge by listing a number of sources, beyond that of the relational context, from which he drew his expertise of the menstrual cycle. Although other men mentioned various sources of information which contributed to their understanding on PMS, including magazines, school education and friends, such sources were not considered very useful by these men. In the following extract, Laurence detailed how his methods of understanding increased his ability to predict Hayley’s premenstrual changes.
I did know that this entity existed through my science studies. Perhaps not having full aware of – of things until I, started going out with different girls and different things. But with Hayley I found it was quite prominent, and, so therefore I just started downloading information off the internet, reading things off those, understanding it. That’s where I got the idea of, um, keeping the – the log, so noticing when this happens, and then predicting when the next one will occur, and therefore, being careful.

The Expert position is immediately apparent in the statement “I know this entity existed”. Laurence strengthened the legitimacy of his expertise by listing sources of information from which he gained his knowledge, such as the internet and science studies. Notable in his account is the scientific influence, illustrated by his reference to premenstrual change as an “entity”. Such language would suggest that Laurence is constructing premenstrual change as a ‘thing’, void of context (Ussher, 2004a). By noting his prior knowledge of premenstrual change as well as his experiences with other women, this validates his positioning of Hayley’s premenstrual changes as “prominent”, warranting further investigation. Laurence explained how further investigation resulted in his decision to track Hayley’s menstrual cycle.

I’ve actually started to put dates in my calendar as to when and where, certain things, events happened. And I know – because I’m a scientist, I do know, I do the pap smear things so I do know the menstrual cycle of a woman, so I understand that the hormone levels change. And there was one thing I read up on the internet a
while ago saying that if you – if you mark it in your calendar, you can be more aware of these moods to be careful of. And I’ve also found that those moments tend to link, well not link but coincide with those events quite predictably, almost – almost scarily predictably that day.

Within this extract, the Expert position is most evident through the repeated phrase, “I know”. To strengthen his positioning of premenstrual change as a hormonal issue, Laurence noted his own career in science “I’m a scientist”, in particular his first hand experience with women’s reproductive issues, “I do the pap smear things”. Laurence not only drew upon a biomedical discourse on premenstrual change, but also cultural constructions that place high value on scientific knowledge (Keller, 2004). This allowed him to evidence the validity and reliability of menstrual cycle tracking, in order to predict premenstrual change. Laurence refrained from making a causal claim between Hayley’s emotionality and the hormone changes in her cycle. Instead, he stated that there is “a link” and emphasises the preciseness of this link by describing it as “scary”. As Laurence described the correlation between Hayley’s cycle and her mood changes, this emphasises the utility and accuracy of menstrual cycle tracking for predicting the onset of premenstrual change, “I use it in the sense that, every month, be careful around this week, perhaps understand that things tend to set off”. This implies a construction of the premenstrual phase as a time of heightened reactivity, as things tend to “set off”. Therefore, knowing when Hayley’s reactivity is likely to occur allows him to engage in practices that serve to minimise adverse instances.
Within Shaun, Jonah and Laurence’s account, they ascribed high value to their ability to predict their partner’s premenstrual changes. Additionally, through practices such as monitoring, men were able take advantage of the predicable aspects of PMS such as cyclicity, in order to effectively manage the unpredictable aspects of premenstrual change.

Men’s positioning of themselves as more capable in ameliorating their partner’s premenstrual distress, through awareness of the menstrual cycle is consistent with previous research. For example, Frank, Dixon, and Grosz’s (1993) study found that when couples were more aware of the woman’s premenstrual changes, this enabled them to predict cycles, so that they could plan strategies to deal with potential problems before they arise. The findings thus suggest that monitoring the premenstrual cycle can help men to be more aware of their partner’s premenstrual experiences, facilitating their resistance of the Naïve Partner position.

‘I don’t want anyone to take a pill to control that’:

Premenstrual change and medication. Some men took up the Expert position to discuss the role of medical intervention in the treatment of negative premenstrual change, positioning biological and scientific assertions as ‘fact’. This was particularly evident in both Brian and Dale’s account. While Brian and Dale both drew upon biomedical discourse to construct PMS as a biomedical issue, they presented accounts that appeared to be in direct opposition to each other. While Brian supported the use of medication for the treatment of his wife’s premenstrual changes, Dale objected to the use of medication. The following focuses on Dale and
Brian, as accounts relating to medication were strongly expressed by these men. Brian’s account is first presented below.

Brian described himself as a knowledgeable person and emphasised his experience and education to demonstrate his knowledge of ‘PMS’. PMS was positioned as a biomedical disorder by Brian, claiming that it cannot be managed without medical intervention. Brian provided a chronological narrative to demonstrate how his ‘knowledge’ gradually developed over time. As he recounted past experiences with his partner, Lorraine, he constructed these experiences as providing him with the necessary evidence to support his positioning of Lorraine’s premenstrual changes as a pathological entity warranting treatment. Brian began his account by recounting his earliest memories of a time where he first observed a notable change in Lorraine’s mood and demeanour. In the following extract, Brian described his initial lack of awareness regarding the phases in Lorraine’s menstrual cycle, which functioned to establish that he had no prior assumptions that any mood changes, as experienced by Lorraine, were linked to PMS.

We went to a pizza place up the road, her favourite pizza place up the road, we went there. Um, we sat down and-uh it was quiet, we weren’t talking a lot, you know, we’d had a long day and we weren’t talking a lot, and just for conversation, um, just to you know, get some sort of conversation going I basically said to her - she bought some bath salts for herself to make herself feel you know, a bit better or whatever it was and she wasn’t obvi- to me, at that stage, she wasn’t obviously suffering any particular symptoms
of anything. She was just a person sitting there talking to me and I didn’t, you know, I wasn’t that intimate with her where we were talking about her menstrual cycle. And so uh I was, I said, I asked her, “Do you like the bath salts you bought? Are they, you know, are they nice?” And she just looked at me and-and in a, almost a blank sort of expression she said, she basically said, “That’s a bloody stupid question, isn’t it?” And she just tore into me [laughs] for no reason. I was just absolutely, “Bloody hell.”

Within the above account, Brian described the intimate social setting of Lorraine’s favourite pizza place. To foreground his innocence in this situation, Brian suggest that his question regarding bath salts did not warrant such a negative response from Lorraine, positioning it as simply a means of making conversation. Brian’s statement, “She tore into me” evokes violent imagery, which constructs Lorraine as monstrous and dangerous, and himself as an innocent victim. This image is antithetical to constructions of idealised femininity whereby ‘good’ women are socially constructed as calm, nurturing and in control of the violent premenstrual woman within (Ussher, 2006). Brian further undermined Lorraine’s emotional experiences by describing her emotional reactions as trivial, occurring “for no apparent reason”. Brian’s exclamation of “bloody hell” highlights that Lorraine’s response was unexpected, but significant. Providing such context allowed Brian to offer a biological explanation for Lorraine’s behaviour.

I used to asked myself that question, “Am I dealing with a crazy woman or what? You know, what’s doing this?” Once I got
beyond that and it started to become clear that there was patterns in this I thought, “Oh, okay. Maybe this is just cyclic, hormonal stuff,” but there was no evidence to pin that down. So I just held that, left it and waited to see what happened. I convinced her to get rid of the IUD and to have a normal cycle.

Brian alluded to his past confusion regarding Lorraine’s experience of such moods, but indicated that his current understanding of PMS had put a stop to his questions, through the phrase, “used to”. Brian’s reliance on biomedical discourse is made clear through his mentioning of cycles, patterns and hormones (Ussher, 2006; Zita, 1988). The adoption of this discourse is also evident in his pathologisation of Lorraine’s mood change, as well as his descriptions of her as a “crazy woman”. This according to Brian was sufficient evidence for him to convince Lorraine to remove the Intrauterine Device (IUD). For Brian, the removal of Lorraine’s IUD would allow him to prove that Lorraine’s changes in emotions, behaviour and demeanour were indeed related to her menstrual cycle.

And when she, when the intrauterine device was removed and the, she started having a normal, an obvious cycle, it was then, only after that, the penny really dropped, “Yes I can pin it. Yes I can see the emotional change. Yes, and it sits there,” and low and behold within a week she’s menstruating. Um, It, that’s the evidence you need to be able to conclude, “Yes, this is something to do with hormonal cycles, not something to do with a normal state of mind gone wrong.”
Brian described the connection he made between the onset of Lorraine’s menstrual period - an obvious indicator of the stages of the menstrual cycle - and her changes in behaviour and emotions. This allowed Brian to imply that Lorraine’s mood change was related to her menstrual cycle and not symptomatic of “a normal state of mind gone wrong”. Much like a person whose broken leg is a clear indicator for reduced mobility, Brian required physical evidence, which in this case was Lorraine’s period, to confirm that her changes were related to neuronal or hormonal processes. Notable is Brian’s persistence in constructing his account within conventional notions of the scientific method (Easlea, 1986; Keller, 2004), which is illustrated by his deployment of scientific terminology, including,

Evidence: “It’s that evidence you need to be able “to conclude”;

Correlation: “I can see the correlation between these two things”;

Theorise: “I’m going to theorise here”, and

Facts: “It’s almost as if she just ignores the facts”.

As Brian drew upon a discourse of scientism, it is evident that he constructs Lorraine’s premenstrual experiences as something that can be empirically tested, observed and measured and himself as the scientist that can do it. Further, Brian’s adoption of this discourse inevitably allowed him to enact hegemonic masculinity, as conventional notions of science are typically constructed as masculine (Easlea, 1986). According to Weinreich-Haste (1986), there has historically been a pervasive association between masculine and the objective or rational, more specifically between masculine and scientific. Similarly, Keller (2004) notes that even language
used in science is masculine, invoking a phallic sexual metaphor through the use of terms such as “hard” as in “hard science” or “hard evidence”. This is in contrast to the “soft” sciences, the more subjective types of information gathering, which are culturally constructed as more feminine. As it is argued that hegemonic ideologies are linked with the maintenance of power – or more specifically the subordination or women (Connell, 1987), Brian’s construction of Lorraine’s premenstrual experiences within a scientific discourse imbues his explanations with authority or legitimacy. The pervasiveness of the biomedical and scientific discourse was also evident in Brian’s urging of Lorraine to seek professional help for her “problem”, as well as his subsequent support for her use of Selective Serotonin Reuptake Inhibitors (SSRIs).

Um, once I danced around that for long enough and got absolutely sick of being bitten for no apparent reason, and not being able to, you know, sort of identify when I’m likely to be in trouble, I said to her one day, “I think”, you know, “I think you’ve got a problem here, um, I think you need to look at it.” And to her credit, she listened to that and she did. She now takes an um, uh, um, an SSRI.

Brian again described the detrimental and unnecessary impact of Lorraine’s premenstrual mood shifts upon himself, emphasised through such phrases as “being bitten”, “get into trouble” and “for no apparent reason”. This functioned to justify his suggestion to Lorraine that she “had a problem”. As Brian commended Lorraine for having listened to him, the authoritative practices adopted within the Expert position become apparent. Brian’s contextual foregrounding of his account allowed him to present his
final piece of evidence in support for the use of biomedical treatments. He explained how Lorraine's initial taking of the Selective Serotonin Reuptake Inhibitors (SSRIs) resulted in fewer conflicts or instances, where Lorraine would engage in behaviours, which he would construct as irrational. Consequently, Brian praised the use of SSRIs or medical treatments for PMS.

But they’ve upped [the dose of the SSRIs] now to, it was during the, in the premenstrual days, to a dose which is the normal, lowest, therapeutic dose that you would have um, and that works wonders.

Within the excerpt above, there is an acknowledgement from Brian that the SSRIs did not cure Lorraine but “work[s] wonders”, indicating the therapeutic impact of SSRIs upon managing her moods. Brian reinforced this point by stating, “Since upping the dose about 6 months ago, I think our relationship has been pretty bloody good”. This knowledge regarding the efficacy of the SSRIs empowered Brian to stand by his position and fight for Lorraine to continue her drug regimen. Here, the Expert position is most prominent in the following quote.

And I, and in a, while, she pushes back against taking the drugs, but I now push back pretty hard because I, to my mind the writing’s on the wall. Um, it’s very clear the evidence to me, just, it’s anecdotal in that it’s based on my observation. But it’s my observation is when the, when the drugs are being taken at a therapeutic level, it has a definite impact.

Brian reinforced his argument for the necessity of the SSRIs through phrases such as, “the writing’s on the wall” and “it has a definite
impact”. Although Brian stated that his conclusion is based on his observation, the Expert position allowed him to construct his observations as a fact that cannot be contested. Notable within Brian’s account is his tendency to position himself as logical, objective and in control, whilst positioning Lorraine as emotional or irrational. Such constructions makes accessible the Expert position, as cultural assumptions surrounding mental health often construct individuals who experience moments of irrationality and emotionality, as incapable of objectively viewing themselves outside of their own experiences (Edwards, 1981; Fromm, 1955). Therefore, taking up this position legitimises Brian’s authority to provide an ‘objective’ account of Lorraine’s premenstrual experiences. Further, within Brian’s account, are practices consistent with hegemonic masculinity, evident in his forceful and powerful language “I push back pretty hard”. Such implications are illustrated within the following extract.

And I also try, so to acknowledge her, hold my own ground, hold my own centre and thirdly, I try and recognise that where it does turn into an argument and it is that time, that it’s really more probably to do with her feeling off, than it is to do with the real underlying, any real underlying argument.

Brian’s certainty that a pill can alleviate Lorraine’s premenstrual distress ratifies his negation or trivialisation of the issues underpinning her distress. Brian’s account highlights the negative consequences of taking up the Expert position, as it is apparent that such positioning can allow an individual to represent his or her knowledge as infallible, which makes them resistant to considering new or conflicting forms of knowledge
new forms of knowledge, or alternative and potentially positive discourses on premenstrual change are at risk of being ignored, negated or rejected.

While biomedical and scientific discourses were deployed by Brian to pathologise Lorraine’s premenstrual experiences, this was not the case for Dale. Dale constructed the premenstrual phase as a result of fluctuating hormones, but nonetheless positioned the emotional changes that occur premenstrually as natural. Accordingly, Dale contested the use of biomedical treatments to control his partner’s premenstrual changes. Dale took up the Expert position within his account to detail the biological processes that occur within his partner’s body.

Oh well just obviously the, you know, hormones running wild and uh, you know and there must be a combination of hormones running wild and she knows she’s going to get a little emotional, a bit, you know, up and down pretty quickly and then the competing part of the brain going, “you’ll be getting emotional”.

Within this extract, Dale constructed his account of premenstrual change as fact, evident though his use of the word, “obviously” and the way in which he stated that “there must” be a combination of hormones. Furthermore, Dale’s use of the phrase “running wild”, constructs the woman’s body as a vessel that suddenly becomes overwhelmed with hormones, evoking an image of an untamed animal. Despite his description, when Dale was asked as to whether the premenstrual moods, as experienced by his partner Cynthia are something that can be controlled, Dale replied:
Dale: Can you control it? No, I don’t think so, you’re still aware of it. I don’t want her- I don’t want anyone to take a pill to control that, that’s ridiculous.

Interviewer: Why is that ridiculous?

Dale: Because the body is a complex human organism and girls menstruate for a particular reason and you know, you can’t stop every, you know, up and down, in and out feeling and experience. It’s just part of you know, Cynthia being Cynthia. And girls being girls.

Dale emphatically protested the use of medication for PMS, positioning such use as “ridiculous”. As Dale positioned PMS and hormonal fluctuations as natural, he drew upon a cultural discourse that constructs PMS as a natural event, often located in critical feminist discourse (Figert, 2005; Ussher, Perz, & Mooney-Somers, 2007). Dale deployed this discourse to make note of menstruation as having a purpose for ‘girls’. He also noted that due to the complexities of the human body, menstruation comes with “ups and downs” but should not be stopped, as they are part of the body and thus part of Cynthia.

I think hormonal, you know, influxes, I just, yes- I think she can just click her fingers and make it go away just like we could make all our teenagers quickly become mature responsible individuals…I’m being facetious, I’m just saying if her body’s releasing hormones left right and centre and you know, then you’ve got a variety there you just have to uh acknowledge that and, and, and work with it, a little bit.
Dale explained that due to the hormonal influxes within Cynthia’s body, her premenstrual changes are not something that she can simply rid herself of, just as parents cannot rid their teenagers of their immaturity and irresponsibility. As such, Dale suggested that Cynthia’s emotions are something that needs to be acknowledged and worked with, and implied that nothing can be done to physically alter premenstrual change. In this way, Dale is drawing upon the concept of adolescence to make sense of women’s emotional and behaviours premenstrually, in order to normalise premenstrual change. This is because puberty, like the premenstrual phase, is conceptualised as a human experience that is accompanied by dramatic increases in hormones (Morse, Dennerstein, Farrell, & Varnavides, 1991), but is ultimately accepted as a natural part of life.

Throughout his account, Dale normalised premenstrual change, by rejecting discourses that pathologise, problematise and medicalise premenstrual change, and instead drew upon ‘emancipatory feminist discourse’ (Coupland & Williams, 2002). This discourse explicitly rejects the pathologising of women’s menstrual experiences and proposes new ways of thinking and speaking about menstrual changes. By constructing PMS as a natural event, Dale resisted positioning Cynthia as either a victim of PMS, or a PMS villain, but just as “Cynthia being Cynthia”. This has positive implications for Dale’s practices within the relationship. In the following extract, Dale declared his efforts to uphold a standard of support and understanding, irrespective of the phase of the menstrual cycle. He stated:
I think it’s just applied for the way I was trying to be as a person generally, being respectful, be understanding, understand people have great responsibilities, and you know, big issues and some days are good, and some days are bad.

Notable about this extract, is the absence of discursive practices that are often associated with the Naïve Partner position, such as confusion, uncertainty and questioning. Moreover, unlike Brian, Dale considered the other aspects of life that may exacerbate or affect Cynthia’s emotional experiences premenstrually such as “responsibilities”, “big issues”, and simply “good and bad days”. By bringing together his knowledge of the human body, and life in general, Dale took up the Expert position to define Cynthia’s premenstrual experiences as not the pathological entity labelled PMS, but rather an experience that is a part of the vicissitudes of life. Further, practices enacted by Dale serve to normalise Cynthia’s premenstrual experiences, which allowed him to resist positioning her as a PMS sufferer. This allowed him to continue his level of support throughout the menstrual cycle.

**Conclusion.** Men who took up the Expert position detailed their knowledge regarding their partner’s premenstrual experiences. The adoption of the Expert position functioned to legitimate men’s constructions of premenstrual change. However, the adoption of this position had different implications for men’s practices in relation to, and their construction of premenstrual change within the relationship. Jonah, Andy and Laurence positioned themselves as an expert through their ability to predict premenstrual change and by using this awareness to engage in
practices that serve to minimise premenstrual distress. Brian and Dale took up the Expert position to legitimate their position on the use of medication for the treatment of premenstrual change and to justify their practices within the relationship. Accounts presented above demonstrate the practical and discursive implications of taking up the Expert position in the context of the relationship and premenstrual change.

Present analyses of men’s adoption of the Naïve partner and Expert position indicate that the resistance of the Naïve partner position does not automatically imply that men take up the position of the Expert. Rather, findings indicate that men can position themselves as knowledgeable. Such positioning can have positive implications for men’s engagement in supportive practices, which will be explored in the next section.

The Supportive Partner

Men who took up the Supportive Partner position adopted discourses which functioned to construct premenstrual change as a relational issue; as something the couple can experience and something the couple can negotiate. Such a construction appears to stand in contrast to biomedical discourses that position PMS as a woman’s problem, often necessitating medical intervention. Although the majority of men who took up the Supportive Partner position drew upon a biomedical discourse at other points in their interview, they continued to construct their actions and responses as having an important impact upon their partner’s experience of premenstrual change. Practices through which the Supportive Partner position is identified centre on the provision of extra support, empathy and understanding to the woman during the premenstrual phase and the absence
of blame and rejection. The circumstances through which these practices and discourses are adopted are discussed below.

‘I wouldn’t be any good going through that’: Empathy and understanding. In taking up the Supportive Partner position, the majority of men placed considerable importance on being empathetic and understanding to their partner, which appeared to facilitate their adoption of supportive practices. Some of these men positioned their partner as a ‘PMS sufferer’, subject to negative experiences as a result of their premenstrual bodies. This is evident in Greg’s account below.

Greg stated that without medication and further training, his partner Diane is “at the mercy” of premenstrual mood change, which implies that she has little control over her premenstrual changes. Furthermore, Greg reinforced his expression of empathy by stating that despite his patience, he would not be able cope as well as her. Within this extract, Greg invites us to imagine being in Diane’s position, as he emphases the material impact of
premenstrual change upon her experiences. This suggests that constructing premenstrual change as an experience that Diane must go through and to a degree, suffer from, allows Greg to acknowledge and sympathise with the difficulties associated with the negotiation and management of negative premenstrual change. Expression of sympathy is also evident in Laurence’s account of his partner Hayley, as he explained,

I think sometimes it’s hard to understand exactly what they need, but I think, um, understanding or just sympathy I think sometimes. And just trying to understand that they’re having, you know, that their body is going through a bit of change, and that it’s painful for them sometimes as well, and you have to, I think, just try and be sympathetic is the – is the best one. And, um, sometimes being a man, we can’t experience it, or can’t go through that, it’s a bit harder to sympathise. I mean if I – if a woman trying to understand if a guy got hit in the genitals, they can’t – they can’t feel that pain so they can empathise. They can laugh at it and think it’s funny, but they don’t – they can’t feel that same pain, so, it’s a bit hard to – to sympathise sometimes, but I think that’s the only thing you can try and do.

Similar to Greg, Laurence illuminated the material and painful aspects of premenstrual change, which implies a construction of premenstrual change as beyond a woman’s control. As discussed previously, Laurence took up the Naïve partner position to deploy the ‘Women as Other’ discourse, which functioned to legitimise his difficulty understanding and empathising with this feminine experience. Within the
extract above is a comparison, as presented by Laurence, of women’s attempts to empathise with a masculine experience of a man getting hit in the genitals, which serves to highlight the difficulties often involved in sympathising with the other sex. However, while Laurence used this to illustrate such difficulties, he nonetheless refused to use this to legitimate being unsympathetic, and instead suggested that sympathy is the “best” strategy.

It can be argued that positioning women as ‘PMS sufferers’ can have negative implications for a woman’s subjectivity, as it facilitates the pathologisation premenstrual change and emphasises the negative and debilitating aspects of the women’s premenstrual experiences (Chrisler & Caplan, 2002; Chrisler, 2008; Nash & Chrisler, 1997; Ussher, 2003b). However, in the present study, men’s positioning of women as sufferers enabled them to acknowledge women’s difficulties coping with negative premenstrual change. The present findings are consistent with previous research. For example, within Mooney-Somers, Perz, and Ussher’s (2008) study, it was concluded that for some women, taking up the position of ‘PMS sufferer’, or telling her partner she has ‘PMS’ can be a positive and productive act, as it can often be followed by a positive shift in the partner’s responses. Similarly Ussher and Perz (2008) conducted interviews with lesbian women who were self-identified as PMS sufferers. Their woman partners were interviewed as well. Findings highlighted the positive consequences of women naming PMS as an explanation for premenstrual reactivity or irritability, as this naming often resulted in the provision of practical support from her partner. The present findings, in combination
with past research, confirm that men’s positioning of their partner as a ‘PMS sufferer’ is not necessarily detrimental to her negotiation of premenstrual change, as it can facilitate men’s engagement in empathy, care and support.

‘I just need to be there and be supportive’: Men’s account of offering support. The majority of men described a number of methods they employed to ameliorate their partner’s premenstrual distress. Accounts largely centred on providing emotional and instrumental support.

*Emotional support.* A number of men took up the Supportive Partner position to describe the ways they offered their partner emotional support during the premenstrual phase. For these men, offering support meant listening to their partner, distracting her from immediate stressors, offering explanations for her emotions, or being more affectionate. This is exemplified by Nathan, who explained that being supportive meant allowing his partner Jackie to alleviate her emotional burden by sharing her problems with him.

I probably can’t do anything about it, there’s nothing I can do.

Knowing won’t change anything, but I don’t know, at least we can sort of share our prob- you know, if she tells me we can kind of share the problem, not - she doesn’t have to keep it all to herself.

Nathan acknowledged the potential futility in attempting to help Jackie avoid the issues triggering her premenstrual emotionality, but expressed his desire for her to share her feelings and emotions with him. For men such as Jonah, engaging in emotional support meant being accepting and unrestrictive towards his partner Fiona.
Um, my first reaction in these situations is, if she wants to go out, then she can go out, you know, it’s not a problem with me, and at any stage really. I think, what else can I do to alleviate, um. Like I said, I, I said I do listen, I try and listen as much as I can; I try and offer explanations as to how she was feeling, and why. Just run them by her; if she agrees, or disagrees, it doesn’t matter.

Within his account, Jonah positioned himself as an active listener, evident in his suggestion that he listens as much as he can. Although Jonah was one of the men who took up the Expert Position, in this instance, Jonah resisted the Expert position. This is evident through the non-forceful way in which Jonah “runs” his explanations by Fiona, rather than telling her what she is feeling and why. He furthered this notion by expressing that he places little importance on whether she agrees with him or not, suggesting that his focus is on Fiona’s feelings and not on being right. In this way, Jonah’s account suggests that in order to be supportive in relation to Fiona, he must take a soft approach with her. Jonah was not the only partner who positioned the practice of offering explanations for premenstrual distress as a form of support as, Greg stated:

Say someone doesn’t text [Diane] back in a certain amount of time…she gets a bit more anxious and uptight. And I try to put her mind at rest and say, “Look”, you know, “there may be reasons why they don’t text you back, they could be busy, could be other things”.

In this instance, Greg provided an example of a friend not texting his partner Diane back and noted her heightened levels of stress and anxiety
as a result. Similar to Jonah, Greg’s description of support relates to offering explanation or reassurance to alleviate distress.

Accounts presented by Nathan, Greg and Jonah highlight men’s recognition of women’s emotional difficulties premenstrually and their attempt to alleviate such difficulties. Further, such practices as expressed by these men are located with a discourse of inter-dependence and sharing within an intimate relationship (Hill & Stull, 1987). This stands in contrast to hegemonic cultural constructions of masculinity which centre on autonomy, privacy and being emotionally avoidant, particularly during relational conflicts (Connell & Messerschmidt, 2005; Wester, Vogel, Pressly, & Heesacker, 2002). This suggests that men’s resistance of hegemonic cultural constructions of masculinity is implicated in their ability to attune themselves with a woman’s emotional needs.

**Instrumental support.** A number of men described how they offered their premenstrual partner support through instrumental practices. Examples of such support included taking on extra household tasks and encouraging their partner to engage in social activities, or self-care. Some men explained that they offered instrumental support, as it served to ameliorate the physical discomforts that their partner experienced premenstrually, such as bloating or fatigue, as was the case with Laurence.

I’ve been trying to get Hayley to do more exercise, I think it would really help her....in terms of just making her feel nice, getting her sat down and you know, making her some nice food and keeping her drinking water, and you now, I do try and do that.
Some men also explained that they engaged in instrumental practices in order to minimise the factors that they believed to exacerbate premenstrual affect. In the case of Andy, his way of offering support was to take on more responsibility with their three year old child, as he stated, “She gets upset probably even more so at that time, so just making sure any of the kid’s issues are dealt with by me as opposed to her”.

Although research relating to men’s engagement in support in the context of negative premenstrual change remains scarce, the findings from the present study are not unique. The position of Supportive Partner described within the present study parallels the position of the Responsive Partner described within Ussher and Perz’s (2008) research. Similar to the men in the present study, partners who took up this position were “understanding, supportive, and able to communicate positively about a woman’s premenstrual change or distress” (p. 18). It was suggested that a partner’s engagement in emotional support is often related to their recognition of the increased sensitivity and lowered tolerance women can experience premenstrually. Equally, the provision of instrumental support is related to a partner’s awareness of the burden women experience in relation to having to take care of the household, her partner’s emotional needs and that of the family (Ussher & Perz, 2008, 2013). The present findings, in combination with previous research contests discourses within popular culture that position heterosexual men as insensitive to women’s premenstrual needs and experiences. Rather, the present findings support the notion that male partners are capable of engaging in practices that help women cope with negative premenstrual change.
Relational coping as a method of support. Within men’s accounts of coping, there were instances in which men’s description of their personal coping strategy could not be distinguished from a supportive practice. This is illustrated by Pete, as he stated:

Interviewer: So having experienced these emotions and your experience, um are there any ways that you cope with it?
Pete: For me it’s just knowing that PMS is happening and that that’s the reason and to me that’s almost enough of a reason to; not just ignore what she’s um, doing or saying cause if it’s really out of line then I’m still going to say something, but at least to you know, be a bit more accommodating.

What distinguishes relational coping from a supportive practice is that it was constructed by men as a coping strategy, or was described within the context of coping. This suggests that men largely construct ‘coping’ as ameliorating the negative impact of premenstrual change on their partner and themselves. This is further illustrated by the following extract.

Interviewer: Do you do anything in order to cope with these changes?
Andy: Other than probably try and be more sensitive and as I said I won’t bring up major issues or things that I think might be a motive.
Interviewer: But for you personally?
Andy: Oh for me personally, no I don’t. No, I don’t think so.

While coping is usually constructed as something the individual engages in, there is substantial research which has examined couple's efforts to jointly cope with a common or shared stressor (e.g. Bodenmann,
Charvoz, Cina, & Widmer, 2001; Bodenmann, Pihet, & Kayser, 2006; Coyne & Smith, 1991). Such couple coping is particularly evident in Nathan’s account below.

I try and suggest things like do you want to go for a walk or go to the gym or [sigh] sometimes like go out for lunch, I know she likes eating sushi so I try and go out for lunch or something, just something to change the mood a little bit.

Notable in Nathan’s account is a suggestion that he and Jacky engage in activities that they both can do, as a way of improving the mood premenstrually. Often referred to dyadic coping, it is suggested that this method of coping is important for relational quality, as it often involves couple support and reciprocity of support between couples (Bodenmann, et al., 2006). Such practices, as described by men in the present study, appeared to have a positive effect on relational quality, which is consistent with past research. For example, Bodenmann, et al. (2006) found that men's supportive dyadic coping was more important for women than vice versa, indicating that women may pay more attention to the partner's coping behaviour. Although the majority of men’s descriptions of coping did not entirely resemble dyadic coping, men’s accounts of coping centred on their relationship and not on themselves. This indicates the partner’s awareness that certain strategies, although useful for personal coping, may be detrimental to the relationship. Having such awareness, appears necessary for minimising premenstrual distress for both the woman and her partner.

‘I can definitely make it worse’: Avoiding the exacerbation of premenstrual distress. All men who attempted to avoid exacerbating their
partners’ distress drew upon a hegemonic construction of PMS to position their partner as irrational, volatile, reactive, sensitive or unable to control her emotions during the premenstrual phase (Chrisler & Caplan, 2002). Accordingly, men positioned themselves in relation to their partner’s premenstrual emotionality in a way which suggested that, “I can’t necessarily make it go away but I can definitely make it worse” (Andy). Within these accounts, men reported adopting various strategies to avoid, or reduce exacerbating their partner’s premenstrual distress.

**Giving space.** A small number of the men gave accounts of learning to give their partners space during the premenstrual phase to avoid relational conflict, or the exacerbation of premenstrual emotionality. Notably, all of these men said that they gave their partner space when all other means of support appeared ineffective. Shaun for instance, described the instrumental ways in which he attempted to offer support to his partner Mary, but implied that these strategies are not always the most effective in reducing her premenstrual distress.

I will try and help her out in any way if she needs a bath or to do all the cooking or whatever, I don’t mind doing that. So she can sit down and have a rest, go and read a book, whatever and spend some time by herself. Sometimes it’s just easier for me to pop the radio on and do the things myself and she can just have her own time and I have mine.

Shaun’s account conveys his acceptance and willingness to engage in practices that allow Mary time for herself, as well as awareness that he
can exacerbate premenstrual distress. This is reinforced through the statement, “Sometimes if it’s bad, I’ll just stay out of the way…I’ll just keep to myself a bit, don’t aggravate the situation”. Shaun was not the only partner who talked about giving his partner space, as Nathan also claimed that leaving his partner Jackie alone was one of his strategies for minimising her premenstrual anxiety. In his account, he listed the ways in which he attempts to minimise Jackie’s anxiety, such as going out for lunch or going for a walk, but then stated, “Umm, but really my only strategy, if it’s not working, is just to leave her alone for a bit…that seems to work”. This was also the case for Tom, as he explained:

Um, [pause] I try to [pause] appear [chuckle] upbeat, that sort of stuff, as opposed to depressed or whatever….Because on account how she’s feeling, I try but it probably, um obviously [chuckle] it doesn’t have the desired effect, I would think, but um, so that’s why I’m thinking more and more that just when she goes through this cycle I’ll probably just um, not withdraw myself, but just give her, her space.

Notable in Tom’s account is the way in which he corrected himself when he used the term “withdraw”. This correction indicates an attempt to clarify that this is not avoidant behaviour, but rather a strategy to reduce strain for his partner. Although the act of withdrawal has been found to be a typical masculine response during relational conflict (Christensen & Heavey, 1990), none of the men who took up the Supportive Partner position described their actions as withdrawal. This is noteworthy, as partner withdrawal has been found to exacerbate the woman’s premenstrual
distress (McDaniel, 1988; Ussher & Perz, 2013), as well as increase relational dissatisfaction (Gottman & Kroloff, 1989). Equally, taking time out from responsibilities, or being away from others can help women to better cope with premenstrual change (Ussher & Perz, 2013). This confirms the potentially positive impact of men ‘giving space’ to their partners. Findings also support the importance of partners becoming aware of the implications of ‘giving space’ upon women’s premenstrual experiences, as opposed to being avoidant.

**Moderating relational interactions.** A few men who took up the Supportive Partner position recounted instances of actively modifying how they interacted with their partner, particularly in relation to making requests and initiating certain discussion topics. Men positioned this as necessary, as they constructed their partner as reactive or struggling to cope with the demands of certain social interactions. As such, they explained how modifying their interactions allowed them to avoid relational conflict, or avoid receiving a negative reaction from their partner. This is demonstrated by Jonah, who explained:

> Um, asking her things that would normally evoke some sort of um, sceptic sort of reaction, some sort of reaction; whereas, if I um, by the way she would question things and wonder, “Why are you doing this?” “Why,” um, yeah it’s mainly ah, to try and keep the requests just, best to a simple yes, or no, something like that, to make it easy for her, so she doesn’t get kind of frustrated, and annoyed at herself for reacting negatively and angrily to something simple.
Within his account, Jonah constructed his partner Fiona as highly reactive to certain requests, as well as having an increased tendency to respond with scepticism or suspicion during the premenstrual phase. He explained that simplifying requests makes it “easier” for her, as this helps to prevent her from engaging in self-blame as for responding negatively. A number of men engaged in similar practices, but each labelled these practices differently. While Jonah labelled it “simplifying requests”, Laurence on the other hand, labelled it “being careful”. To Laurence, “being careful” meant, “If you’re saying something, say it clearly and concisely, don’t have a way that a person could interpret it differently, to try and be unambiguous”. Similarly, Andy used the term, “kid gloves” to describe the careful and delicate way in which he treats his partner, Susan.

Um, [Pause] once I’ve clicked on I’ll generally be I, I guess the term use kid gloves or um not try and bring an issue up that maybe misconstrued or have any great emotional conflict to it. So I’ll, you know, I’ll probably just try and deal with conversations be more around the ordinary and mundane sort of, the yes, no type of answers.

Andy highlighted the importance of awareness, as he stated that once he’s “clicked on” that Susan is premenstrual, he can then modify his responses to her. As a number of men described ways in which they modified their interactions with their partner, this strengthens findings regarding the Naïve Partner position, that awareness can help men to resist this position, which is essential for their adoption of supportive practices. These findings are consistent with previous research, as it was found that
emotional and practical support including emotional reassurance, physical comfort and domestic support often result from men’s recognition that their partner is premenstrual (Mooney-Somers, et al., 2008).

**Resisting attempts to ‘problem solve’.** An additional practice described by a small number of men centred on resisting attempts to ‘problem solve’ in relation to their partner’s premenstrual emotionality. Described as “needling”, Tom noted his past attempts to investigate the issues underlying his partner Janice’s emotions, but indicated that this agitates her.

I used to needle her a fair bit and say, “What’s wrong? What’s wrong?” thinking that I’d be able to help decipher whatever was wrong. I used to needle her a fair bit, get her on a goat and say what’s wrong, and it used to, I know that it used to drive her mental [chuckle].

Tom’s use of the past tense within the extract above functions to suggest that he no longer responds to Janice in a problem-focused manner and conveyed a realisation that needling Janice served to exacerbate her premenstrual emotionality. Similar to Tom, Greg constructed his account using the past tense, to position problem solving as an ineffective strategy in ameliorating premenstrual distress.

At first, I didn’t really understand sort of what made her tick. And so my natural reaction and what I try to do with a lot of people is, I don’t like conflict so much, and I try to fix it. But I’d be quite persistent with her, and say, “Well,” – and I'm very much a rational person. I try to rationalise things. But – um, so the first time I tried
to rationalise with her and say, “Well, why do you think this? You know, how do you know that’s the case?”...And so we’d get into conflict that way, because I’d really continue to try and pursue it

Greg constructed himself as a rational person who does not like conflict. This allowed him to provide a reason for his proclivity to question and rationalise with his partner Diane, in an attempt to resolve the issue. However, he acknowledged the negative impact of his persistent attempts to problem solve by explaining that it would result in further conflict.

Men’s self-positioning as being logical and rational was also common in these accounts. However, they also expressed recognition that approaching their partner with logic or rationality could be antagonistic. For instance, Pete said that despite his tendencies to approach his partner’s emotionality with logic, this is ineffective.

Um, so for me it’s kind of just trying to understand a lot of the time, that you can’t come at it from a logical point of view, even if that’s my natural reaction, it’s more so just trying to understand where she’s coming from. And you know I don’t understand why she’s feeling this way, I just know that she does. And I know that I’ve just kind got to be there for her I guess and try, yeah support her.

Pete drew on a scientific discourse to construct being logical as part of his “nature”, but stated that he must resist this in order to approach his partner Sandra with acceptance and support. This suggests that for men to engage in practices that ameliorate premenstrual distress, they need to reframe and redefine their partner’s affect as an experience to be recognised
and accepted, not something to be fixed, as Laurence commented, “[she’s] really wanting to say something, not necessarily wanting it to be fixed, she just wants someone to listen and say, ‘Yeah, I understand,’” and try and work through something”. Such acceptance, as displayed by the partner may also help the women to resist pathologising herself for her premenstrual emotionality (Ussher, Perz, & Mooney-Somers, 2007), as her emotions are no longer treated as a “problem” to be solved.

Men’s suggestion that tending to the woman emotionally, rather than attempting to ‘solve her problems’ is necessary for the amelioration of premenstrual distress is supported by previous research (McDaniel, 1988; Ussher & Perz, 2013). However, despite men’s recognition of its effectiveness, they admitted difficulty adopting it over a solution-focused approach. This is not surprising, as men are more likely to use solution or problem-focused approaches when dealing with their own emotions (Folkman & Lazarus, 1980). This lends support to the importance of men recognising the significance of learning about and employing emotion-focused approaches in the context of premenstrual change.

While the men who took up the Supportive Partner position in the present study constructed the premenstrual phase as an emotional time for their partner and largely attributed emotional changes to ‘PMS’, their accounts suggested that they did not negate their partner’s emotions or underlying issues. Where men identified a legitimate issue underlying their partner’s emotion, they implied that such issues were not negated, as outlined by Pete below.

[The discussion] doesn’t have to be had right then and there, we can
just kind of resolve it, and then later on bring it up, when I know
PMS isn’t uh what’s the word, driving a lot of her emotions. And
we can discuss it then when she’s in a more logical frame of mind.
Um, and that way, you know, it’s just a smart way of doing it I
guess. So, yeah, like whilst I don’t want to blame everything on
PMS, you do kind of as a guy, often just want to raise it and go, you
know is this the result of this, and if so let’s just acknowledge that, I
don’t want to, you know, disqualify your feelings and how you feel
at the moment. But let’s just acknowledge that maybe PMS is
having some sort of impact on your emotional state right now and
why you feel this way. And you know, if you don’t want to discuss
it now that’s fine, we’ll discuss it later on.

Pete explained that when Sandra is premenstrual, addressing issues
is ineffective, as he positioned her emotionality as a barrier to engaging in
an effective discussion about why she is emotional. His statement that PMS
is “driving” a lot of her emotions, instead of ‘causing’, implies a
construction of her emotions as heightened and not solely a cause of PMS.
By constructing his perspective as a ‘guy thing’, he is drawing upon
masculine discourse to normalise and justify this action. However, he
explicitly stated that he does not want to disqualify her emotions. This
suggests that although he constructs her premenstrual emotionality as a
hindrance to resolving their conflict, he is not negating her experiences.
This implies a rejection of hegemonic PMS discourses that position
women’s emotionality, or expressed grievances as ‘just PMS’. Men’s
recognition of the issues underpinning women’s expressions of
emotionality during the premenstrual phase has been found to have positive implications upon women’s construction and appraisal of her premenstrual experiences. Women have reported engaging in effective coping, such as taking time for self-care and avoidance of conflict. (Ussher & Perz, 2013).

**Resisting reactivity to avoid conflict.** The majority of men conveyed awareness that responding aggressively to their partner when she is emotional premenstrually exacerbates her distress or increases relational conflict. This is illustrated by Nathan as he explained why he must refrain from responding aggressively to his partner Jackie.

When, if I get really short with her when she becomes short with me, it just sort of explodes, umm, I mean sometimes that’s if I’ve, you know, for whatever reason I’ve, I was a bit angry about something. Like that’s the worst thing, if I’m getting angry about something and she’s premenstrual, we shouldn’t really [sigh] fire off at each other.

Implicit in Nathan’s account is a positioning of Jackie as reactive or volatile during the premenstrual phase, illustrated by such expressions as, “explodes” and “fire off”. This allowed him to justify holding back his anger whilst Jackie is “short” premenstrually. This also allowed him to position the act of responding aggressively as “the worst thing”, as this escalates conflict between them. Notable is Nathan’s placement of Jackie’s emotional needs above his own, which is further illustrated below.

I’ve got to learn that if I’m angry and she’s premenstrual I’ve
[laughs] got to sort of just put my emotions back a little bit
…not, umm, not bring them to the conversation. Like obviously
there’s a right time and a place for everything like that, but at the
time if she’s fired up about something I’ve got to try and just [long
pause] keep my own back for a little bit and try and sort hers out.

Nathan positioned being non-reactive as his responsibility, evident
in the statement “I’ve got to learn”. Although he acknowledged the
legitimacy of expressing his own emotions, he implied that to express anger
to Jackie while she is premenstrual would be to the detriment of the
conversation. While Nathan willingly adopted a discourse of self-control,
for other men, negotiations of self-control appeared difficult when they
constructed their partner’s emotional expressions as a personal attack. This
is evidenced by Greg who stated, “I’d try to rationalise with her and say,
‘what – why are you having a go at me about something that I've done, like
not taking the garbage out, when it’s not really about the garbage?’” While
Greg constructed this as a personal attack, he continued to take up the
Supportive Partner position as he recognised his partner’s need to express
her emotions.

Sometimes it’s just a case of taking a step back and realising, you
know, it’s just not that main thing that she really wants to get into a
full-blown discussion. It’s just how she’s feeling. And sometimes
her emotions will get the better of her and take over the rational side
of the brain, and so I just learnt that sometimes, you have to take a
step back and you're not trying to win every battle…I just –
sometimes I just need to be the sounding board.
By constructing the premenstrual phase as an emotional time for his partner Diane, this appeared to remind Greg to “take a step back”, which according to him, meant acknowledging that Diane’s emotionality is not directed at him and not to react defensively. As a result, this allowed Greg to access practices relating to support and understanding.

It is well established that a partner’s negative reactions to the woman’s premenstrual changes can exacerbate distress or have negative implications for a woman’s subjectivity (e.g. Cortese & Brown, 1989; Sveinsdottir, Lundman, & Norberg, 2002; Ussher & Perz, 2013a; Ussher, et al., 2007). Partner rejection, criticism or aggression can often make women feel disordered, inadequate or unequal. One woman from Ussher and Perz’s (2013) study, for example, stated that her partner’s negative reactions made her feel “horrible” and “angry” (p. 20). By contrast, women with partners who respond to their premenstrual expressions of anger or irritation in a non-reactive manner have been found to portray the relationship context as supportive. Such findings demonstrate the potentially positive implications upon women’s constructions of premenstrual change and her relationship context, when partners attempt to minimise their premenstrual distress by managing their own reactions.

**Conclusion.** The men who took up the Supportive Partner position presented accounts that focused on expressions of sympathy, empathy and understanding towards their partner. Men also gave accounts of offering instrumental and emotional support such as active listening, giving their partner space and being more affectionate. To avoid exacerbating premenstrual distress, a number of men recounted instances in which they
refrained from being reactive with their partner or refrained from approaching conflicts from a logical position, in their attempt to ‘problem solve’. It was apparent that men were able to engage in such practices by adopting discourses that positioned women as ‘PMS sufferers’, but did not pathologise their premenstrual experiences. This appeared to have positive outcomes for women’s negotiation and appraisal of their premenstrual experiences. The present findings suggest that some men are indeed willing to be supportive and understanding to their partner premenstrually, but face difficulties in doing so.

It is important to note the men whose accounts were absent in this theme. Such absence does not suggest that these men were ‘bad’ partners, as all men did describe their engagement in some form of supportive practice. Rather, men whose accounts did not feature within the Supportive Partner position theme were because their adoption of other positions appeared more prominent within this analysis. This will be particularly evident in the case of Terry, whose account features prominently within the ‘Critical Partner’ and ‘Victim’ position themes. The Critical Partner position is discussed next.

The Critical Partner Position

The Critical Partner position stands in direct contrast to the Supportive Partner position, as men who take up this position emphasise the negative aspects of premenstrual change. Further, through the deployment of biomedical discourse, in conjunction with the monstrous feminine discourse (Ussher, 2006), women’s premenstrual changes are constructed as dysfunctional, abnormal or pathological, warranting
treatment. Additionally, men’s adoption of discourses relating to agency functions to position women as responsible for experiencing premenstrual distress, or for causing disruptions in the relationship. Accordingly this makes men’s recognition of the critical role they play in the woman’s negotiation of her premenstrual experiences difficult.

Discursive practices made accessible by taking up the Critical Partner position centre on rejection, blame and a lack of understanding in relation the woman’s body and her experiences. Such practices can have deleterious implications for women’s subjectivity, as they relate to a woman’s positioning of her premenstrual experiences as pathological and her body as deficit, or herself as blameworthy. The Critical Partner position was taken up by a small number of men, namely Brian, Blake and Terry, whose accounts will be explored below. As Brian, Blake and Terry took up the Critical Partner position in distinct ways, their individual accounts will be used to illustrate the different ways in which the Critical Partner position can be taken up.

‘Often it is trivia’: The pathologisation and dismissal of premenstrual distress. Brian mobilised the Critical Partner position to pathologise his partner’s premenstrual experiences and to dismiss the notion that her distress is more than a biochemical imbalance. Notable is Brian’s deployment of biomedical discourse to engage in, and legitimate this dismissal and pathologisation. This is exemplified within the following extract, whereby Brian used a biomedical explanation to account for Lorraine feeling unsupported premenstrually.

I’m going to theorise here, my sense is that from a biochemical
point of view something is triggering an emotion in her mind, in
other words, firing off the neurones, say unsupported, whatever set
of neurones might do that...It’s just that some sort of biochemical
reaction to unsupported. It fires off and then irrespective of the
evidence, the emotion is just reinforced by the fact that there is no
clear evidence to her of being supported and there’s an expectation
of support, and it’s unmet and it just escalates.

Within Brian’s explanation is recognition that Lorraine’s emotions
are real, to the extent that there is a material change within her body,
causing her to become emotional. However, he dismissed the notion that
Lorraine’s emotional reactions are due to her legitimately being
unsupported by him within the relationship. The negative implications of
such a construction upon Brian’s responses to Lorraine are evident in the
following extract.

I try and recognise that where it does turn into an argument and it is
that time, that it’s really more probably to do with her feeling off,
than it is to do with the real underlying, any real underlying
argument. In other words, what we’re arguing about is probably
trivia [laughs]. You know, in other words, “It’s not a big issue,
don’t worry about it.” And often it is trivia, like, “Why didn’t you
wash the dishes?” “Well, bloody hell, you know, what’s that - the
world’s not going to end”.

Brian conveyed a dismissal of the legitimacy of Lorraine’s
grievances, exemplified by the repeated use of the word “trivia” as well as
his suggestion that her emotional changes are likely to be a result of her
feeling “off” and not because of any “real” issue. Further, through the hyperbolic use of the phrase, “the world’s not going to end”, Brian positioned Lorraine’s emotional responses as over-dramatic, compared to the issue at hand - washing up. Through Brian’s statement above, it is apparent that he is negating the gendered aspects affecting Lorraine’s negotiation of her premenstrual experiences, particularly in relation to household demands.

As noted previously in this thesis, the premenstrual phase is often a time of increased sensitivity and lowered tolerance, and such demands can be experienced as more bothersome and a source of premenstrual distress (Steiner, 2000; Ussher, 2002). Therefore, while the act of not washing the dishes is constructed by the partner as simply that – not washing the dishes, to the woman, not washing the dishes could be symbolic of the partner’s refusal to take on the household tasks at a time where it is particularly difficult for her. Instances where men negate the gendered aspects of women’s premenstrual experiences may not be deliberate, as ideology and discourses that serve to maintain the unequal distribution of labour is so entrenched, that the notion of women engaging in the majority of housework has become a taken-for-granted truth (O’Grady, 2005).

In accordance with previous research, partner dismissal can have deleterious implications for a woman’s subjectivity. While the woman’s outward expression of premenstrual anger can serve a positive function for her mental health (Cramer, Gallant, & Langlois, 2005; Perz & Ussher, 2006), when issues that are dismissed by her partner as ‘just PMS’, this can result in her underlying issues being unresolved and her feeling
unsupported and misunderstood (Ussher, 2002). This can increase her engagement in self-blame for failing to control her emotions (Ussher, 2004a). This brings to light the possible negative impact of such practices upon women such as Lorraine.

In addition to dismissal, the pathologisation of Lorraine’s premenstrual experiences was evident in Brian’s account, illustrated by the following quote.

We’ve known each other for just over three odd years now and you know, the first year I was still trying to work out whether I had a mad woman. The second year I was packing my bags and walking. Um, the third year has been sort of a process of calming down, where she’s, where, I wouldn’t say, it’s under control, and I wouldn’t say, it’s good for her um, or me to have this thing that gets in the way of living your life, but it is more manageable.

Brian described Lorraine as “mad” and implied that the severity of her changes had previously prompted him to consider ending their relationship. While Brian presented this account using the past tense, it nonetheless reflects his current positioning of premenstrual change as a pathological disorder, necessitating control. Notably, Brian expressed a rejection of premenstrual change as part of Lorraine’s subjectivity, as he not only stated that it “gets in the way” but referred to premenstrual change as “it” and “thing”. In this way, Brian effectively homogenised the variability of Lorraine’s premenstrual experiences into the anonymous category of ‘thing’ or ‘PMS’ (Chrisler & Caplan, 2002; Ussher, 2003b). Throughout his interview, Brian made clear his construction of Lorraine’s
experience of her premenstrual changes, by repeatedly referring to them as an “issue” or a “problem”, evident in the statement, “So you can’t simply turn around and say, “Well, it’s completely your problem, you sort it.” I do say that to her [laughs], I might point out and I do it to push her”.

As Brian predominantly referred to the positioning of Lorraine’s cyclical changes as deviant and hormones as the underlying force for her changes, this indicates Brian’s adoption of ‘disease model theorising’, which is based on assumptions imbedded within biomedical discourses (Zita, 1988). Such theorising is argued to affect how observations are made, how and why questions are asked, and how observations are used as evidence for the existence of a syndrome. This is linked to the negation of specific meanings of a woman’s grievances, as they function to reify cyclical changes in mood as symptoms of an underlying disorder. Therefore, whilst Lorraine may be attempting to express legitimate grievances, Brian’s disease model theorising enables him to class the subjective meanings underlying her behaviour as a sign or symptom of a malfunctioning body (Cosgrove & Riddle, 2003). As a result, the underlying issue for her emotion is not constructed as meaningful, but a as symptom of a disease state (Gilligan, Spencer, Weinberg, & Bertsch, 2003; Ussher, 2003b; Ussher & Perz, 2013a).

Finally, as described previously within this analysis, Brian made clear within his account his insistence on Lorraine continuing her drug regimen, evident in statements such as, “[Lorraine] spoke to her doctor and they decided to up the dose, which is what I was pushing for anyway”. Outward positioning of premenstrual change as a disease to be treated
provides the discursive framework within which women come to position their distress or anger premenstrually as ‘bad’ or pathological and recognise themselves as ‘PMS sufferers’. Such positioning is argued to be connected to women’s engagement in self-policing (Ussher, 2004a). The above research, in conjunction with the present findings support assertions that practices located within the Critical Partner position, such as the dismissal of premenstrual emotionality, not only serve to exacerbate premenstrual distress but also encourage women to adopt the subject position ‘mad woman’ and to engage in self-policing.

‘She just turns into a crazy bitch’: The monstrous feminine discourse. A small number of men deployed the 'monstrous feminine' discourse within their account to construct their partner as abject, dangerous, or powerful when premenstrual (Ussher, 2006). The deployment of such a discourse was most prominent within Terry’s account, as he often used negative terms to describe his partner Helen including: “bitch”, “crazy” and “Ground Zero”. Throughout his account, Terry emphasised the severe and deleterious consequences of Helen’s ‘bad’ behaviour upon him and their family. For instance, when I asked Terry to describe Helen premenstrually, he immediately and emphatically stated:

Terry: Shocking.

Interviewer: Yeah?


Interviewer: What happens?

Terry: She becomes self centred and more arrogant and has absolutely no patience for, not just me, pretty much anything. Just
uncompromising is the word I would use. Doesn’t matter what
the situation is, uncompromising… She gets obviously unwell.
Headaches and things like that. She’s not very enjoyable to live
with. She’s totally a different person. She probably won’t even
agree to all this. It’s funny, after thirty years of knowing her, it’s
just accurate. If she’s fairly self-focused, like it has to happen.
Normally she can compromise and weigh up the problems, just take
other people accounts whatever but when she has PMS, it has to be
done her way or the highway.

Terry positioned Helen’s premenstrual changes in mood and
attitude as a significant problem within their relationship. He drew upon a
hegemonic discourse of PMS (Cosgrove & Riddle, 2003), to describe her
“shocking” changes, namely her arrogance, self-centredness and her
inability to compromise. Terry briefly described the physical changes that
negatively affect Helen. However, he quickly shifted the focus back onto
his own negative experiences through the proceeding statement, “She’s not
very enjoyable to live with”. Notable is the way in which Terry positioned
Helen as powerful and unyielding, evident in his description of her as
uncompromising, as well as through the phrasing, “it has to happen” and
“her way, or the highway”. Terry continued to describe the negative
changes in Helen’s behaviour.

It sounds [laughs] crazy right? But she refuses to actually get out of
anyone’s road physically. So if she’s walking down the street you
would get out of her road or she would walk straight through you.
She couldn’t be bothered to step around anybody it’s just like you
are not there, “get out of my road. I’m an important person” and that’s probably what I find most annoying, it’s that level of rudeness that is there and that’s even to a stranger.

By posing the perhaps rhetorical question, “It sounds crazy right?” , Terry was not only attempting to convey the unusual and extraordinary circumstances of his experiences, worthy of an incredulous response, but was also suggesting that such behaviour is indeed “crazy”. Notable in this extract is Terry’s description of Helen as not “bothered” to move out of someone’s way, which suggests an active decision on her part to engage in this behaviour. This not only allowed Terry to strengthen constructions of Helen’s self-centred attitude, but also reified constructions of her as a “bad” woman premenstrually. Terry continued to deploy the monstrous feminine discourse to describe Helen, as illustrated below.

I’ve actually had her, this is the weird part, she’ll be chewing my ear off absolutely over some little thing, very aggressive, the phone will ring and total change of personality. Answer the phone and then as soon as the phone’s gone, back to aggressive behaviour. The person on the phone would have hung up and have absolutely no idea that this has happened.

Terry deployed a dualistic discourse to construct Helen as two different people during the premenstrual phase (Cosgrove & Riddle, 2003; Swann & Ussher, 1995; Ussher, 2004a). This discourse, in conjunction with the monstrous feminine discourse (Ussher, 2006), functioned to construct Helen as a Jekyll and Hyde-like character; calm one moment, terrifying the next. Further, Terry suggested that this negative
transformation occurs solely within a private familial context. Therefore, people who lie beyond this context are unaware of Helen’s changes. It becomes evident from Terry’s account that deploying the monstrous feminine discourse, from the position of the Critical Partner, serves to condemn women’s changes in behaviour premenstrually. This enables him to further position Helen as ‘other’ to him, through the ‘Woman as other’ discourse, making it difficult for him to sympathise with her, and respond in ways that demonstrate support and understanding.

‘We have to help ourselves sometimes’: Premenstrual distress and agency. In addition to the monstrous feminine discourse, Terry used a discourse of agency to explain Helen’s change in behaviour premenstrually. Such a discourse constructs a person as an autonomous and self-determining being, with the ability and the responsibility to affect their own outcomes (Pollack, 2000). In this way, this discourse allowed Terry to position Helen as blameworthy and responsible for the disruptions that occur in their relationship premenstrually. Terry’s use of such a discourse is illustrated by the following account.

I know other women as well, but I don’t see this [attitude]; either they are the same all the time or they do it at home and don’t do it elsewhere and that’s why I think Helen might actually save up this attitude for home. Because I’m not sure that she’d get along with people in a working sense.

In the account above, Terry alluded to the notion that Helen could quickly switch her demeanour, given the social context. He supported this argument by stating that if there were certain behaviours that a woman
could not control, she would not be able to control them in any situation. Terry’s positioning of Helen as agentic is reinforced in his description of her actively “saving” up her attitude for home. He strengthened this assertion by stating that it would be difficult for others to work with her if she did not control her behaviour in the workplace.

Within the PMSbuddy chapter, it was explained that women do not necessarily ‘save’ their premenstrual emotionality for home, but struggle to suppress their emotions when at home (Ussher, 2002). This struggle centres on the notion that within the workplace, discursive constraints are placed upon women, in which they must remain calm and in control of their emotions. However, such constraints are not as apparent within the family setting, allowing women greater freedom to ‘let go’. In line with this explanation, men’s adoption of agency discourses may make it difficult for them to consider the factors underlying women’s engagement in emotional expression. Understanding this aspect of women’s emotionality may help men to resist blaming their partner for the changes that occur premenstrually and resist taking up the Critical Partner position.

It is important to highlight the multiple conflicts and tensions men can experience when taking up the Critical Partner position. In the case of Terry, while he constructed Helen as an agentic being, he paradoxically and simultaneously constructed her as a victim of her circumstances. This is evident in the following extract.

She’ll bottle it up and bottle it up and then come out with these things and usually, she will, like I said, she knows best. She’ll deal a lot on her own. Like kid’s problems and blah, blah, blah…That is
calming down. It has calmed down a lot since they’ve actually
gotten over that sixteen to twenty phase, especially girls but has
definitely taken - her resilience is zip. So when it comes that time
of the month, I think she just has nothing left to fight it and she just
turns into a crazy bitch [Laughs]

Similar to the women in Ussher’s (2003a) study, Terry used a
pressure cooker metaphor to describe the way in which Helen contains her
grievances in relation to her multiple responsibilities. Further he detailed
how taking care of their children took its toll on Helen’s ability to handle
her premenstrual changes. However, Terry suggested that because Helen
chooses to attend to such issues, without help from others, she is thus to
blame for her diminished resilience. Interestingly, while Terry was
emphatic in his positioning of Helen as an active agent, later in his account
he described her in a way that contradicts such positioning. When I asked
Terry whether he thought such changes were in Helen’s control he
responded:

Terry: I don’t know. Well [sigh] I don’t think she can control it. I
think it’s counterproductive to be that bitchy once a month rather
than all month. If she was bitchy all the time I’d just say, she’s just
a bitch.

Terry expressed uncertainty as to whether being “bitchy” was a
choice. He attempted to rationalise his answer through the assumption that
enacting bitchiness would have no legitimate cause or benefit during this
time. This highlighted the conflict Terry experiences in making sense of
Helen’s premenstrual changes. Apparent in his account is a construction of
premenstrual change that negates the idea that the premenstrual phase can be a time of increased sensitivity, lowered tolerance and heightened emotionality (Sabin-Farrell & Slade, 1999). Further, as previously suggested in this analysis, emotional expression can be beneficial for women’s wellbeing (Cramer, et al., 2005; Cramer & Thoms, 2003; Gratch, Bassett, & Attra, 2006; Perz & Ussher, 2006). Accordingly, as Terry positioned Helen’s emotionality as indicative of her bitchiness or arrogance, this demonstrates the negative implications of constructing premenstrual change from the position of the Critical Partner. Such constructions may function to justify to Terry that responding to Helen with a lack of empathy, tolerance and understanding during the premenstrual phase is acceptable and appropriate.

Similar to Terry, Blake also positioned his partner Kim as responsible for her outcomes, “Yeah, I think if she has some kind of bad condition linked to her period, then she probably needs to get a bit more aware of it and timing it a bit more”. While Blake constructed Kim’s changes as a “bad condition” linked to her menstrual cycle, he refrained from constructing her as a passive recipient of the changes within her body. By suggesting that Kim could engage in activities that function to minimise her distress, such as being more aware and exercising, Blake constructed Kim as an individual with the responsibility to manage her premenstrual changes. He reinforced this construction through the following statement.

I want Kim to help herself out and she can’t do it, which, when it happens time and time and time again, I just think everyone has
their issues, we have to help ourselves sometimes. It feels like Kim isn’t doing that, even attempting to do that.

Blake declared his desires for Kim to help herself or to engage in practices that are ameliorative to her distress, but then states “She can’t do it”. Note Blake’s use of the universal and all encompassing “everybody”, “we” and “ourselves” to suggest that this opinion applies to every individual, and is not exclusive to Kim. Although Blake implied that Kim is not making an effort to help herself, he then stated “...then I think this is really bad and she needs some proper help because there’s no way she can deal with it with herself”. The contradictory positioning of Kim as an agent and victim in relation to her premenstrual experiences is perhaps not only indicative of Blake’s conflict in taking up the Supportive Partner and the Critical Partner position, but also the influence of dominant definitions of the oversimplified ‘either/or’ binaries (McKenzie-Mohr & Lafrance, 2011). That is, the imperative to position women as either a victim, or an agent in relation to ‘PMS’. This conflict becomes more apparent in the following extract.

I get angry with her I think, because I don’t feel like she’s making enough effort to help herself. It’s a cycle because she needs motivation but she doesn’t want to motivate herself to go for a walk for maybe have a run, not drink another bottle of wine or whatever, or not have a cigarette for instance. I think was bought up in a firm way, so if I became an irrational child, I just got told to shut up and I’d have to shut up. And Kim’s not really, don’t think was bought up in that way, I think Kim feels I’m a bit over firm but I don’t want
her to feel like to get attention she has to indulge in being ridiculously emotional.

Blake attempted to legitimise his angry responses to Kim premenstrually by noting her minimal efforts engaging in effective coping strategies. Such anger as described by Blake is suggestive of his expectations for Kim to take responsibility in managing her distress. In this way, Blake was taking up the Expert position to present his description of Kim as fact. Blake enacted judgement and blame, as he described Kim as actively “indulging” in being “ridiculously” emotional in order to gain attention. Interestingly, the Critical Partner position becomes most prominent when Blake infantilised Kim, likening her behaviours to that of an “irrational child”. Through this description, it is apparent that Blake has drawn upon a construction of PMS, often located within popular culture, that constructs premenstrual change as something women engage in to deliberately to seek attention, or to achieve a particular outcome (Alpern, 1983; Koch, 2006).

Interestingly, within Blake’s account was a shift in his positioning of Kim as agentic to her as passive, stating, “But I don’t think she can help it either way. Whether I’m cruel or kind to her, she has to go through these emotions”. Implicit in this extract, is acceptance of the premenstrual phase as not only an emotional time for Kim, but something neither Blake nor Kim can control. This construction is paradoxically located within the Supportive Partner position, as it is associated with acceptance and sympathy, evident in the following statement, “I don’t know [pause] it makes me feel like sometimes I feel very sorry for her…”. However,
conflict is again apparent through the statement, “…and sometimes I feel like she needs a kick up the arse [laughs]”. As Blake conveys conflict in determining his responses to Kim, it is thus clear that men’s position their partners impact their practices within the relationship.

**Conclusion.** As demonstrated by Blake, Terry and Brian, men who take up the Critical Partner position, construct premenstrual change as a negative or pathological event, and the woman, her body or ‘PMS’ as the source of distress and relational strain during the premenstrual phase. All of these men, particularly Terry, used derogatory terms to describe their premenstrual partners, including “bitch”, “crazy” and “childish”. This not only has implications for men’s responses during premenstrual conflicts, but has also been found to have deleterious implications for women’s negotiations of their premenstrual experiences (Sveinsdottir, et al., 2002; Ussher & Perz, 2013a; Ussher, et al., 2007). Accordingly, if women are told that they are mad or bad premenstrually, they may be more likely to accept this, and construct their experiences accordingly (Ussher & Perz, 2013a). Additionally, men’s accounts appear to reflect the contradictions evident in PMS discourse. On the one hand, there is the monstrous feminine discourse, which constructs women as mad, bad, powerful, as something to be feared and contained (Ussher, 2006). On the other hand, there exists the PMS sufferer discourse, which constructs women as requiring sympathy, support or assistance. Such contradictions are implicated in men’s difficulty resisting the Critical Partner position.

In some ways, the Critical Partner position parallels the Victim Position, as they both relate to the positioning ‘PMS’ or the woman as the
primary cause of relational disruption and strain during the premenstrual phase. However, key differences between these positions lie in the various discourses deployed by men. Accordingly, the Victim position is explored below.

**The Victim Position**

The ‘Victim’ position is taken up when an individual adopts suffering, weakness or distress as part of their subjectivity. In the context of negative premenstrual change, a small number of men in the present study positioned themselves as a victim in relation to their premenstrual partners. While the majority of men adopted a victim discourse within their narrative, to illustrate their innocence and suffering, all but a few men disallowed the Victim Position to be the lens by which they constructed their experiences of premenstrual change. This is evident in men’s ability to accept premenstrual change, or to acknowledge positive aspects of premenstrual change. Men’s resistance of the Victim position is made possible through the adoption of coping strategies and through the availability of counter-discourses that contest the notion that women should be blamed for experiencing negative premenstrual changes. Such discourses also construct premenstrual change as a natural, and in some ways, a positive experience. The following section will detail the discourses men adopted when taking up, and resisting the Victim Position. The discursive and material circumstances, in which the Victim position is made accessible is first described.

‘It’s an attack, isn’t it?’ Taking up the Victim Position. There were a small number of men who took up the Victim Position in relation to
their partner. This was particularly evident within Brian, Blake and Terry’s account. It is by no coincidence that the men who took up the Victim position were the same men who took up the Critical Partner position, as these positions are closely related and are often taken up simultaneously. Essential to these positions is that they are both made accessible through negative constructions of premenstrual change and they are often (but not always) more accessible when the Naïve Partner position is adopted, as men often rely on popular negative representations of PMS when they are unable to make sense of their experiences premenstrually. As these men’s adoption of the Victim position had different implications for discursive practice, each of their accounts will be presented below.

‘It’s not my fault’: Conveying innocence and powerlessness.

Brian took up the Victim Position to emphasise his innocence when recounting relational conflicts that occurred premenstrually. In conveying his innocence, this allowed him to not only highlight the ‘undeserved’ detrimental impact of premenstrual change upon his experience as a partner, but also allowed him to emphasise his minor role in initiating arguments. Such emphasis functions to strengthen Brian’s argument that medical intervention is required for his partner Lorraine. Brian began his account detailing what frequently occurred prior to Lorraine taking medication.

Brian: She’ll say, “You’re not, you’re not supporting me. I’ve got a problem here and you’re not supporting.”

Interviewer: So how did this, how do these accusations, as you say, make you feel?
Brian: Oh well, initially disappointed and then as there are more and more of them I, disappointment turns to an attempt to defend me [laughs], ‘cause in a way it’s an attack, isn’t it? “You are not doing this. It’s your fault you are not doing this.” But inside me I’m going, “Well hang on a minute, it’s not my fault. I’ve got a great long list of things that I am doing, which one of those doesn’t constitute enough support”.

Within his account, Brian took up the Victim Position by presenting himself as the innocent person, accused without evidence. While he claimed that such accusations initially made him feel “disappointed”, he shifted from a passive to an active position, stating that he must defend himself when he perceives that he is being attacked. Notable is Brian’s use of such words as “attack” to ratify his self-positioning of victim. In the following extract, Brian represented himself as having little power during such arguments, as he explained that despite his evidence, he is unable to defend himself.

To her it’s, “I’ve got a position, you are not supporting me,” and no matter what is put down in front as evidence to the contrary [laughs], it’s rejected out of hand. I’m still guilty as charged of being unsupported and then unable to defend myself, I then start to get angry, ‘cause, I’m accused without evidence, when the evidence is presented to the contrary it’s dismissed. The judge then finds me guilty of failing to support and failing to meet unspoken expectations [laughs], no amount of negotiation will persuade the judge otherwise, what are you going to do, you’re
going to get bloody angry aren’t ya [laughs], so I get angry.

In this account, Brian emphasised the injustice and unfairness of Lorraine’s accusations. This is evident in his use of a ‘judge and the defendant’ metaphor, in conjunction with an ideology of justice. Through this metaphor, he constructed Lorraine as the judge, a figure of power, finding the defendant guilty. He reinforced his lack of power in this instance by noting the futility in his attempts to defend himself. He strengthened notions of helplessness and his lack of power by asking perhaps rhetorically, “what are you going to do?” Implicit in his account was a blaming of Lorraine for failing to effectively communicate her expectations, which he termed “unspoken expectations”. Such blaming enabled Brian to emphasise that Lorraine has a problem, not him.

Mentioned previously within this analysis was a practice located within the Supportive Partner position, which centred on not being reactive, in order to avoid exacerbating premenstrual distress. However, in Brian’s account, he attempted to justify being reactive to Lorraine. This is a key practice through which the Victim Position is identified, as it focuses on self-defence and taking expressions of premenstrual emotionality personally. As such, Brian’s account highlights how taking up the Victim Position can make practices relating to the Supportive Partner position less accessible.

As established within the extract above, Brian positioned himself as having little power during the relational conflicts that occur premenstrually. Paradoxically, Brian demonstrated his power throughout the interview, through his language and his accounted practices. Therefore,
this begs one to ask why a powerless position, such as the Victim position would be taken up by him. Within Baumeister, Exline, and Sommer’s (1998) research, a victim role has powerful effects when taken up within a narrative. Being able to access the victim role not only allows the person to maintain a positive image of themselves, but it also enables them to make their account more impactful and their argument more acceptable to their audience. This is because those taking up the victim role often have a tendency to highlight certain aspects that are favourable to their character (Baumeister, et al., 1998). In line with this explanation, by positioning himself as a victim, Brian is able to present a compelling argument that premenstrual change is Lorraine’s problem that needs fixing, as well as legitimatise his reactive responses to her during their disagreements.

‘It hurts me’: Negative personal impact. A key practice through which the Victim position is identified is the focusing of personal negative impact in one’s narrative. This was evident within Blake and Terry’s account. Blake positioned himself as a victim in relation to his partner Kim and her premenstrual changes, in the context of relational conflict. Within the following extract, Blake took up the Victim Position to demonstrate the personal negative impact of premenstrual change.

She can be quite attacking and slightly abusive. She can gauge to the heart, she’s very provocative, I’d say, which again is quite hard to deal with. And in a relationship, it’s a subjective thing, where you’re close to someone and supposed to be very connected. So I found myself having to be very kind of, maybe distance myself
sometimes and be very objective and treat her in a way where I have to be all-seeing, which is really hard [laugh] a lot of the time.

Blake deployed the monstrous feminine discourse (Ussher, 2006) to position Kim as dangerous and out of control, exemplified though such words as “attacking”, “abusive”, “provocative” and “gauge to the heart”. Blake positioned Kim’s premenstrual aggressiveness as the cause of their relational disruption. He described having to emotionally distance himself and become “objective”, which is suggestive of an attempt to overcome his emotionality during such instances. The impact of this position within the relationship during this time is further illustrated by the following extract.

I just find it’s hard being her boyfriend and having it being an equal to her, which is what I want, and then having to almost treat her, it sounds awful, but like a child and just give her space and let her calm down. She goes into this thing where she wants me to be affectionate, but as soon as I do, she uses that as an excuse to push me away. It hurts me but I know it’s horrible for her because she’s always so regretful later on, when she’s sorted herself out. I do react; I have to, because I’m only human.

Blake expressed his desire to be equal to Kim within the relationship, but constructed himself as having no choice but to treat her like a “child”. While this would appear paradoxical for Blake to simultaneously be the victim and the authoritative, paternalistic figure within his narrative, he represented himself as forced to engage in such practices to manage Kim premenstrually. This highlights men’s complex negotiations when attempting to adjust to the changes in relational
dynamics during the premenstrual phase. Also, implicit within Blake’s account was an expression of wanting to be a supportive partner, but positioned Kim’s reactions as a barrier to this. He supported this notion by suggesting her negative reactions are deliberate attempts to hurt him. He reinforced this by stating, “she’d do everything to kind of be the opposite and create a provocative atmosphere” and “she can use that to then fuel the fire and I’m the villain normally in that somewhere”. Through such statements, Blake positioned himself as the innocent bystander, who is undeservedly subject to negative emotionality and victimisation. Blake’s account provides key insights into how the Victim Position becomes accessible to men and similar to the Critical Partner position, its pervasiveness when attempting to take up more supportive positions.

Similar to Blake, Terry also presented an account of personal suffering. However, unlike Blake and Brian, Terry was the only man who took up the Victim Position throughout his account. He mobilised the Victim Position by placing himself at the centre of his partner Helen’s premenstrual outbursts and emphasised its negative impact on himself. Further, he relied on the villain/victim dichotomy to position himself as the victim, and Helen as the villain, as he explained,

> At that time of the month I’ve learnt not to even bother to compromise. I just do as I am told, run from ground zero and that’s it. Virtually you find a place to hide and that’s the best way to keep her under control is not to bother her. I mean your arms caught in a lathe and it’s getting chopped off and you turn the button off, no, I’d try and use my nose because I know that would be less painful
for her. Do you know what I’m saying?

Terry positioned himself as helpless and powerless, which he reinforced through such phrases as “I just do as I’m told” and “I just find a place to run and hide”. He deployed the monstrous feminine discourse to construct Helen as scary and dangerous, warranting fear and avoidance. This was made explicit through his evocation of powerful and violent imagery, likening her to an explosion (ground zero) or a ‘lathe’. Terry constructed his relationship during the premenstrual phase as not egalitarian or diplomatic. He strengthened his positioning of Helen as the villain, by presenting his children’s accounts as evidence.

You ask any of the kids, they look at me and go “you poor bastard”.

Even they have admitted, once they became aware ‘cause they’re all in their twenties now, they just go [to Helen] “Jesus you’re a bastard to Dad. You’re really kickin’ the shit out of him. What’s he done?”

Within this extract, Terry not only positioned himself as innocent and undeserving of abuse but also validated his construction of events as he further stated, “It gives me a bit of validation that I’m not crazy. I’m not just being insensitive and looking for an argument”. This enabled Terry to absolve himself of responsibility for Helen’s premenstrual changes in behaviour, whilst constructing her as blameworthy for such behaviours. Absent in Terry’s account were expressions of sympathy for Helen’s premenstrual experiences, or a positioning of her anger as legitimate. While he frequently noted a distinct change in Helen premenstrually, he never positioned her as a sufferer - certainly not in the same way as the other men
who took up the Supportive Partner position. This indicates Terry’s reliance on negative PMS discourse, which constructs PMS as a source of disruption and premenstrual women as ‘bad’ for behaving in a “crazy” and “bitchy” manner one a month (Chrisler, Rose, Dutch, Sklarsky, & Grant, 2006; Ussher, 2006).

Terry also conveyed a determination to take up the Supportive Partner position by drawing upon a romantic/marital discourse that emphasises the adoption of virtuous practices within the relationship (Lawes, 1999), such as offering support. However, Terry continued to construct his narrative from the position of the Victim, illustrated by his expressed resentment towards Helen for not validating, or recognising his attempts to support her, “I try and give her everything she wants but a lot of the times I can’t work it out and in my attempt of trying, I get no help.”

Further, unlike men such as Greg, Laurence and Andy, whose accounts of support largely centred on caring and empathy, Terry’s account centred on coping, as he stated, “If I could work out a way to bribe her every month, I would’ve done it by now. ‘Cause honestly, I’m actually looking out for my interests as well”. When asked directly as to how he coped with the stresses related to Helen’s premenstrual changes, he emphatically responded,

Terry: I run and hide.

Interviewer: Run and Hide?

Terry: I’ll do anything else. I tend to drink more. I’m not an alcoholic but I’ll go over a mates place and watch car racing more often than normal. I’ll probably stay a bit longer than normal, come home and cook dinner. I’m normally in bed by eight o’clock
anyway ‘cause I start very early and I find that another way of just getting out of her hair.

Through his interview, Terry repeatedly stated that his primary method of coping was to “run and hide”. Terry was the only man who provided a comprehensive list of his coping strategies and the majority of these strategies centred on withdrawal. This account not only demonstrated the detrimental impact a woman’s premenstrual changes can have on her partner, but also demonstrated how negative constructions of premenstrual change can affect a person’s subjectivity. Finally, Terry reiterated his helplessness by declaring, “I can’t fight it. And after 30 years, I give up, I just run and hide. What I’m hoping for is that when she finally gets to that time of life it’ll all stop”. Due to his perceived inability to “control” Helen’s behaviour, he conveyed an act of surrendering. This response is not surprising, as Cortese and Brown (1989) claim that men who feel particularly victimised in the face of PMS are consequently unable, or unwilling to see how their contribution might make a difference in the situation.

The men’s accounts in the present study demonstrate the implications of taking up the Victim Position upon men. Further, research on the victim role suggests that the victim role may limit a person’s ability to engage in more effective methods of coping, as the victim role breeds passivity and failure (Baumeister, et al., 1998). For example, Tice, Hastings and Sommer, (1997) found that participants whose minds were planted with the idea of victimisation performed worse at a problem solving task compared with control subjects. It was suggested that the thought of
victimisation made the participants more passive, slower and more willing to give up, when confronted with challenges. Findings not only strengthen arguments for the detrimental effects of taking up the Victim Position, but also the difficulty for men in resisting this position once taken up. However, as the following section will indicate, it is possible for men to resist the Victim position.

‘Don’t take it to heart’: Resisting the Victim Position. Within the majority of accounts, men drew upon a victim discourse, as it enabled them to position themselves as the innocent or unsuspecting party in the context of premenstrual conflict, or to construct their partner’s behaviour as unpleasant or unwarranted. For example, Shaun adopted a victim discourse at the beginning of his interview to describe how his partner would respond to him premenstrually, “Mary won’t hold back swearing to, I don’t know, tell me to eff off or something like that. And I think, “Well hang on I’ve just asked if you wanted a cup of coffee.” Evident in this extract is Shaun’s conveyance of innocence and personal abuse in relation to his partner. However, as demonstrated in the following extract, there is an attempt by Shaun to resist taking up the Victim Position.

I have, I suppose, in my head said that, “That’s not her, it will, you know it’s not going to be forever just go with it, don’t take it to heart. And if she’s making abusive comments or you know and they’re not just, not like she’s hitting me with Tourette’s or anything, you know yelling and screaming but you know they’re normally the result of something where she doesn’t want to tolerate something and I just learnt not to I used to at some stage take it to
heart but I have seen it time and time again. I just you know you just put up with it I suppose, as she does.

Notable in Shaun’s account was his deployment of discourses that served to counter negative constructions of premenstrual change, such as the ‘It’s not her’ discourse. This allowed him to redefine the impact of premenstrual change on himself and his relationship. The adoption of counter discourses appeared critical for men’s resistance to the Victim Position and as such, appeared prominently within men’s accounts.

**Men’s deployment of the ‘It’s not her’ discourse.** Most of the men who resisted the Victim position employed the ‘It’s not her’ discourse. This discourse functioned to construct their partners as ‘not themselves’ during the premenstrual phase. One implication of this discourse is the way in which it enabled men to construct women’s aggressive responses as not a deliberate attempt to hurt them but rather a result of ‘PMS’. This is evident in Nathan’s account.

Interviewer: You said that nothing you do is right; could you explain that to me?

Nathan: …I don’t know, I’ll just try and help somehow, but it’s the wrong thing to do, that’s more of what it is.

Interviewer: And so how do you know that? How does she let you know that it’s the wrong thing to do?

Nathan: Oh, she’ll tell me…

Interviewer: And so when that happens, how does that make you feel?
Nathan: Umm, now I just sort of cop it on the chin, I go, okay she’s premenstrual, I’ll let it be. But I’m not too fussed about it now. Like when we first started seeing each other I was like, “Oh gees okay, I mustn’t be doing the right thing at all” But, now I just realise that it’s, it is her talking but it’s kind of not, and I just sort of leave her alone for a little bit.

Nathan adopted a victim discourse to construct his partner Jackie as rejecting, despite his attempts to support her. However, by telling himself that she is “premenstrual”, this allowed him to refrain from taking her rejection to heart. Therefore, through the statement “it’s not her talking, but kind of is”, Nathan suggested that Jackie’s rejecting responses are a result of her premenstrual changes, and not an active decision to be rejecting. Nathan’s resistance to taking up the Victim Position was made explicit through the statement: “I’m not too fussed about it now”. In this way, he positioned his partner’s experience of premenstrual change as an extraordinary circumstance, causing women to react in ways that they would not otherwise react. This was not only the case with Nathan, as Shaun constructed disagreements with his partner Mary as resulting from her hormones. As such, Shaun positioned their disagreements that occur premenstrually as nothing personal, “In terms of that argument or other disagreements we’ve had when she’s been pre-menstrual I don’t hold onto them or anything. I just go, “Oh well that’s just the way her hormones are at the moment”.

Men’s deployment of the, ‘It’s not her’ discourse appeared to assure themselves that their partner’s behaviours, or the intensity of their
emotions, are not deliberate attempts to hurt or attack them. The importance men place on this awareness is consistent with Cortese and Brown’s (1989) findings, a common coping strategy reported by men was, “told myself that she can’t help it”. Also women in Ussher and Perz’s (2013) study reported that their partners felt relieved upon hearing that the issue behind the relational dispute was PMS. It was suggested that this recognition served a positive function for the partner, as it assured them that the conflict that occurred between them was not due to a problem or dissatisfaction in the woman’s life. This may have also been the case for men in the present study.

Furthermore, the ‘It’s not her’ discourse echoes the dualist discourse or the notion of the ‘split self’ as they are both used to construct women as separate from the PMS-self and attribute the disruptive aspects of women’s behaviour onto ‘PMS’ (Swann & Ussher, 1995; Ussher, 2002; Ussher & Perz, 2013a). Women’s representations of themselves as ‘not feeling like me’ have been identified as one of the central features in research literature on PMS (Rittenhouse, 1991). However, it is important to differentiate the dualist discourse or discursive splitting from the ‘It’s not her’ discourse, as there are different implications for women’s positioning.

Discursive splitting allows women to express negative emotions premenstrually whilst retaining a ‘normal’ feminine identity the rest of the month (Swann & Ussher, 1995). While it is possible that men can also adopt this form of splitting to maintain an idealised feminine image of their partner, this did not appear to be the case in the present study. Indeed, this discourse was used by men in a similar way to women, as it functioned to
construct women as not entirely responsible for their emotional reactions. However, feminist writers argue that the dualist discourse is deployed when women construct their emotionality as ‘unacceptable’ or symptomatic of a ‘mad’ or ‘bad’ woman (Chrisler, 2008; Ussher, 2006; Ussher, Hunter, & Browne, 2004), which did not appear to be the case for the men who resisted the victim position in the present study. This is because the men did not position their partner’s premenstrual experiences within a discourse of menstrual madness (Swann & Ussher, 1995).

‘It’s not all nasty surprises’: Constructing premenstrual experiences positively. Men who adopted the Victim Position within the context of premenstrual change largely constructed the woman’s changes and its impact upon themselves or the relationship as negative. However, the men who resisted the Victim Position did not construct premenstrual change as solely a negative event. This is illustrated by the extract from Greg below.

She doesn’t turn into a monster when, you know, four or five days before. You know, she’ll be at a higher state, but she’s also still very loving and able to talk and have a laugh too. So don’t get me wrong; it’s not just all, you know, nasty surprises around the corner.

Notable in Greg’s account, was an explicit rejection of the monstrous feminine discourse (Ussher, 2006), to establish that the impact of premenstrual change is not entirely dramatic and detrimental. He reinforced this assertion by not only listing the aspects of their relationship that remain unchanged, but also by reiterating that it’s not entirely an unpleasant experience. The repositioning of certain aspects of premenstrual
change as positive was most prominent within Laurence’s account, presented below.

So, for example, with the hair incidents, where I might I say, “Your hair looks a little bit, um, untidy today”. Um, she would act in an angry way saying things like, “You don’t say I look nice.” So you generally tend to be angry and negative at the same time. So it’s – and that also can lead to something as well, something bigger that’s perhaps playing on that person’s – Hayley’s mind at the time as well. So, if, for instance, at the moment she might be a little bit anxious about me going to university and not spending enough time with her, so then that will come out in to the issue as well. She might say, “You know what, I really didn’t like the idea of you going to university.” And perhaps that niggling thing in – that’s underlying the thing anyway, but it’s able to come out because of her anger and emotions at the time, it just all comes out.

Laurence presented an anecdote of him making a comment to Hayley about her hair to demonstrate how his ‘constructive comments’ can result in an unintended “full blown discussion”. This allowed Laurence to establish the unwanted consequences of her premenstrual sensitivity, whilst legitimating his use of the victim discourse. However, he shifted his account by highlighting the positive implications of such instances. He explained that becoming emotional in this way allows her to address “niggling issues”. Accordingly, Laurence recognised and accepted that the premenstrual phase is a time for Hayley to release tensions or issues kept silent during the month. Laurence reinforced his positive positioning of
premenstrual change by stating, “You’ve got to look on the positive side that perhaps it’s, um, releasing some of the underlying causes that could be actually undermining your relationship, and it brings an awareness to them”. Similar to Laurence, Nathan also noted the positive outcomes from the relational conflicts that occur premenstrually.

Well, when she’s premenstrual we definitely feel … I feel very close to her. Like even though we have a few little arguments, for some reason when we make up it’s … we’re a lot closer to each other than before we had the argument. Like we have the argument, we sort of move a bit away from each other, and then a lot closer to each other when we resolve our problem.

Nathan described the relational conflicts that occur during the premenstrual phase, which results in distance between them. However, he emphasised the closeness they experience following the resolution of the problem. Through his account, Nathan effectively re-defined the impact of premenstrual change. This suggests that while men may still construct their partner’s experience of premenstrual change as having a negative impact on their subjectivity and their relationship, they can nonetheless re-position certain aspects of their partner’s premenstrual changes as positive or beneficial to their relationship. This also indicates that men are better able to resist the Victim Position when partners positively define their experiences of premenstrual change.

**Men’s adoption of coping strategies.** Unlike Terry, the majority of men who gave accounts of coping, talked about disclosing their experiences with people other than their partner, such as their parents or their partner’s
parents, their partner’s ex-boyfriend, friends, or in Andy’s case, his male work colleagues.

But, um, so, yeah, I have talked to them at work and they’ve been great, the guys I work with. They’ve given me some advice and – and, um, support, understanding that sometimes women can be a little bit difficult, but, um, they’re not – they’re not really being difficult, they’re just trying to, um, I don’t know, just being themselves, being who they are.

As Andy recounted his experiences of talking with the men at work, he described the advice, support and understanding they provided as “great”, as it functioned to reassure him that his partner Susan is not engaging in deliberate ‘bad’ behaviour, but is simply being a woman. This helped him accept that Susan’s premenstrual experiences are natural and understandable. While Andy’s account centred on his discussion with the men at work, Jonah on the other hand gave accounts of talking to women at work, as he explained,

I’m a nurse myself, so the majority of women. Um, but I would use those situations to get something off my chest; I don’t expect any sort of informative feedback. They don’t know Fiona at all, so I can’t expect that. But I use like, to get something off my chest, and that helps.

Unlike Andy, Jonah explicitly stated that he talks to the women at work solely to offload his thoughts, or feelings about his experiences with his partner Fiona. Jonah took up the Expert Position in relation to his work colleagues, stating that he does not expect advice from them, as they “don’t
know Fiona at all”. In this way, Jonah appears to reject the notion that women may be experts of ‘women’s issues’. This implies that motivations for talking to others may not necessarily relate to wanting advice or help, but rather wanting to express oneself. This nonetheless suggests that talking to others may have a positive function for men wanting to cope with their partner’s experience of negative premenstrual change. The positive outcomes of men disclosing their concerns to others are supported by several studies (e.g. Addis & Mahalik, 2003; Andronico, 1996; Chang, Yeh, & Krumboltz, 2001; Courtenay, 2000). An example of this research is Davey, Dziurawiec, and O'Brien-Malone’s (2006) study, where men’s whose wives were suffering from post-natal depression took part in took part in a men’s group program. Being given the opportunity to raise concerns and to be listened to during the program was reported by men as positive, useful and enjoyable.

Conversely, a small number of men presented reasons as to why they refrained from engaging in self-disclosure with others. Greg, for instance, explained that he attempted this approach, but positioned the outcome as unhelpful.

Greg: I don’t tend to talk to mates about it. Um, yeah, I tried that approach early on and it didn’t really work.

Interviewer: What happened?

Greg: Well, it’s – they don’t quite totally understand, you know, where she’s coming from and they could give me advice and say, “Oh, she was a bit over the top and this and that, and I don’t know.” And even occasionally I would try to then, you know, reverberate
what they said and it just didn’t go over well. And also, it wasn’t really me saying it, you know what I mean? It was coming from someone else who’s not really living and breathing the relationship that I’m in.

Similar to Jonah, Greg positioned himself as an expert of Diane’s premenstrual changes in relation to his “mates” and as such, positioned their advice as uninformed. He justified his claims that their advice is inadequate by drawing on marital or relational discourse (Lawes, 1999; Willig, 1995), evident in the statement that his mates do not “live and breathe” the relationship. Greg was not the only partner who refrained from talking to others about their partner’s premenstrual changes, as Shaun explained that out of respect for his partner Mary, he did not want share this information with others, “I think it’s just I don’t know if it’s a male thing or I think it’s not for me to - it’s not for me to be going around telling people, if she’s embarrassed about it”.

Men’s unwillingness to disclose their experiences with premenstrual change appears to evidence their conformity to traditional masculine norms. Such norms require men to resist being vulnerable, or to refrain from sharing vulnerable feelings, or seeking help from others (Addis & Mahalik, 2003; Dindia & Allen, 1992). However, the present findings suggest that, at least for some of these men, they did not self-disclose due to respect and concern for their partner. This suggests that men may benefit from sharing their experiences with others, but have not found the right context in which to self-disclose. Similar to the men in Davey et al.’s (2006) study, sharing their experiences with others, appeared to have a
normalising effect on men, but also legitimised their partner’s experiences. Findings suggest that, at least for some men, self-disclosure in the right context can be a positive coping strategy for men experiencing distress associated with negative premenstrual change.

Within the present study, the finding that men adopt strategies to cope with their partner’s experience of premenstrual change is supported by previous research (e.g. Brown & Zimmer, 1986; Cortese & Brown, 1989; Rundle, 2005). Cortese and Brown (1989) examined the various methods by which men coped with stress associated with their partner’s PMS. Men reported engaging in a number of strategies, including offering support, expressing anger, seeking information, avoiding their partner, increasing involvement in work and seeing PMS as a normal physiologic time in a woman’s life. Such studies emphasise that men can manage the negative impact of their partner’s premenstrual distress by utilising coping strategies.

**A notable case of resisting the Victim Position: Dale.** It is important to present Dale’s account, because although he did not take up the Victim Position, his account contrasts with those presented above. While all of the men above adopted a victim discourse to express the negative impact of premenstrual change, this was not evident in Dale’s account. Rather, he positioned himself as unaffected by premenstrual change. This is made explicit through the statement, “Well I don’t actually realise, recognise a huge difference...I don’t think it really impacts greatly at all.” Interestingly, he validated this position by framing his narrative within a notion of perspective, as he stated,
I’m a health professional and I’ve got more important things to worry about than my wife and my life, you know it’s not that I’m not trivialising it, but if she has - gets emotional a few days of a month then it’s fine by me, I’ll just try and be careful and supportive and careful in-so-far as being supportive and then we will move on.

Dale declared that he is a health professional, which served to legitimate him stating that he has “more important things to think about”. He clarified the intention of this statement by explaining that he is not trivialising his partner Cynthia’s experiences, but does not problematise them. He justified this statement by making reference to time, highlighting that it is not a long-term enduring event that disrupts his engagement in supportive practices. He conveyed an acceptance of such experiences through the phrase, “move on”. Dale explicitly rejected the Victim Position by reiterating the minimal impact on him, stating “I’m not so hung up over it, I think it doesn’t stop me in my tracks or render me, you know, bumbling idiot or fool or hurt, and we just, you know, move on.”

A possible explanation for this unique positioning of experiences may be Dale’s life experiences. Within his account, he explained “I’m 40 years of age, we’ve been married four years, last year I had a health scare, I’ve got more important things to worry about”. Information such as this provides key insights into Dale’s subjectivity and positioning of premenstrual change in relation to his life experiences. Regarding Dale’s mentioning of a “health scare”, it has been found that victims of life threatening attacks or illness can benefit from their experiences, with
outcomes including positive reappraisal of one’s life, a reordering of priorities in one’s life and a focus on relationships (Arieti, 1967; Taylor, Wood, & Lichtman, 1983). This suggests that other aspects of men’s lives, such as a health scare can enable them to renegotiate their experiences and definitions of premenstrual change.

Accounts such as Dale’s are scarce within PMS literature. This may be because partners whom construct themselves as negatively affected by PMS are the often ones who come forth to participate in a PMS study (e.g. Brown & Zimmer, 1986; Cortese & Brown, 1989; Frank, 1995). Accordingly, this account provides a unique insight into the alternative ways a partner can position themselves in relation to their partner’s premenstrual changes.

**Conclusion.** Nearly all of men described premenstrual change as having a personal negative impact on them and their relationship. Some men drew upon a victim discourse to express that such changes resulted in them feeling frustrated, annoyed, hurt, helpless, devastated, confused and exhausted. However, the majority of men also constructed premenstrual change as a natural event, a difficult time for their partners, or highlighted the positive aspects of premenstrual change, enabling them to resist positioning themselves as a victim. Additionally, resisting the Victim Position required men to approach their partners with empathy, caring, understanding and sympathy. This appeared to allow partners to set aside their own ‘suffering’ and needs during this time, in order to attend to their partner’s needs. This also helped them to resist positioning their partners as the focus of blame during relational disruptions. A small number of men
took up the Victim Position. Such a positioning was identified through men’s constructions of their experiences as overwhelmingly negative or unjust and them as powerlessness and innocent in the face of their partner’s experience of negative premenstrual change.

**Summary of Men’s Pre-intervention Interviews**

The present analysis explored the multiple and sometimes contradictory positions men can take up in relation to premenstrual change or their premenstrual partners. These positions included the ‘Naïve Partner’, the ‘Expert’, the ‘Supportive Partner’, the ‘Critical Partner’ and the ‘Victim’. It was apparent through this analysis that men’s adoption of such positions within their narratives can have profound implications for their subjectivity, experience and practice. In taking up the subject position of the Naïve Partner, men struggled to understand their partner’s premenstrual changes, which made it difficult for them to access practices through which the Supportive Partner identified. While there was a small number of men who adopted the Expert position in relation to their premenstrual partners, this did not imply that these men were ‘better’ partners. It was through resistance that men were able to take up the Supportive Partner positions, particularly resistance to taking up the Critical Partner and Victim position. Finally, the findings within the present analysis emphasise the importance of including partners in PMS interventions, as this may help them to adopt more positive discourses and supportive practices, facilitating their resistance of the Naïve Partner, Critical Partner and Victim position. The next chapter presents an analysis
conducted on a follow-up interview from the same men after their participation in a couple-based PMS intervention.
Chapter 7

The Post-intervention Interview Analysis

The analysis presented below explores men’s accounts in a post-intervention context, with a specific focus on how men’s narratives of PMS are shaped by their experience of partaking in a couple-based PMS intervention. This analysis also shows the paths by which men took up, resisted and accommodated the positions identified in the pre-intervention analysis. Specifically, this chapter is divided into three sections: ‘Men’s Experience of their Partner’s Premenstrual Changes Post-intervention’, ‘The Knowledgeable Partner position’ and finally ‘Men’s experiences of the intervention’, which are presented below.

Men’s Experience of their Partner’s Premenstrual Changes Post-intervention

Within the pre-intervention interviews, all of the men, excluding Dale, described the negative impact of their partner’s premenstrual changes upon themselves and their intimate relationship. These men drew upon a victim discourse to describe premenstrual change as a “challenge”, a “problem”, “personally frustrating” or “irritating”. However, within men’s accounts post-intervention, the use of such a discourse was rare, with the majority of men claiming that premenstrual change had become a relatively minor issue in their relationship. Accordingly, there were fewer accounts of the negative impact of premenstrual change. Negative constructions of premenstrual change were rarely adopted by men. Therefore, words including “bitch”, “suffer”, “crazy” and “irrational” were largely absent in
men’s accounts. Additionally, men presented more positive accounts in relation to premenstrual change, describing its significance to the state of their relationship. The following section explores men’s accounts relating to their experience of their partner’s premenstrual changes following the PMS intervention. Additionally, this section highlights the path by which these men came to resist the Victim position in relation to their partner premenstrually.

‘I’m grateful that there have been changes’: The lowered impact of premenstrual change upon men. In men’s post-intervention interviews, the majority of men reported that following the intervention, premenstrual change was rarely an issue or disruptive event within their lives. This is illustrated by Andy who described the relatively minor impact of negative premenstrual change upon his relationship with his partner Jenny.

It’s not as um – it’s not as severe, um – there’s still – there’s still um – points of conflict or stressful moments...but nowhere near um, I guess the number or the intensity of um disagreements or arguments or um, yeah, than there was in the past in, you know, say 3 months ago or 4 months ago.

Within this extract, Andy acknowledged the continued negative impact of premenstrual change upon himself and Jenny, particularly in relation to their disagreements. However, Andy made reference to past disagreements to highlight the notable reductions in their frequency and intensity. The positive implication of such reductions upon Andy’s
construction and experience of Jenny’s premenstrual changes is reflected in the following extract.

Interviewer: Last time you called it an irritation. So what would you call it now?

Andy: Did I call it an irritation [chuckle]?

Interviewer: Yeah [chuckle] yeah.

Andy: Um – ah it’s, it’s – it’s – I don’t know. I haven’t got an adjective for it. It’s just – it’s just something that happens but it’s not – before, it was probably quite – well not – it was destabilising um and probably put us both in um a mind, a frame of mind, that um – you know, there was nothing good going on but um there’s, certainly from my perspective, there’s none of that now.

Within this extract, I reminded Andy of the term he used to describe premenstrual change in his pre-interview. However, Andy expressed surprise through his response, “Did I?” suggesting that this description of premenstrual change as an “irritation” conflicted with his current experiences of Jenny during the premenstrual phase. Andy acknowledged his previous description of Jenny’s premenstrual changes, but claimed that this was no longer the case. By rejecting constructions of premenstrual change as an “irritation” or “destabilising”, this allowed Andy to reposition Jenny’s premenstrual changes as an everyday experience, evident through the statement, “I haven’t got an adjective for it”.

Similar to Andy, Jonah also described the positive consequences of his partner Fiona’s reduction of premenstrual distress.
Um, for me, it’s – I’m grateful that there have been changes, and they are positive. She’s not quite as angry, and – because if we – I mean, I’m just, you know - hypothetically, if we – if she was the same as she was prior to the study and prior to her taking up her new job, then the fact that we haven’t been seeing each other as often might have dented our relationship quite badly.

Through the phrases “for me” and “I’m grateful”, Jonah made clear that Fiona’s effective management of her premenstrual changes post-intervention was a personally positive outcome of the intervention. Jonah emphasised the importance of this outcome by stating that Fiona’s ability to cope premenstrually had made their relationship more resilient to potentially damaging stresses in their lives. In this way, Jonah demonstrated the positive implications of such changes upon himself by detailing the improvements within their relationship.

Men’s linking of their personal wellbeing to their intimate relationship was a common feature within accounts in the present study. This is noteworthy, as the quality of a person’s intimate relationship has been found to have a strong effect on their well-being and satisfaction with life (Dyrdal, Roysamb, Nes, & Vitterso, 2010; Whisman & Uebelacker, 2006). Accordingly, the present findings lend support to the importance of examining men’s accounts of their intimate relationship, as it can provide greater insights into how the partner constructs and experiences their partner’s premenstrual changes. This becomes especially relevant for those men who struggle to articulate their emotional experiences (Englar-Carlson & Shepard, 2005).
Jonah and Andy’s accounts emphasise that premenstrual change can be experienced and constructed as a minor event or in Pete’s case, almost “non-existent”, “I'm not saying PMS is - is non-existent it’s just compared to what it was, it pretty much feels like it is”. Such constructions strengthen notions, contrary to hegemonic PMS discourses, that PMS is not necessarily a negative, debilitating and disruptive event within the couples’ lives. This demonstrates men’s rejection of not only hegemonic constructions of PMS, but also the victim discourse in the context of premenstrual change. Although the men in the present study positioned negative premenstrual change as having a minor negative impact, this does not imply that their partner no longer experienced premenstrual change. Rather men’s accounts suggest that men, in collaboration with their partner were able to deal with premenstrual change in a way that minimised its effects within the relationship. This notion is supported by Pete’s statement, “It’s not like Sandra has changed, she's still Sandra and everything like that, it’s just more to how we handle certain situations”.

Resisting the Victim position post-intervention. Within the pre-intervention analysis, men’s negotiations of the Victim position, as well as its implications for men’s subjectivity and constructions of premenstrual change were explored. The present analysis provides further insight into the narratives men constructed in which the Victim, or alternative positions become available. Although a large number of men in their pre-interview resisted the Victim position, a victim discourse was nonetheless deployed, allowing them to detail the ways in which premenstrual change was a source of strain in their lives. The sub-themes, presented below are: “I try
not to take it personally now’: Men’s reframing of their partner’s
premenstrual mood changes’ and ‘‘It’s not always her, you know?’: Men’s
recognition of their role in exacerbating premenstrual distress’.

‘I try not to take it personally now’: Men’s reframing of their
partner’s premenstrual mood changes. Post-intervention, the majority of
men refrained from employing a victim discourse to construct their
experiences with premenstrual change. This is evident in the relative
absence of instances in which men described feeling helpless, exhausted,
frustrated or annoyed in relation to their partner premenstrually, when
compared with the pre-intervention interviews. Moreover, in constructing
their narrative post-intervention, these men reflected upon their past
experiences with premenstrual change, highlighting the distortions in their
meaning making and the errors in their discursive practices. This is
illustrated by Laurence in the following extract.

I try not to take [PMS] personally now because, well, I – I didn’t in
the – I didn’t actually to begin with, in a sense that, what I found the
most things with Michelle. When I – sometimes do, is that, um, I
find that I – and that could just be a part of it – it’s probably my –
my, um, my own, um – her problems are not her. It’s that I feel that
I’m being sort of, um, penalised or harshly – or what I use, the word
is crucified, for something so little…So you know, it’s just the way
that you interpret some things sometimes. And, um, so I – I sort of
learnt to – and I think the, um, whole intervention and things like
that have sort of enlightened me in that respect as well, because I try
not to take it personally as well any more. Um, you know, I would
take it personally in a sense that, “hey, I burnt the peas; I stuffed up”. But, you know, perhaps Hayley was just angry at the whole situation, she’s not really angry at me.

Through the statement, “I try not to take it personally now”, Laurence demonstrated his resistance of the Victim position. In taking up a position of self-awareness, Laurence attempted to provide insight into his experience of Hayley’s emotional outbursts. Notable is Laurence’s use of present tense in the statement “It’s that I feel that I’m being sort of, um, penalised or harshly” [emphasis added], which suggests that he is still capable of taking her premenstrual changes personally. Such a statement would appear to suggest Laurence’s adoption of a victim discourse, as it centres on injustice and suffering. However, this statement could also imply Laurence’s refusal to negate the value and legitimacy of his own experiences in the context of premenstrual change. Furthermore, instead of taking up the Victim position, Laurence conveyed awareness of the alternative ways to construct Hayley’s premenstrual anger, other than that of an act to ‘penalise’ or ‘crucify’. This implies an adoption of an agentic position, with practices centring on accepting responsibility for the way in which he previously authored his experiences through a victim discourse. Laurence’s positioning of himself as agentic is also evident in his use of the verb ‘learnt’ as in, “I learnt not to take things personally”. Agency is further illustrated by Laurence’s scenario of him “burning the peas”. Accordingly, this scenario allowed him to convey recognition that events such as burning peas may trigger Hayley’s anger, but it is within his ability to resist constructing this as a personal attack.
Similar to Laurence, Greg reflected on how he reacted to his partner when she gave him less affection premenstrually.

I used to take it personally if she wasn't very sort of — very affectionate to me during sort of those, you know, that — that week or so in the lead up to her cycle. And I could then almost be like a bit of a child and sort of feel like I'm not getting attention. Like, I'd sort of act out and be a bit silly. And to be honest with you, I probably felt a little bit like that, even in the first few sessions. But I just think it's more of being aware that, you know, it's not always about me. It's — it's whatever's going on for her. And because she's actually told me about it, I'm a little bit more understanding and, likely, just to — just to not take it personally. So — so that's definitely helped.

Greg positioned Diane’s reductions in her affection as a negative and isolating experience. This is reinforced by the statement, “It's almost like a cry of, like, "What about me?…I can sort of get into that sort of self-loathing sort of position”. In taking up a position of self-awareness post-intervention, Greg made clear his disapproval of his past constructions and responses in relation to Diane’s changes in affection. Greg’s disapproval is demonstrated by the way in which he positioned his past self as a “child” and his ensuing behaviours as “silly”. Further, the statement “to be honest with you” implies shame. Greg’s refusal to take up the Victim position is evident in his declaration that premenstrual change is not about his experiences, but about Diane’s experiences. In this way, the Victim position was negotiated in light of his recognition of Diane’s distress.
premenstrually. As such, Greg positioned Diane’s negative experiences as more deserving of his attention. Resisting the Victim position appeared to be a positive outcome for Greg, as he stated “So that's definitely helped”.

‘It's not always her, you know?’ Men’s recognition of their role in exacerbating premenstrual distress. In recognising how premenstrual change is experienced and negotiated by the woman, the men above were able to identify how their own behaviour contributed to the exacerbation of their partner’s premenstrual distress. This is illustrated by such statements as, “It’s not always her [Hayley], you know? Sometimes, especially on the weekend, I was probably the one that was being a pain in the butt” (Laurence); and “I definitely believe that I have an impact on that based on what I've learned” (Pete); and by the following account from Greg:

If you're in a discussion where it's got the potential to – to heat up, it can literally be the way that you come across to your partner, the way you use that language can just set them off, rather than even if you had the best intentions.

Within this extract, Greg acknowledged how his language and his use of words can trigger his partner’s premenstrual changes. Accounts such as those from Greg, Laurence and Pete are notable because they imply concern and accountability regarding their own contribution to exacerbating premenstrual distress. Such practices are ultimately antithetical to a victim discourse, as blame is often assigned to the ‘other’, or the offender, which in the context of premenstrual change is the woman.

Within the accounts presented above, these men demonstrated their ability to place their partner’s premenstrual behaviour within context,
which enabled them to resist taking up the Victim position. Research on forgiveness suggests that the act of contextualising provides the ‘victim’ with important information about the various circumstances which might have played a role in their partner’s ‘negative’ behaviour (Gordon & Baucom, 1998). Such circumstances in relation to premenstrual change, may include relational dissatisfaction, somatic discomfort, emotional sensitivity and overload from stresses or strains from the woman’s daily life (Jones, Theodos, Canar, Sher, & Young, 2000; Ussher, 2003; Ussher & Perz, 2013). Such contextual information, according to Gordon and Baucom (1998) allows men to ‘mitigate’, legitimate, or forgive their partner’s behaviour. Therefore, instead of constructing a woman’s premenstrual expressions of anger or frustration as a personal attack, or transgression, the partner is able to construct such behaviours as evidence of struggle and strain. This ultimately makes the Victim position difficult to adopt, because an individual cannot take up a Victim position, or adopt a victim discourse in relation to an experience that was not ultimately constructed as a personal transgression (Worthington & Wade, 1999). Consequently, this makes accessible to men practices relating to understanding and support, rather than aggression or being defensive. The present findings suggest that the path by which men can resist the Victim position is to recognise the multiple factors that affect a woman’s experience of premenstrual change. This not only has positive implications for women’s experience of premenstrual change, but also the intimate relationship, as it has been found that the positioning of the woman’s
irritability and moodiness as ‘not something personal’ can function to protect the relationship (Ussher & Perz, 2013).

Men’s resistance to taking up the Victim position was explored previously within Chapter 6 of this thesis. It was reported that through the adoption of the ‘It’s not her’ discourse to make sense of negative affect premenstrually, men were able to excuse their partner’s behaviours by attributing them to ‘PMS’. While the previous chapter demonstrated the ways in which men’s use of the ‘It’s not her’ discourse facilitated their resistance of the Victim position, it remained unclear as to the implications of such a discourse upon men’s constructions of premenstrual change. As established previously, the ‘It’s not her’ discourse draws upon biomedical discourse, as it functions to attribute women’s premenstrual experiences to the biological processes within her body (Cosgrove & Riddle, 2003; Ussher, 2003). Accordingly, whilst the adoption of this discourse indeed allowed men to mitigate the fault placed on their partner for their premenstrual behaviour, it could be argued that such a discourse functions to negate the specific meanings underlying the woman’s premenstrual distress (Swann & Ussher, 1995). However, such negation did not appear to be the case in men’s accounts post-intervention. One explanation is that these men employed the ‘It’s not her’ discourse to construct women’s premenstrual distress as a reflection of legitimate grievances, rather than being ‘just PMS’. In this way, it enabled men to shift blame away from the woman, whilst constructing premenstrual changes as signifying her need for extra help around the house, or her need for more time to herself, or simply her need for emotional support. The present findings, which
illustrate how men resist the Victim position, provides important clues as to why some men provide their partner with support, while others do not.

Not all men followed the same path when attempting to resist the Victim position. Unlike the majority of men in the present study, Terry continued to construct his narrative in a way that emphasised his suffering in relation to his partner, Helen.

**Resisting and accommodating the Victim position: The case of Terry.** In contrast to all of the men’s accounts of the other participants following the intervention, Terry continued to take up a Victim position, despite reporting that Helen’s premenstrual behaviour had improved dramatically post-intervention. Notably, Terry’s account provides unique insights into the fluidity of the Victim position, as this position was simultaneously resisted and accommodated throughout his post-intervention interview. This is evident in the following extract, whereby Terry described his satisfaction in relation to the positive changes he observed in Helen’s behaviour premenstrually, but continued to position Helen as the ‘PMS villain’.

It was more than I expected and I definitely saw an improvement, which personally for me, was a 10 year goal. You know, even as I told her from the beginning, we have problems with intimacy, but I’ll have to deal with that. It was just the stress and the nastiness and the bitchiness and all the other crap that went with it, was getting intolerable. And she actually accepted what she was doing and she became a more reasonable person. If the other area is still there but she became more reasonable but it just took everything off DefCon
4, you know, and so that for me, that is a big improvement for something in my life.

Terry began his account by describing the positive impact of the intervention upon Helen’s behaviour premenstrually. He emphasised the significance of this outcome through the use of such phrases as “more than I expected”; “[it] was a 10 year goal” and “that is a big improvement for something in my life”. However, he still adopted the Victim position, to a degree. A practice implicated by taking up the Victim position is that of sacrifice, powerlessness or suffering. Such implications are made clear through the statement, "I’ll have to deal with that" which indicates a power beyond Terry’s control; removing his control as agent. Further, unlike the other men in the study, who adopted a sympathetic and understanding discourse within their accounts, Terry continued to use negative and hyperbolic language to describe Helen’s behaviour premenstrually such as “DefCon 4”\(^1\). Additionally, words such as “bitchiness” and “nastiness” suggest deliberate and malicious behaviour from Helen. Unlike the other men in the present study, Terry did not describe how his behaviour may have contributed to Helen’s premenstrual distress. Although he positioned himself as the husband willing to do anything to “make Helen better”, he continued to construct premenstrual irritability, emotionality and reactivity as Helen’s doing, over which he has no control.

Notable within Terry’s pre-intervention account was his construction of Helen as blameworthy for his suffering. This remained a

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\(^1\) At any given time, American forces are on one of five levels of alert. DefCon 1 (Defence configuration 1) is the highest, and it indicates a full war footing. Normally in peacetime most American forces would be at DefCon 5. DefCon 2 indicates full readiness for hostilities (Welch & Blight, 1988)
prominent feature within his account post-intervention. It is argued that practices that allow men to focus or ruminate on the emotional reaction or original hurt caused by their partner, allows them to maintain their self-identification as a victim (Worthington & Wade, 1999). As such, maintaining a self-positioning of a victim in the context of premenstrual change functions to reify cultural representations of premenstrual women as mad, bad and monstrous (Ussher, 2006). This not only demonstrates the power of discourse in constructing experience, but also demonstrates how discursive practices serve to maintain men’s adoption of the Victim position.

While Terry did describe a number of positive outcomes following the intervention such as Helen’s lowered irritability and “nastiness” premenstrually, evident within the above and the following extract is Terry’s reliance on a victim discourse, despite these acknowledgements.

Terry: I think talking in the meetings made us have to talk to each other again.

Interviewer: And what were the main things that came out during this talking.

Terry: It sounds petty, but how desperately unhappy I was. How desperately close I was to leaving. Um she could not believe I could ever leave her because she knows that I’m not capable of leaving her…Um, that was a big eye opener to her and truly how nasty she was getting…I don’t think she believed it and um - so I think she had to analyse it because she did say, “I’m going to go to try hard”. And that means she’s going to try hard. And I said “Yeah
absolutely. I’ve been trying hard for years. I really have. I’ll try harder. I don’t think you’ve tried at all. Doing things on your part would be quite beneficial”. And it was a bit of a kick in the teeth and she was sort of getting defensive and then she just stopped and analysed it and didn’t want to carry on anymore. Ah, she just took the information, right or wrong.

In this extract, Terry repeated the word “desperately” to reinforce the damaging effects of premenstrual change upon his wellbeing and marital satisfaction. However, Terry stated that making this admission to Helen was a “big eye opener” for her. Despite describing Helen’s initial resistance to accepting Terry’s admission, he detailed the process by which Helen came to recognise the impact of her own behaviour. Terry’s acknowledgement of Helen’s claims to “try harder” thus evidences Terry’s resistance of the Victim position, as it highlights hope within the relationship. However, Terry counterbalanced this recognition by locating his narrative within the past to remind us of his efforts within the relationship, “I’ve been trying hard for years I really have. I’ll try harder. I don’t think you’ve tried at all”.

In accordance with the extract above, Terry resisted the Victim position by positioning himself as heard and his experiences as acknowledged by Helen. This is in line with previous research, as feeling ‘heard’ can bring about a reduction in the victim’s immediate anger because it conveys the partner’s willingness to acknowledge the effects of their actions (Gordon & Baucom, 1998). Further, Helen’s claim that she will “try harder” implies acceptance of her responsibility, which may have
also facilitated Terry’s resistance of the Victim position, because partial acceptance of responsibility from the transgressor can have positive effects on the victim’s evaluative judgement and responses to the negative events (Gonzales, Haugen, & Manning, 1994). Terry’s account demonstrates an alternative path by which men can resist the Victim position. However, unlike the other men within the present study, Terry’s resistance of the Victim position depended on Helen’s recognition of him as a sufferer and herself as the source of his suffering.

Terry’s account also demonstrated the ways in which he simultaneously took up and accommodated the Victim position in relation to Helen. Such an account emphasises the fluid boundaries of subject positions. As stated previously within this thesis, individuals have multiple possible selves and each of these possible selves can be internally contradictory with other possible selves located in different narratives. Since many stories can be told, individuals thus have many possible coherent selves (Harré & Lagemhove, 1999). Evident within Terry’s account was a positioning of himself as both the supportive partner and a victim. However, as the present findings highlight, it is difficult for an individual to access practices relating to the Supportive Partner position, from the position of the Victim. Accordingly, it is possible that in order to reconcile this contradiction, Terry created simultaneous narratives, or storylines, in which he took up the Victim position in one narrative and the Supportive Partner position in an alternate narrative.

Terry’s account, not only highlights the complexity of subject positions, but enables us to investigate the implications of such a position
on men’s subjectivity and practices in the context of premenstrual change. Evidently, Terry’s resistance of the Victim position did not follow the same path as the rest of the men in the present study. While these men re-authored their narratives by rejecting hegemonic representations of PMS, Terry continued to employ and embrace such representations, evident in his blaming of Helen, and his negative descriptions of her. This implies a continued negative construction of premenstrual change, which negates an appreciation for the specific meanings of the woman’s affective experiences, making the Supportive Partner position difficult, but not impossible, to access. This suggests that while it is important for partners to resist the Victim position, they must resist this position in a way that enables them to be supportive and understanding towards their partner.

**Conclusion.** Prior to the intervention, the majority of men adopted a victim discourse to highlight the unfair or undeserved responses from their partner during the premenstrual phase. These men described the increases in conflicts within their relationship, as well as the subsequent experience of negative affect. However, this was not the case within men’s interviews post-intervention. Within the context of premenstrual change, resistance of the Victim position and refusal to adopt a victim discourse was evident in men’s attempts to acknowledge their role in exacerbating premenstrual distress. Such acts of resistance were also evident in men’s willingness to investigate the deeper meanings underlying their partner’s changes in mood and behaviour. As such, having awareness and applying some kind of meaning to their partner’s premenstrual changes has been found to help
individuals to move on from their negative experiences (Enright & Group, 1991), and ultimately resist the Victim position.

A notable aspect of men’s talk in relation to their resistance to taking up the Victim position, was the way in which the intervention provided them with the opportunity to learn new aspects about themselves, their relationship and their partner. Accordingly, men’s adoption of the Knowledgeable Partner position post-intervention will be explored in the next section.

The Knowledgeable Partner

Prior to the intervention, the majority of men took up the ‘Naive Partner’ position to disclose their difficulty making sense of premenstrual change. Despite such difficulty, these men conveyed a willingness to better understand their partner and her premenstrual experiences. Following the intervention, nearly all men stated that the sessions had given them a greater understanding and awareness of premenstrual change. Men’s talk evidenced their simultaneous resistance of the Naïve Partner position and adoption of the ‘Knowledgeable Partner’ position. Although these men positioned themselves as having a deeper understanding of premenstrual change, this did not imply that they positioned themselves as an expert on PMS. Unlike the Expert position, men who took up the Knowledgeable Partner position describe themselves as recognising the complex and subjective nature of women’s premenstrual experiences. Due to this recognition, these men acknowledged that they could never completely ‘know’ all aspects of their partner’s experiences, and thus remained open to alternative and new ideas about premenstrual change. This section presents
men’s post-intervention accounts relating to their increased awareness and altered constructions of their partner’s premenstrual experiences.

‘I have a much greater appreciation and understanding’: Men’s enriched understanding of premenstrual change post-intervention. In the post-intervention interview, all of the men explained how the intervention had altered their understanding of premenstrual change. Specifically, these men described the ways in which the intervention helped them to make sense of premenstrual change, or make new discoveries about their partner and themselves. For some men, their accounts centred on their enriched understanding and appreciation of their partner’s experiences with premenstrual mood change. This is illustrated by Nathan’s account which detailed his new understanding of premenstrual mood change, as experienced by his partner Jacky.

**Interviewer:** So during the session, what did she kind of explain to you about how she feels or what goes on with her? Are you able to kind of expand on that?

**Nathan:** She did explain it, ah, I can’t remember her exact words, but it was, you know, basically that she’s got a very short fuse. And it doesn’t take much to push her off the edge. Um, that’s how she explained it to me. I think she said to me, “Imagine you know you’re really angry about something” that was sort of her base line. She said, “You’re not really angry, but you’re angry about something and, you know, it doesn’t take much for someone to push you over the edge.” She said that’s sort of her. That was her base line when she was premenstrual.
Nathan recounted a discussion with Jacky in relation to her experience with premenstrual mood change. Evident within this account is the adoption of the ‘short fuse’ metaphor (Ussher, 2003a) to emphasise Jacky’s emotional sensitivity and reactivity during this time. Further, Nathan recounted the way in which Jacky implored him to draw upon his own personal experiences of such anger, to help him understand the intensity of her emotions during the premenstrual phase. When I asked Nathan how he felt upon hearing this explanation from Jacky, he exclaimed,

Oh, I had no idea. Like, that would drive me insane being like that. You know I don’t even like building up to that. That’s how she was just without doing anything. So, I couldn’t imagine anything worse. I guess that’s one thing that really helped me because I know when I feel like that, you just – you don’t want anything to set you off really.

Through the use of the word “had” as in, “I had no idea”, Nathan took up the Knowledgeable Partner position to acknowledge his past naivety, in contrast to his present knowledge. In addition, the hyperbolic use of such phrases as, “drive me insane” and “couldn’t imagine anything worse” emphasised his empathetic understanding of Jacky’s difficulty in managing mood change premenstrually. Within the last sentence, he drew upon his personal experience of being emotionally reactive and indicated the positive implications of this act upon his understanding by saying, “that really helped me”.
Similar to Nathan, Greg positioned himself as the Knowledgeable Partner to not only demonstrate his enriched understanding of his partner Diane premenstrually, but to also acknowledge his erroneous assumptions prior to the intervention.

Interviewer: So when you're talking about the principles [from the intervention], one of the things you mentioned was kind of recognising certain things…How did this recognition help you and Diane?

Greg: Initially recognition of, sort of, just mood swings, realising it wasn't necessarily down – down to external factors always. But you know, although external factors might have been a contributing factor to it...to be honest, she – she has been pretty good verbalising at it in the past, but I've not always listened or – or believed her. And also even if I did believe her, I suppose from a male perspective, you know, I'm quite a logical and rational person, and I don't understand. I didn't understand all the emotional side aspects to it. So I was kind of like, “well, she'll get over it in an hour”, rather than, “this is a challenging thing and it might take a few days.

Greg conveyed recognition that premenstrual mood swings, as experienced by his partner Diane, are not “always” due to “external factors”. In light of this recognition, Greg made an admission, evident through the phrase, “to be honest” to acknowledge Diane’s past attempts to communicate this to him. However, by explaining that Diane’s attempts were unsuccessful, as he “did not believe her”, this implies a dismissal of Diane’s interpretation of her premenstrual experiences in favour of his own
interpretation. In an attempt to explain why he failed to listen to Diane, Greg drew upon the ‘Woman as Other’ discourse, evident in the phrase, “from a male perspective”. This enabled him to remind us that constructing emotionality within a discourse of rationality is typically a masculine practice, with emotions traditionally being a feminine province (Fischer, 1993). This indicates that Greg’s adoption of masculinist discourses hindered his recognition of the internal or emotional aspects of Diane’s premenstrual mood change. This is noteworthy because it could be argued that ‘emotion talk’ represents a form of discursive activity which is not part of many men’s everyday practical routine (Edley, 2001) and it is therefore difficult for men to understand their partner’s experience of heightened premenstrual emotionality. Despite such discursive constraints, the present findings suggest that men are capable of making sense of premenstrual mood change. Furthermore, it can be argued that such awareness can facilitate men's dismissal of the issues underlying the woman's premenstrual distress, positioning their premenstrual emotionality as 'just PMS' (Mooney-Somers, et al., 2008; Ussher & Perz, 2010; Ussher & Perz, 2013a). However, within Greg’s last statement is the suggestion that recognising the internal aspects of Diane’s premenstrual emotionality enabled him to consider the deeper struggles of her premenstrual experiences, rather than dismiss them.

“Okay, maybe there's something else going on internally…And to be honest, what I did about it? Just open dialogue, communication with her, understanding….allowing her just to have a little bit of time to think through how she's feeling”.
Such recognition, as described by these participants enabled them to access practices relating to providing support, as was the case with Andy.

Um through the sessions, um an awareness of, of – the impact on Jenny’s, um more mentally than, you know, what was going on in her, that was a really big um – big points for me I guess, or a critical point, so she – she felt as if, you know, came out of the sessions that um she was being really nasty and, and to, to the family um, and was quite emotional about it, so that was, you know, I didn’t realise the intensity of, of her feelings towards that, so that was – that was significant. It made me more determined to um – to, to try and, you know, be supportive.

Within this extract, Andy made particular reference to his partner Jenny’s positioning of herself as “really nasty” when premenstrual. Through the phrase, “I didn’t realise”, Andy positioned himself as having been naïve in relation to understanding the impact of premenstrual irritability upon Jenny’s subjectivity. Further, by framing his narrative within the past, this suggests that his recognition had improved since the intervention. Andy emphasised the importance of this recognition through such words as “big”, “significant”, “critical” and also through the following statement, “it was um quite an – an awakening to me um, and um, yeah, really, really shook me up a little bit I guess”. Within Andy’s final statement is a suggestion that an empathetic understanding of Jenny’s premenstrual experiences made him more determined to offer her support.
This is further evidence of the critical link between men’s increased understanding and their taking up of the Supportive Partner position.

Nathan, Andy and Greg were not the only men to take up a position of ‘knowing’ in relation to their partner post-intervention, as Terry also detailed his new discoveries about his partner’s premenstrual experiences. Such discoveries, according to Terry, enabled him to determine how to help his partner Helen reduce premenstrual distress and discomfort.

When she had a cruise overseas, it was almost for me, I saw some symptoms that I had never seen before because I hadn’t been that close to her. I run, I said, I run away. To hang in the battlefield for a full period, day in day out, I found a few things that I think she needs, and I said, fine, ok she needs caffeine. Caffeine, where normally she wouldn’t be a caffeine freak.

Prior to the intervention, Terry expressed a high degree of scepticism in relation to his ability to understand, or effectively support Helen during the premenstrual phase. However, Terry took up the Knowledgeable Partner position to explain that remaining close to Helen whilst on a cruise allowed him to gain greater insights into the somatic aspects of her premenstrual distress. Again, unlike the other men within this theme, Terry continued to use discursive techniques to evoke strong negative imagery such as “hang in the battlefield”. Continued use of such language allows him to construct himself as courageous for deciding to remain close to her during the premenstrual phase. Constructing his narrative in this way enabled him to represent himself as entitled to receive praise for engaging in such a ‘risky’ act. However, Terry continued to
express a desire to support Helen, which indicated that despite his continued positioning of himself as a victim, having an increased awareness of premenstrual change made available supportive practices.

Men’s accounts demonstrate the link between partners’ increased recognition and awareness of premenstrual change, with their engagement in empathy and support in relation to their partner premenstrually, extending the findings from previous research (e.g. Frank, 1995; Ussher & Perz, 2008; Ussher, Perz, & Mooney-Somers, 2007). Ussher and Perz (2013a) for instance, drew upon research with lesbian and heterosexual self-identified PMS sufferers and their partners. Of the women who provided accounts of their supportive partners, partner understanding and acceptance of premenstrual change was found to be a key feature of such support, reinforcing the link between support and understanding. Similarly, in a clinical context, Frank, Dixon, and Grosz (1993) found that couples, who were jointly aware of the woman’s premenstrual changes, were more empathetic and considerate of each other, as well as the role they each played in affecting the marital relationship. Such findings are not unique to PMS, as it has been reported that families who are more educated about menopause held more positive attitudes about menopausal change and believed that they should be a source of help to the woman (Dege & Gretzinger, 1982).

The present findings extend previous research by examining the implications of taking up the Knowledgeable Partner position upon men’s self-positioning and practices in the context of premenstrual change. However, such implications cannot be explored without drawing upon
Foucault’s notion of “rationality”, which is the idea that something must first be ‘known’ before something can be governed or managed (Gordon, 1991). In accordance with this notion, it can be suggested that in order for the men in the present study to engage in practices that ‘manage’ premenstrual distress, they first had to construct premenstrual change as knowable. Additionally, as these men positioned themselves as ‘knowledgeable’ or more aware, this increased their accessibility to practices relating to offering their partner support. This provides further insight as to why some men are more supportive towards their partner, while others, despite their willingness, are not.

Furthermore, it has been argued that partners must have some basic knowledge of women’s bodies (Koch, 2006), or her reproductive processes (Bekkar & Wahn 2000), in order to become more empathetic and supportive to their partner. However, the present findings suggest that understanding how women subjectively experience and negotiate premenstrual change may be more important for men’s adoption of the Supportive Partner position, rather than solely learning about women’s reproductive bodies. This notion is supported by the following extract.

My understanding of PMS hasn’t changed in a generic sense but probably, certainly I have a much greater appreciation and understanding of what Jenny is um, feeling or emotionally um, going through that I did beforehand”. (Andy)

This account not only supports the argument that having an awareness of their partner’s experiences premenstrually can help men to be more empathetic, but also confirms reports that regardless of men’s
knowledge, those with a more intimate understanding of their partner’s premenstrual experiences are more likely to be flexible and open (Rundle, 2005). An explanation for such findings is presented by Koch (2006) who suggests that men who pay too much attention to the specific physiological and biological details about women’s reproductive processes, may risk overlooking what certain experiences may actually mean to the individual woman. However, if men focus on women’s subjective experiences of such processes, this may allow them to construct the process as a meaningful experience and not simply a biological phenomenon. Awareness of such meaning enables men to challenge negative constructions of PMS and menstruation and develop necessary skills such as communication. This suggests that a strong focus on women’s subjective experiences of premenstrual change is efficacious for male partner’s adoption of supportive strategies.

It is important to note that although these participants positioned themselves as having a greater understanding of premenstrual change post-intervention, being open to new ideas about premenstrual change remained a common feature in their accounts. This not only demonstrates a simultaneous rejection of the Naïve Partner and Expert position, but paradoxically demonstrates a taking up of a ‘Not-Knowing’ position. Although the position of Not-Knowing is usually taken up by psychotherapists in relation to their clients during therapy (Anderson, 2005), the (sub)position of Not-Knowing is key to differentiating the Expert position from the Knowledgeable Partner position. The position of ‘Not-Knowing’ refers to an idea, or attitude about knowledge, (e.g. reality,
truth, expertise). It is the idea that individuals do not “have access to privileged information, can never fully understand another person; and always needs to learn more about what has been said or not said” (Anderson, 1995). Therefore, not-knowing can be viewed as a position that is taken up in addition to the Knowledgeable Partner position. This enables men to demonstrate their increased awareness and understanding, whilst remaining open to new ideas about premenstrual change, their partner and themselves. This sentiment is reflected by Greg in the following statement.

I reckon my awareness…it's probably more close to about, oh, 85 or 90 per cent….But by no stretch do I think I've – I've got it cracked. I can tell you that, because I think it's – there's always going to be challenges around that. Yeah. Yeah. You've just got to – you've just got to be aware too that, you know, it could be different from month to month, so don't count your chickens and expect that what worked this month is – is necessarily going to work next month.

Here, Greg acknowledged that he has a greater awareness and recognition of premenstrual change, but rejected the Expert position. Instead Greg implied that it is naïve for him to make assumptions about premenstrual change, constructing premenstrual change as fluid and ever changing. This, according to Greg, functions to prepare him for new challenges that may occur during the premenstrual phase, which allows him to be open to alternative practices that may ameliorate his partner’s premenstrual distress.
Taking up the Expert position post-intervention: The case of

Brian. Unlike the rest of the men in the present study, Brian constructed a narrative that maintained his self-positioning as an ‘expert’. Brian was the participant who strongly adopted biomedical discourse to construct premenstrual change as a disorder, and medical intervention (SSRI’s) as necessary for its management. Brian’s account presents an interesting comparison to the rest of the men in the study, as he was the only participant who asserted that the couple intervention failed to extend his knowledge of premenstrual change, evident in the statement, “largely there were sections [of the intervention] that annoyed me because it was telling me to suck eggs”. Also, Brian was also the only participant whose account indicated that the intervention not only failed to challenge his biomedical constructions of PMS, but served to reinforce them, as illustrated in the following extract.

None of this was a revelation to me. Um, it wasn’t a case of, “hang on a minute. I didn’t know that, that makes a difference”. I knew all that at the start. I knew all those choices could be made, I knew that it was this was all about the biology, it was all about the brain chemistry at work and people can choose to go, “hang on a minute, I am reacting this way because of something that’s going on inside of me…I will realise that it doesn’t warrant this response and the response is something about me and not about him”.

Brian immediately took up the Expert position to imply that the couple intervention failed to provide him with new information about PMS, and made this position clear through the repeated phrase, “I knew”. Brian’s
declaration that he “knew” premenstrual change was about biology and brain chemistry demonstrated his continued reliance on biomedical discourse to construct PMS (Rodin, 1992; Ussher, 2011). Further through Brian’s use of the word “all” as in, “it was this was all about the biology, it was all about the brain chemistry”, implies a refusal to accept premenstrual change as more than a biological entity that resides solely within the body, unaffected by contextual circumstances such as the intimate relationship.

As described previously in this thesis (Chapter 5), the PMS intervention involved discussions of premenstrual change which indeed served to recognise the role biological factors play in women’s experience of premenstrual change. However, discussions ultimately occurred within a material discursive intrapsychic framework (Ussher, 2004a), which were intended to facilitate couples’ understanding of the woman’s subjective negotiation and experience of premenstrual change. In line with this framework, aims of the intervention included aiding effective couple communication; providing couples with alternative explanations for causation of premenstrual problems; and increasing women’s access to self-care practices. In light of the intervention’s focus and aims, it is thus interesting to note that Brian’s account of the intervention largely centred on its biomedical components. In this way, Brian’s adoption of the Expert position enabled him to focus on the aspects of the intervention that fit with, and strengthened his construction of PMS, whilst negating, or disagreeing with the aspects that served to contradict this construction. Interestingly, finding evidence that supported his argument also
strengthened the Expert position. The strengthening of this position is evident in the following statement.

Well I think the biggest revelation I had was that we were sitting in one of those sessions and we were discussing the symptoms of this sort of stuff and what the onset those symptoms looks like and what the symptoms are and I remember thinking, “bloody hell this is exactly when someone goes through withdrawal”. You know, if I had a junkie, I would see exactly those responses - difficulty sleeping, irritability, mood swings [laughs] and the list goes on and on and on. It’s just like a junkie - and the penny sort of dropped, “hang on a minute Brian. You know this is a chemical process, why wouldn’t it be exactly like a junkie?” and the answer is, well of course it would.

Within this extract, Brian reduced the subjectivity of Lorraine’s experiences to a biological process resembling addiction and withdrawal. Whilst physical discomfort is often one aspect of women’s premenstrual experiences, this is the aspect Brian drew upon to support his argument that PMS is a biological process. By comparing PMS to withdrawal, Brian appeared to reify constructions of premenstrual change as a disorder or disease-state, as addiction is culturally constructed as a disease (Reinarman, 2005). Constructions of premenstrual change as a disease or disorder is reinforced by Brian’s repeated use of the term “junkie”, which often embodies notions of deviance, dirtiness and shame (Goffman, 1968; Radcliffe & Stevens, 2008). Such descriptions imply Brian’s negation of the complexity in relation to the construction and lived experience of PMS.
This not only allows him to reinforce that premenstrual change is pathological but also strengthens his argument that the intervention was inherently flawed.

I maintain strongly the position that this is all about the biochemistry….Treat the symptoms but get to the root cause and resolve the root cause, fundamentally and if that’s the overall, fine, tick but if it’s a case of, “Oh we really don’t care about the root cause at all or if - you know, “We’ve sort of given up, there’s not much we can do about that, it’s all too difficult, and we are just going to deal with the symptom”. That really gets my back up [laughs] because I go, “No you are right off track with that approach. That’s not how it’s done”. And so I’m wondering if that’s what you’re on about, just finding ways to palliate, as opposed ignore the root cause and palliate only.

Brian began his account by reiterating his biomedical position, from which he draws his expertise. This allowed him to detail his fundamental problem with the intervention. Although Brian indeed mentioned the non-medical aspects of PMS management, he stated that an approach is inadequate and “just a waste of time”. Brian justified this description by suggesting that interventions, which endeavour to help women manage PMS symptoms use a non-medical approach, are lazy and ignorant: “Oh we really don’t care about the root cause at all…We’ve sort of given up…it’s all too difficult”. Evident in Brian’s account is a refusal to consider that there are alternative explanations and constructions of PMS and he thus could not reconcile the notion that material, discursive and intrapsychic
factors can co-exist and interact. In response to this notion, the Expert position becomes apparent, as Brian emphatically asserted that such an approach is wrong, “No you are right off track with that approach. That’s not how it’s done”.

In taking up the Expert position, Brian demonstrated authority and expertise by advocating certain ‘truths’ about ‘reality’ and premenstrual change. Specifically, Brian drew upon biomedical discourse to reify premenstrual change as pathology, and biomedicine as the way forward in eradicating premenstrual symptomatology. Biomedicine is currently the dominant medical conception (Filc, 2004). In fact, the medical model is used from birth to death in the social construction of reality (Reissman, 2003). It is thus not surprising that Brian constructed premenstrual change as a biomedical issue. However, it appeared that Brian’s adoption of such a model serves a deeper function. The adoption of a medical framework to understand and treat premenstrual change negates social, historical and discursive influences, ignores gendered subjectivity, and decontextualises relational factors such as partner support (Ussher, 1996; Ussher, 2010). Therefore, in adopting this model, it continues to legitimate Brian’s negation of any deeper meanings underlying Lorraine’s premenstrual distress. Considering such meanings may be a difficult intrapsychic process for Brian, not simply because it contradicts biomedical ideology (Filc, 2004), but because it requires him to acknowledge his possible role in affecting Lorraine’s negotiation of her premenstrual experiences. Therefore, it is possible that Brian’s taking up of the Expert position served
to protect constructions of himself as a ‘good’ partner. Such an explanation provides insight as to why the Expert position is maintained.

Finally, Brian was the only participant in the present study who took up the Expert position within his interview post-intervention to question the legitimacy of a non-medical intervention. This is noteworthy, as the men who did not take up the Expert position recognised the construction and lived experience of premenstrual change. Men also demonstrated legitimate attempts to reposition PMS within a positive framework and facilitated their partner’s engagement in self-care. Accordingly, men’s taking up of the Expert position is worth further consideration, as partners who take up this position may hinder the progression of PMS couple interventions, by resisting the exploration and implementation of new ideas and practices intended to ameliorate premenstrual distress.

‘She talks to me on a different level’: Improvements in couple-communication. The majority of men interviewed post-intervention noted a positive change in how they communicated with their partner and described ways in which they actively listened to their partner during the premenstrual phase. These men also praised their partner’s efforts in effectively communicating her feelings and needs. Accordingly, women’s engagement in effective communication was positioned by men as critical to their continued understanding and awareness of premenstrual change. This is illustrated by Laurence in the following extract.

I think now she is more aware of it, and I think not only that, but she has also got ways of – of expressing it to me, to say, “Look, it’s
not this,” or “It is this. I’m not – I’m feeling like this, you
should be, you know, communicating more – more about those
feelings to me,” which I think is really important as well because I
don’t know – I don’t know all the time if she’s had a bad day or –
and so I can’t – and I’m a terrible guesser. So if she – the way that
she can tell me – sometimes it really helps, so I think that’s been
one of the things that’s been really good for me.

Laurence positioned Hayley’s increased assertiveness in her self-
expression as a valued and appreciated aspect of their relationship, as it
functioned to maintain his awareness of her premenstrual mood change.
Note Laurence’s adoption of the ‘Not Knowing’ position to legitimate his
dependence on Hayley’s continued communication with him. Implicit in
this extract is a suggestion that continued communication allows Laurence
to avoid constructing such experiences as a ‘Mind Reading Dilemma’. The
statement, “I’m a terrible guesser”, conveys Laurence’s proclivity to
construct such experiences in this way, which is reinforced by the repeated
phrase, “I don’t know”. Laurence emphasised the positive outcomes of
such communication on the relationship through statements including, “it’s
good” and “it really helps”.

Communication between couples about premenstrual change is
essential to men’s recognition and understanding of women’s premenstrual
experiences (Jones, Theodos, Canar, Sher, & Young, 2000; Mooney-
Somers, Perz, & Ussher, 2008). Additionally, this has positive implications
for the woman’s experience of premenstrual change, as communication has
been found to increase a woman’s ability to access support from her partner
(Mooney-Somers, et al., 2008). While the majority of men positioned their partner’s communication as essential to understanding premenstrual change, they did not negate their own responsibility in maintaining open communication. This is further illustrated by Laurence as he explained,

Hayley is a good communicator, and – but sometimes I’m not, like, really listening to it. I mean, she’s telling me about, you know, this is why I’m feeling like this, I’m having a bad day, I’m doing this, this and this, it’s all contributing, listen to me. And I’m now like, “Okay. I understand now that all these things pile up because you – of our problem. Let’s see if we can sort something out.” Or, “let’s see if I can take a load off you for this weekend,” or whatever. You know what I mean?

Laurence began his explanation by positioning Hayley as a “good communicator” and himself as blameworthy for not listening to her in the past. He shifted his narrative to the present, evident through his use of the word “now” and detailed his current responses to Hayley’s requests. As such, Laurence positioned himself as the supportive partner, willing to help Hayley during this time. Noteworthy is Laurence’s use of the plural when recounting their conversation regarding strategies to ameliorate Hayley’s distress. By stating, “Let’s see if we can sort something out” [emphasis added], this not only implies a construction of support that involves the couple, but also a refusal by Laurence to position Hayley as a patient or child, requiring the care and supervision of others. Such acts of resistance are important, as they function to counter negative PMS discourses that construct premenstrual woman as incapable (Chrisler & Caplan, 2002).
Similar to Laurence, Greg also conveyed recognition of his role in maintaining effective communication between himself and his partner Diane. In the following extract, Greg described his engagement in active listening and its implications on his continued understanding of premenstrual change.

I became more of – more of an active listener to when she was being assertive. And also I actually then as a result, became a bit more assertive with her in sort of understanding what she'd – and I'd almost repeat back what she was saying so I, sort of, to make sure I was on the right page with her. So being assertive, she would – so I would listen and she would say what's going on for her. So she'd then, you know, say what she thinks and feels. Um, and then at the end she'd kind of say, like, well, you know, "this is what I, you know, can we work to this?" or "this is what I would like to happen." And it could be, "Can I just have some time for myself?"

According to Greg, couple communication provided Diane with the opportunity to be direct in expressing her needs and feelings to him. Furthermore, he placed notable importance on Diane’s role in maintaining effective communication, positioning her assertiveness as the catalyst for his engagement in active listening. Active listening, according to Greg, involves clarifying ambiguities when communicating with Diane. These findings confirm that communication can be a positive element for couples wanting to manage premenstrual distress (Frank, 1995; Mooney-Somers, et al., 2008; Ussher & Perz, 2013a).
It is worth exploring men’s adoption of practices through which the Knowledgeable Partner position is identified, and its positive impact upon the woman’s engagement in communication. This is illustrated by Nathan in the following extract.

She talks to me on a – I suppose she talks to me on a different level. Before, it was she was talking to me like I had no idea, and now she lets me in a bit more. She tells me a little bit more because I think she knows that – she knows that I know a bit more about it. Um, it’s not sort of much – it’s not so much, “Look I’m premenstrual; leave me alone”, type thing it’s now she’ll talk to me a bit deeper about it so.

In the first statement, Nathan suggested that following the intervention, Jacky communicated more openly with him. Further, as he described Jacky’s previous method of communication, he suggested that she did not communicate her needs, but rather responded to him in a short and sharp manner. As Nathan claimed that Jacky used to talk to him “like [he] had no idea”, this implies Jacky’s positioning of him as naïve. However, by stating that Jacky no longer talks to him in this way, this highlights a change in her constructions of Nathan as a partner. This suggests that women who position their partners as knowledgeable may be more willing to share more private experiences. Therefore, it is important for a partner to enact practices relating to the Knowledgeable Partner position, as the practices implicated by this position function to demonstrate to the woman his capacity to communicate, empathise and listen in a non-judgemental manner.
With regards to women’s increased communication with their partner, it is possible that taking part in the intervention validated the woman’s feelings, which enabled her to develop more effective forms of communication (Ussher, 2008). However, it is important to examine why the women in the present study were initially reluctant or unable to communicate with their partners, particularly during the premenstrual phase. As stated previously, the premenstrual phase is a time of heightened emotionality and vulnerability for some women (Ussher, 2003a). Further, within previous studies, women have expressed concern about sharing their premenstrual experiences with their partner, for fear that their partner may use such information against them (Mooney-Somers, et al., 2008; Ussher, Hunter, & Cariss, 2002). Women who position their partner as ‘naïve’ may hesitate to share this part of themselves for fear that their partner will not understand and respond with fear, rejection, judgement or criticism (Perz & Ussher, 2006). Accordingly, if a partner conveys increased awareness and empathy towards the woman, this may assure her that disclosing her experiences and needs will not be met with negativity and rejection (Petronio, 1991). Such findings strengthen the argument that demonstrating increased awareness may not only build trust within the relationship, but may also encourage women to become more communicative about their premenstrual experiences, rather than engage in self-silencing (Perz & Ussher, 2006; Ussher, 2003a).

**Men’s altered construction of ‘PMS’: Normalising premenstrual change.** A notable finding within accounts post-intervention, was the way in which men altered their definitions and
constructions of ‘PMS’ when describing premenstrual change. Such accounts were unlike the majority of men’s accounts within PMSbuddy.com, as the men in the present study reframed premenstrual change in a way that functioned to normalise their partner’s experiences premenstrually. This is illustrated by Nathan in the following extract.

Interviewer: What did you expect it um, to do for Jacky?
Nathan: Well in blunt words; make her easier to deal with. Yeah. When she’s premenstrual, um, but that’s when I thought at the start it would be easier to deal with, but I don’t look at it like dealing with it now as sort of – it doesn’t get to that point where you have to deal with it. So, yeah, beforehand yeah, it really was a sort of negative thing. You know, ah, she’ll just be easier to deal with but it’s not that at all. It’s more you know, it’s understanding going through it with her and it’s not even like a chore or it’s not even like – I don’t even dwell on it anymore.

Nathan began his response by explaining that he expected the intervention would make Jacky easier “to deal with”. He started to elaborate on this point but explicitly rejected the underlying meaning of the word “deal”, perhaps due to its negative implications of Jacky, or her premenstrual changes as an issue with which to be dealt. Nathan further explained that his current experience of Jacky’s premenstrual changes does not necessitate a verb such as “deal”. Moreover, by making reference to the past, stating that premenstrual change “was” a “negative thing”, he implied that this is no longer the case. As such, Nathan repositioned his experiences of Jacky’s premenstrual changes as something that is normal, day to day, “I
don’t even dwell on it anymore”. Nathan’s account indicates that the rejection of discourses that construct premenstrual change as a problem functioned to normalise premenstrual change. Awareness of the way in which discourse constructs meaning and avoiding the use of language that constructs premenstrual change as an issue, problem, or negative event was also demonstrated by Greg in the following extract.

It's not her issue. It's our issue. It's – and it's – it's not a, yeah, and it's not so much we're trying to avoid saying it's an issue. It's just what's going on at the moment and yeah, just being supportive, I think.

Greg’s statement, “we’re trying to avoid saying it’s an issue”, suggests that Greg and Diane are actively co-constructing and re-authoring a new narrative of premenstrual change (Ussher, et al., 2002). In this re-authoring, they are rejecting the word “issue” due to its implications of premenstrual change as a problem. In a similar vein, Laurence expressed difficulties accepting the word “intervention” to describe his experiences of the sessions with the psychologist.

Interviewer: Prior to the intervention I asked you about, um, your expectations, and the word ‘intervention’ kind of scared you a little bit.

Laurence: It did, yeah. It still does, actually, can I say that? Yeah, it still sounds too – sounds, um, I don’t know, too forceful. Maybe it’s not the correct word…to me, I guess, it’s – I think of an intervention as something where, you know, if this doesn’t work, it’s make or break. And I don’t think – um, I don’t think this is
make or break, because I don’t think you can actually say that this – like because the counselling sessions that we did wouldn’t necessarily – wouldn’t necessarily get rid of PMS, the theory of it, or will it actually make it worse?

Laurence declared that the word intervention “scare” him and then asked the question, “can I say that?” This is notable as it implies recognition that being scared of such a word is unusual or uncommon. Laurence critiqued the word “intervention”, positioning its underlying meaning as conflicting with his experiences of the sessions. Further, by contesting the notion that the treatment of premenstrual change is “make or break”, he challenged biomedical discourses that construct negative premenstrual change as an illness to be eradicated (Cosgrove & Riddle, 2003). Instead, he expressed recognition that premenstrual change is a subjective experience, an ongoing process of negotiation and appraisal (Cosgrove & Riddle, 2003; Ussher, 2002). This recognition is furthered by the following statement, “I don’t think it’s make or break, I think it’s more of, let’s…figure out a way of – of controlling it, or looking at it in a way that it’s not so bad”. Such a statement is said to be a step in the right direction, as feminist critics argue that premenstrual change is not something that people should eradicate but rather something to understand, manage, or live with (Chrisler & Caplan, 2002; Chrisler, 2002; Lee, 2002; Ussher, 2003b). The impact of this altered construction was most notable in the following excerpt.

I mean, would I like to be altered by drugs? I don’t think that’s a very – or hormones? I don’t think that’s a very nice way of looking
at anything, really. So I soon realised that it’s more about, um, the communication, it’s more about learning things together and coping – look, I use the word coping – but looking at the, um, the PMS as it matters – as an entity. But, um, I know, I keep saying it’s something – it is something – but I slowly learnt that perhaps it’s not really a – it’s not really a big thing, and if you look at all the things around it, perhaps it’s not even really a thing, even. You can almost put it away to just normal behaviour, and – and that’s again a reflection on myself, trying to find fault in someone else, um, for whatever reason.

Prior to the intervention, Laurence took up the Expert position and drew upon a biomedical discourse to strengthen notions of premenstrual change as a hormonal issue. However, it is evident within the extract above that he moved out from this position to redefine premenstrual change. Evidently, he refused to construct premenstrual change as something to be treated by drugs and asserted that the management of premenstrual change requires couple communication, learning and coping. Moreover, a critical aspect of the biomedical discourse is the way in which it “thingafies” premenstrual change (Ussher, 2003b). However, Laurence explicitly rejected constructions of premenstrual change as a “thing” or an “entity” and instead positioned it as “just normal behaviour” but made clear that he was not negating Hayley’s premenstrual experiences. In this way, Laurence re-defined PMS by rejecting the positioning of Hayley’s premenstrual changes as a ‘thing’ to be controlled, and accepted premenstrual change as understandable and normal (Ussher, 2008). Laurence's account
demonstrates that men can effectively resist the negative representations of PMS that are ubiquitous in the media and popular culture, as well as challenge the myths surrounding women's premenstrual changes in emotion and behaviour (Figert, 2005; Chrisler & Levy, 1990).

Many feminist critics have argued that premenstrual change is a normal part of women’s experience, but is positioned as PMDD or PMS because of negative cultural constructions of the premenstrual phase as a time of psychological disturbance and debilitation (Chrisler & Caplan, 2002; Rittenhouse, 1991; Ussher, 2006). Literature on positive aspects of premenstrual change have evidenced a number of premenstrual changes women position as positive, such as increased creativity, feelings of elation and heightened sexual arousal as noted previously in the literature review (King & Ussher, 2012; Nichols, 1995; Stewart, 1989). However, these men were not identifying positive premenstrual changes, but rather redefining potentially negative outcomes of premenstrual change and positioning them positively. Whilst research literature on men’s positive repositioning of premenstrual change is largely absent, studies have examined women’s positive reframing of their menstrual related experiences. Accordingly, it was found that women were able transform their perceptions of menstruation from an ‘unwanted’ condition to a ‘valued’ aspect of their subjectivity. This involved women redefining meanings of womanhood and developing a more positive self-image (Lee, 2002). In a more recent study, women in Ussher and Perz’s (2013) study indicated that, as a result of experiencing difficult feelings premenstrually, it allowed women to “tune into” their premenstrual mood, identifying the issues that make them sad,
anxious or angry. Not only does this research support assertions that premenstrual experiences are not inherently negative (King & Ussher, 2012), but also demonstrate a person’s capacity to redefine their experiences. Accordingly, the accounts from the present study may be evidencing men’s engagement in redefining what it means to be the partner of a woman with premenstrual change and developing a more positive image of their partner.

**Conclusion.** All the men positioned themselves as knowledgeable within their accounts following the intervention. For the majority of men, this enabled them to engage in practices that related to the Supportive Partner position, as they constructed themselves as capable of being supportive to their premenstrual partner. It is clear that in order for the Knowledgeable Partner position to become accessible, men must resist the Naïve partner position, through the reflexive practice of learning. It is a reflexive practice, as partners are required to become critically aware of their previous assumptions and interrogate the ways by which they made meaning of experience (Mezirow and Associates, 1990). Although these men constructed themselves as being better informed and more aware of their partner’s premenstrual experiences post-intervention, implicit was their recognition that they would never entirely ‘know’ what their partner experiences. This is not only because premenstrual change is a gendered experience (Chrisler & Caplan, 2002; Ussher & Perz, 2013) but because one can never really ‘know’ the experiences of others.

In light of the various positive intervention outcomes described by the men in the present study, the following section presents men’s reports
on their experiences of the intervention, as well as the aspects that they positioned as valuable.

Men’s Experience of the PMS Intervention

All men provided accounts in which they reflected on their experience of the couple-based PMS intervention. In particular, men talked about the aspects of the intervention that enabled themselves and their partner to better understand premenstrual change, or effectively manage premenstrual distress. Further, all men discussed the implications of partner inclusion upon the effectiveness of a PMS intervention, with the majority of men positioning partner inclusion as an essential component of an effective intervention. Accordingly, this analysis details men’s experience and evaluation of the intervention’s process and outcomes. The last section of this analysis focuses solely on Brian’s account of the intervention, as his account highlights how a man’s strong adoption of a biomedical discourse to construct premenstrual change can present challenges within the context of a couple-based PMS intervention.

‘I cannot wait for the next session’: Valued aspects of the intervention. Within men’s interviews post-intervention, all of the men, except Brian, positioned the sessions as an enjoyable, positive or valuable experience. This is exemplified by Terry who stated, “I cannot wait for the next session”, I told [my wife] - I kept nagging her with, “When’s the next one? When’s the - the next one?”. This is also exemplified by Andy who said, “[The sessions] were great. Um I really, really enjoyed them…I’d be happy for them to continue”. Accordingly, men detailed the aspects of the
intervention that contributed to their positive valuation of the intervention. This is exemplified by Andy’s account below.

I found them more um, broadly encompassing than, than I expected, I guess. Um so – it wasn’t related just to, um PMS, but also to, I guess, the broader relationship which I, you know, I thought was good. Um, some good techniques, coaching techniques, provided um, you know, some specific, I guess, around PMS and then others just general relationship type stuff so – um yeah, I really - like I said.

Andy talked positively about the way the intervention addressed issues beyond that of premenstrual change, evident in his description of it as “broadly encompassing”. Implicit within this extract is Andy’s recognition that an effective couple PMS intervention does not solely focus on premenstrual change, but also addresses the intersubjective context in which such changes are experienced. Such recognition also implies acknowledgement that premenstrual change is not solely a woman’s issue but an experience that is affected by relational factors.

For Pete, the value of the intervention centred on the way in which it highlighted the multiple factors that can ameliorate his partner’s experience of premenstrual distress, as he explained:

The course is very self-explanatory kind of thing. It was all stuff that we probably on one level knew. Um, you just don’t consciously think about it, um, at the time or that you really have to put effort into it kind of thing, but it is just very common sense sort of stuff I think. Like making sure – like checking out Sandra’s diet
and exercise and sleep patterns and making sure she gets you
know enough time to relax and chill out and de-stress and all that
sort of stuff, it’s all common sense. But it was just, um, it was
really good, you know, someone actually just walked you through it
kind of thing and highlighted it for you.

Pete positioned the strategies that were discussed during the
sessions as “self-explanatory” and “common sense”. This allowed him to
suggest that the amelioration of premenstrual distress can often rely on
taken for granted knowledge or “stuff that we probably knew on one level”
(Laurence). Previous research supports the positive implications of
improving a woman’s diet, exercise regimen and sleeping patterns upon the
reduction of premenstrual symptoms (Sveinsdottir, Lundman, & Norberg,
1999; Ussher & Perz, 2006). However, Pete’s account is notable because it
highlights the notion that men (and women) can often fail to draw a link
between premenstrual distress and everyday factors such as woman’s diet.
This is the value of the intervention as highlighted by Pete, because it
allows couples to identify and address the often negated factors that can
exacerbate premenstrual distress.

In a similar vein, Greg also described the ways in which the
intervention provided him with the opportunity to explore often overlooked
aspects of his partner’s premenstrual experiences.

It was interesting to listen to Diane’s viewpoint during the session
on her take of that situation is. Because when you're at home, once
you've sort of, you've got through an issue together, you kind of
move on and you don't really even think about it any further, and
what was it like for that other person going through that experience. So it was quite, yeah, it was like, “wow, alright. I didn't quite – didn't quite know that”. Or yeah, and I didn't realise that, you know, that you – you felt that way based on my – the way I acted or the way I responded.

Greg began this account by explaining that the sessions enabled him to gain greater insights into Diane’s construction of certain experiences. He provided an explanation as to why it is difficult for him to gain insights on certain relational issues outside of a therapy setting. Greg constructed conflicts and the exploration of such conflicts as located within, and constrained by time. As such, he suggested that it makes it difficult for him, as a partner, to revisit and review the impact of such conflicts upon Diane. This allowed Greg to reinforce the value of the intervention, as it provided him and Diane with a time and place to specifically address issues relating to premenstrual change. The present findings are in line with previous research, as couples report that the provision of a dedicated time to focus on one particular issue is a commonly valued aspect of couple therapy (Bowman & Fine, 2000).

‘There’s quite a marked change’: Intervention outcomes on premenstrual distress. Within the post-interviews, all men except Brian reported that the intervention had helped their partner to effectively cope with premenstrual distress. As such, these men described their partner as calmer or happier during the premenstrual phase, with reductions in stress and irritability. This is illustrated through the statements including, “I think it’s [PMS] been, um, vastly improved, I can say that for sure” (Laurence)
and “I think it’s been a, there’s quite a marked change…Jenny is um – doesn’t seem as stressed or um, more relaxed” (Andy).

The men who described changes in their partner’s premenstrual experiences, positioned this as a positive outcome of the intervention. In the case of Greg, positive consequences of his partner’s experience and management of negative premenstrual change were constructed as a legitimate reason to celebrate, as he explained,

Greg: A couple of months ago, she had a really good month where she, on the week up to when she was due, she had barely any issues at all and she was like, “oh my God”. She had a look at her diary and she was like, "I'm two days before my periods and I've had no issues." And she was like ecstatic.

Interviewer: And what did you say about that?

Greg: I was just over the moon. I was just, like, “wow, wow, well done,” you know. I was just congratulating her and – and saying, "Okay, well, I guess we both did it together too." You know, it's, yeah, it's – I think you've got to celebrate those times because, yeah, it's not every month.

Within this extract, Greg recounted an instance in which his partner Diane had a “really good month”. According Greg, a “good month” refers to a month whereby premenstrual change fails to be a source of strain for Diane or their relationship. Within this instance, Greg commended Diane for effectively managing her premenstrual changes. Notable within this extract is the description of their excitement upon realising that premenstrual change had little impact during that particular month. Such
excitement implies a construction of this outcome as a significant achievement for not only Diane, but for both of them as a couple. In this way, the effective management of premenstrual change is not taken for granted, but positioned as something to be celebrated. Acts of celebration as described by Greg may have positive implications for a woman’s negotiation of premenstrual change, as it serves to validate her experience of premenstrual distress, as well as her efforts to manage it. This is critical, as validating the woman’s experiences has been found to promote healthy relationship functioning (Swann, 1997), which can reduce premenstrual distress (Coughlin, 1990).

In the case of Terry, although he remained critical of his partner Helen, he began his narrative by noting the marked improvements in her behaviour premenstrually.

She’s definitely a better person to live with um, at the moment. But she’s at least fifty percent better than what she was before, um, since she started the trial. Um, holidays, she was quite good. Um, she can take problems better. Not as snappy, not as judgemental straight away, jump to conclusions and just, you know, go half cocked.

In the extract above, Terry described Helen as a “better person to live with” due to her being less “snappy” and less “judgemental”. Notable is Terry’s quantification of Helen’s improvement, positioning her as “fifty percent better”, which conveys his desire for Helen to make further improvements on her behaviour premenstrually. However, by positioning Helen as “better”, this highlights Terry’s ability to recognise the positive
outcomes of the intervention, despite his previously expressed scepticism in relation to the interventions efficacy.

In addition to noting reductions in their partner’s experience of premenstrual negative changes post-intervention, men provided explanations for such reductions, which largely centred on women’s engagement in self-care.

‘She’s taking more time for herself’: Women’s engagement in self-care. A small number of men described the way the intervention helped their partner to identify and adopt self-care strategies. According to these men, their partner’s engagement in self-care helped them to effectively manage and ameliorate premenstrual distress. Self-care strategies were described variously by men. In Terry’s account, self-care for his partner Helen meant having to resist always putting the needs of her children above her own.

Yeah, even the kids have noticed a difference. Um, they noticed a difference in that - that they are not getting what they want. Its like, “See you later, work it out”. She is definitely kicking their arse, but they need it. Um, and they can – they can see that she was going to have a good holiday…Usually when she gets back from these things, they would have a bitching fest and who bitched the most and who could get Helen off edge, they do that. But when we came back, Helen didn’t want to hear anything, not one word. She didn’t want to hear their shit, “so what? He’s 21. Who cares?”

Implicit in this narrative is a construction of Helen as determined to enjoy herself during her holiday. Terry positioned this determination as the
reason for Helen’s refusal to attend to their children’s complaints.

Although hegemonic constructions of motherhood construct ‘good’ mothers as self-sacrificing, putting the needs of her family above her own (Kaplan, 1994; O'Grady, 2005), Terry positioned Helen’s assertiveness, as well as her refusal to be riled by her children’s complaints, as a positive outcome of the intervention. He justified this positioning by first constructing their children as selfish, attention seeking, and their complaints as trivial. Secondly, Terry suggested that Helen’s attendance to such trivialities exacerbates her emotional distress. Through this account, Terry rejected constructions of mothers as needing to provide un-ending care for others (Ussher, 2006), perhaps through the acknowledgement that Helen’s previous attempts to adhere to such constructions resulted in her engaging in self-blame, and increased emotional distress. For example, Terry commented: “And normally Helen would be sweating on the dirt, thinking that she’s needed, “I’m needed because I left and it all fell apart”. This was a practice she Helen no longer engaged in.

In a similar vein, Nathan described the role of relaxation as a self-care strategy for his partner Jacky, as it served to ameliorate her experience of stress premenstrually.

Um, she used to get really bogged down in work, and uni work, and stuff like that. And instead, she – she’s actually got more time for herself now. Where she thought - she’s one of those types where she won’t – she feels like when she takes time for herself, she’s being selfish and you know, not getting things done. And so she’d just try and just push herself further, which would probably drive
her deeper into it. And she was less productive, but she’s realised if she takes a step back, does something for herself….She’s just – she’s taking more time for herself which is something she’s never really done before.

Nathan began his account by detailing the methods by which Jacky attempted to manage work-related stress in the past. He described the ways in she engaged in exhaustive acts such as “pushing herself further” to complete her work. Nathan indicated that this was detrimental, explaining that it made her “less productive”. Notable is Nathan’s shift from past to present tense, in order to detail the positive outcomes of the intervention on Jacky’s ability to take time for herself when feeling overwhelmed premenstrually. It is worth highlighting the way in which Nathan described Jacky’s past resistance to taking time for herself, as well as her positioning of such a practice as “selfish”. This echoes hegemonic constructions of idealised femininity, which position women’s engagement in self-care as selfish or self-indulgent (Ussher, 1997), which have been implicated in women’s reports of distress in previous research (e.g. Ussher & Perz, 2013). Nathan’s account would thus suggest that Jacky now rejects hegemonic constructions of idealised femininity, resisting having such high expectations of herself, in order to adopt an “ethic of care for the self” (Grimshaw, 1986 cited in Ussher, 2002; Ussher, 2004a), as a means of ameliorating the negative impact of premenstrual change (Ussher, 2002, 2008).

Terry and Andrew's accounts lends support to the importance of men recognising the pressures and burden often placed on women and their
need for self-care, as this may help men to support their partner and her engagement in self-care. Women’s engagement in self-care practices are not only necessary for minimising premenstrual distress but essential to maintaining well-being and health (Blake, Salkovskis, Gath, Day, & Garrod, 1998; Morse, 1997; Ussher, Hunter, & Cariss, 2002; Ussher & Perz, 2006). Indeed couples jointly engaging in self-care may not only serve to further reduce a woman’s guilt, but also promote mutual support within the relational context (Coyne & Smith, 1991; McCullough, Exline, & Baumeister, 1998).

‘It takes two to tango’: Men’s role in the intervention. Of the men in the present study who positioned the intervention as successful, the majority attributed its success to that fact that it focused on the couple. This sentiment is best illustrated by Laurence below.

I think with PMS – well, let’s just forget PMS, let’s look at any argument, um, one of the things is that it takes two to tango. And if one person is clued up on everything and the other person has got no idea, it’s not going to make a difference. You’ve got to have two people to understand what is going on for it to – um, for you to even try to attempt to fix an argument. Because you need to have two people willing and accepting to do it, otherwise it’s just not going to work. So I think that’s a good reason for another – for me to be there, for a male to be there, for the other person in a relationship to be there.

Laurence applied his explanation to the broader context of the relationship, beyond that of premenstrual change, to emphasise that his
perspective on partner participation applied to all aspects of the relationship. Laurence employed the common idiomatic expression of “it takes two to tango”, which enabled him to declare that improvements made to any relationship are dependent on the couple’s participation and cooperation. He explained that having one member of the intimate dyad equipped with the skills and information to better the relationship is insufficient, as the other member remains uninformed and ill-equipped to reciprocate. Laurence’s simple statement of, “it’s just not going to work”, in the absence of stutters, “ums” or “ahs”, makes clear his position. Laurence focused his argument back onto the intervention to emphasise the importance of his participation. In this way, he positioned both members of the dyad as making an equally important contribution to the success of the intervention. This is strengthened by the statement, “We did it together, and then we, sort of, looked at it together, and we came up with some ideas how to control it”.

Laurence’s account above makes clear his construction of partners as an important part of the intervention process, and the intervention as essential for partners in learning about premenstrual change. Such constructions are supported by men’s descriptions of how they contributed during the couple intervention sessions. These descriptions relate to ‘Talking during the sessions’ and ‘Being a source of support’, which are presented below.

**Talking during the sessions.** When men were asked to describe how much they talked during the sessions, some claimed that their talking was minimal, as was the case with Nathan, “I listened most of the time but
I had – like I did talk, but didn’t speak as much as Jackie did”. While Nathan described his verbal input as minimal, he nonetheless positioned this positively, “I don’t like talking. I’ll watch. So it was much better. And Jacky loves talking so it was good”. He also positioned his presence within the sessions as crucial, stating, “Well, I thought that it was um; I thought it was going to be a lot more about Jackie, whereas I found I got a lot more of myself out of it”. Within this statement, Nathan indicated that despite his prior expectations, being present within the sessions enabled him to gain information that he otherwise would not have gained. Unlike Nathan, others claimed to have engaged in considerable disclosure. This is exemplified by Pete below.

Interviewer: Did you talk much during the sessions?

Pete: Oh yeah, definitely heaps.

Interviewer: Oh, did you?

Pete: Probably more than Janice. And it wasn’t as if we were, you know, speaking for each other in any particular way not letting each other have their voice it was more sort of just helping each other communicate.

Pete enthusiastically described how he had considerable input within the sessions. However, through the use of the word “help”, he made clear that his input did not dominate the sessions, but rather facilitated open discussion. Pete’s distinction implies a construction of himself as not essential to the success of the intervention but rather himself as facilitative in the context of the intervention. Moreover, Pete praised the intervention for enabling him to share his perspective, as he explained below.
Um, it was good just to be able to, I think share my perspective and my point of view, um, with someone else there who has probably heard that from other people and, um, is aware that you know guys are going through that same thing. And that the girls have a side of it that maybe they haven’t been able to explain so they can help explain things as well, or ask Janice a question that helps me to understand perhaps a particular situation and vice versa. I think probably Janice got the same thing out of it hearing me talk or when Janice said something and then having – I can't remember her name – ask me a question um and then getting my point of view probably cleared things up for her a bit as well and helped us understand where each other’s coming from.

Pete made specific reference to the psychologist and how she altered the relational dynamics within the context of the sessions, which facilitated open disclosure and learning. Pete positioned the psychologist as a moderator and facilitator of discussions between him and his partner Colette. Further, Pete positioned the psychologist as the expert, evident in the statement “[she] has probably heard [my perceptive] from other people”. The positioning of the psychologist as experienced is argued to facilitate open disclosure, as it allows the individual to construct themself or their experiences as normal and their issues understandable and even predictable (Christensen, Russell, Miller, & Peterson, 1998). According to Pete, open discourse on his part enabled Colette to gain insights into his perspective. In Laurence’s case, answering the psychologists’ questions during the sessions enabled him to gain greater insights about himself.
[The psychologist] actually kind of forced me to answer some questions, and, um, that was kind of good, because it made me realise – it made me think about things a bit more, and not just sitting there and going, okay, this is Hayley’s thing, I’m just sitting here for support, you know?

Similar to Pete, Laurence also positioned the psychologist as a facilitator and to some extent, the authority within the context of the sessions. This is evident in his use of the word, “force” to describe her approach in facilitating discussion. However, Laurence did not position this approach as a negative aspect of the intervention. Instead he positioned it as necessary for his recognition of the role he played during the intervention. Such recognition enabled Laurence to reposition himself as an active participant.

‘Just being there was enough to calm her’: Being a source of support. Most men acknowledged the value of actively contributing during the session. However, some men acknowledged the value of simply being present during the sessions, as Jonah explained,

I think, from what I gather, when she does have these sorts of interventions on her own, she can be – I guess she can be quite emotional, like, if she’s got no one backing her up. I think just, like, just being there was enough to calm her nerves, and – and, so she can freely speak about, you know, herself.

Within this extract, Jonah highlighted that his presence played a beneficial role during the sessions. He achieved this by explaining that Fiona can feel vulnerable, alone and emotional when attending therapy
sessions by herself. Jonah further stated that being there with her during the sessions provided Fiona with the security and comfort she required to remain calm and to freely express herself to the psychologist. It has been found that feeling comfortable and safe within a therapy setting is linked to a person’s increases in self-disclosure (Farber & Hall, 2002). Equally, feelings of shame, anxiety and vulnerability are often the reason why clients choose not to self-disclose within therapeutic settings (Farber, Berano, & Capobianco, 2004). Previous findings, in conjunction with Jonah’s account, lends support to the positive implication of partner involvement upon the woman's engagement in disclosure, as the partner may provide her with the extra support and validation required to express herself.

In accordance with men’s accounts, positive valuations of the intervention were dependant on its ability to help their partner adopt ways of managing premenstrual distress. Positive valuations also centred on the interventions’ ability to improve the couples’ understanding of premenstrual change as well as help improve methods of interacting and offering support. Men’s evaluations are notable because they indicate a rejection of hegemonic and biomedical discourses that construct a successful PMS intervention as one that focuses on ‘curing PMS’ or ‘making her better’ in the absence of the intimate partner. In light of this rejection, it was not surprising that the majority of men positioned themselves as an important component of the intervention. However, not all men provided positive evaluations of the intervention. This was the case with Brian, whose account is presented below.
‘I wasn’t convinced it wasn’t a waste of my time’: Brian’s contrasting account of the intervention. Brian was the only partner to position the intervention as having little value to himself and expressed uncertainty as to whether the intervention was successful in achieving its aims. This was evident in the statement, “I didn’t think it was a waste of her time - I wasn’t convinced it wasn’t a waste of my time, but I went along with it”. Despite his scepticism, Brian partially acknowledged that the intervention helped Lorraine to modify her behaviour premenstrually. This is illustrated by the following extract.

She’s at least gained an objectivity that allows her to step back and say “hang on, I can, I don’t have to react out of this, I can react out of different position and it will all be different in a week anyway so. So I’ll wait a week and react later” [laughs]. So there’s a choice, where before, where that choice may not have existed and that’s the intention to provide her with the ability to go “oh hang on a minute, this is not really an objective observation at all that I’m reacting to, it’s something else going on inside me that’s driving me to react badly but I can choose not to and in a week’s time, I know I will be different”. Then if that’s what it was designed to do then it was successful.

Brian positioned Lorraine’s ability to enact “objectivity” whilst she is emotional or reactive premenstrually as a positive outcome of the intervention. Noteworthy is Brian’s frequent use of the word, “objective”, which evidences his continued reliance on scientific discourse and indicates a construction of ‘normal behaviour’ as always reflecting rationality, logic
and objectivity. Furthermore, Brian’s account reflects discourses evident in Western contemporary society that discourage the expression of powerless emotions, such as sadness, fear or shame (Fischer, Rodriguez Mosquera, van Vianen, & Manstead, 2004). Although research suggests that gender differences exist in the experience and expression of emotional distress (Fischer, 1993), where women are more likely to express powerless emotions, Brian’s account implies a negation that there may exist such differences.

Further Brian highlighted the notion of choice, suggesting that Lorraine developed the ability to choose whether to outwardly express or withhold her emotionality. In this way, Brian adopted a discourse of agency to construct Lorraine as having the ability, and responsibility, to control her emotions premenstrually. Notable is the way in which Brian positioned Lorraine’s awareness as the driving force behind her ability to enact control. In this way, constructing Lorraine’s sense of control functioned to reinforce to Brian that the management of emotion is her responsibility. In accordance with previous research, women attributing heightened emotionality to PMS are argued to have positive consequences for their management of premenstrual distress. For instance after participating in a psycho-educational PMS intervention, one woman explained that having awareness that her feelings were due to PMS helped her to keep things in perspective, which allowed her to keep her annoyances or feelings of vulnerability under control (Perz & Ussher, 2006). Moreover, it was found that women who adopted strategies that allowed them to “cool down”, were more able to express feelings in a calm manner. As a result, this enabled
them to shift out of a position of pathology, as these strategies functioned to protect the woman and her family (Ussher, 2008). While such research can be seen as supporting, Brian’s assertion that withholding premenstrual emotionality until a later time is a positive outcome of the intervention, Lorraine’s behaviour could be seen as evidence of self-silencing, which is a negative outcome (Ussher & Perz, 2010). It is thus important for partners to distinguish between a woman’s engagement self-silencing and women’s engagement in “cooling down” as a coping strategy, because encouraging the woman to control her emotion may reinforce to her that her premenstrual emotionality is ‘bad’, or evidence of an illness.

Although Brian was able to describe a positive aspect of the intervention, his overall account of the intervention was negative. This is supported by the following extract.

Whether the intervention has had any impact, given the medication, given my view of the medication, I think it’s pretty hard to conclude anything about the intervention. I think that in order to see that the intervention has worked, you really need to stop the medication and see if the intervention has had any impact and then you’d be able to tell. So, you know, while you’ve got the medication playing a very significant role and a role that has been going longer term, the intervention being a relatively recent thing over a few months and obviously overshadowed by the medication, I can’t differentiate - and to be honest with you, I suspect that the medication is the major factor in the intervention, if it has had any effect, it has had an effect internally within her. In other words, it may have helped her, but I
am very sceptical as to whether it it’s helped our relationship -
in other words, whether it’s helped me deal with her at all.

Brian expressed strong doubt regarding the efficacy of the
intervention in ameliorating Lorraine’s premenstrual distress and
positioned Lorraine’s ongoing, and effective, drug regimen as the reason
for this doubt. Although Brian acknowledged that the intervention may
have had some positive impact on Lorraine’s experience of negative
premenstrual change, he suggested that the intervention failed to provide
him with ways to “deal” with Lorraine. Through the word “deal”, it implies
a continued construction of premenstrual change and Lorraine as an issue,
or problem with which to be dealt. Brian additionally drew upon scientific
discourse to suggest that the only way to determine the efficacy of the
intervention was for Lorraine to stop taking the SSRIs throughout the entire
intervention process, which did not happen. Brian maintained his
positioning of the medication as playing a critical role in the reduction of
Lorraine’s premenstrual symptoms. Furthermore, evident though the word
“obviously”, Brian made clear his self-positioning as an expert. Such
positioning enabled him to declare that the intervention had little effect on
Lorraine, particularly in light of her taking medication at the same time.

Brian’s account is noteworthy, as he was the only man to question
the effectiveness and relevance of a non-medical PMS intervention. He also
was the only man whose partner was taking medication for PMS at the time
of the study. It cannot be determined whether Brian was correct when
declaring the effectiveness of Lorraine’s treatment regimen (and the
ineffectiveness of the intervention) in treating her premenstrual changes.
Nonetheless, Brian’s account demonstrates the critical role hegemonic discourses that privilege the biomedical perspective play in men’s experience of PMS interventions.

**Conclusion.** The majority of men reported that the intervention had a positive impact on their partner’s experience of premenstrual change. Further, they explained that as a result of the intervention, their partner was better able to manage premenstrual distress. Within the context of the intervention, most men positioned themselves as a necessary component to its success and claimed to benefit from the experience. Moreover, men normalised their inclusion within the sessions, with some men positioning this as ‘common sense’. The present findings thus suggest that involving partners can be an effective treatment option for couples wanting to manage premenstrual distress.

**Summary of Men’s Post-intervention Interviews**

This analysis explored men’s accounts following their participation in a couple-based PMS intervention. This analysis used a Foucauldian DA, guided by Willig’s six stages (Willig, 2003) as a guide for conducting the pre- and post-intervention analyses. This method of analysis enabled me to identify the various ways premenstrual change and PMS were discursively constructed by men, as well as map some of the discursive resources used within their accounts. This method of analysis also enabled me to identify multiple discourses men adopted within their accounts and identify the function of these discourses for men’s construction and experience of premenstrual change, including the subject positions they contain. Identifying such positions enabled me to explore in-depth their implications.
for men’s subjectivity and practice (Willig, 2003). Of particular relevance was the way in which the analysis of men’s post-intervention interviews provided further insights into the subject positions described in the pre-intervention study. This highlighted the paths by which men came to adopt, resist and accommodate certain positions, and the discourses that made such paths accessible.

All men who took up the Naïve partner position in their pre-interviews were able to take up the Knowledgeable Partner position following their participation in the intervention. Discursive circumstances by which this position became accessible to men centred on being given the opportunity to understand what it is like being a woman with premenstrual change. Learning effective methods of communication and ways of interacting, as well as being presented with new and alternative discourses, by which to construct premenstrual change, also helped men to adopt the Knowledgeable Partner position.

Men who constructed themselves as more informed, or aware also described various methods of supporting their partner, or responding in ways that did not exacerbate their partner’s premenstrual distress. Such findings support the link between men’s resistance of the Naïve partner position, the adoption of the Knowledgeable Partner and the Supportive Partner position. Also, through men’s adoption of the Knowledgeable Partner position, they were able to resist relying upon hegemonic biomedical and cultural discourses of PMS to make sense of premenstrual mood change. As a result, alternative and positive explanations were sought, which enabled men to construct premenstrual change as a
meaningful or natural experience. For many of these men, having access to alternative and positive discourses enabled them to reject constructions of their partner as mad, bad, monstrous and blameworthy. This further enabled them to resist taking up the Victim or Critical Partner position. Such findings not only indicate the positive outcomes of the couple intervention, but also confirm the crucial impact of men’s constructions and understanding on their material and discursive practices in relation to their partner premenstrually.

The final chapter of this thesis will briefly summarise the results of the two studies, reiterate the findings of the research as a whole, discuss the implications for practice, and present suggestions for future research
Chapter 8

Conclusion

In the following chapter, the two studies conducted within this thesis - the PMSbuddy study and the interview study - are summarised in relation to the research aims and questions. The overall findings are also summarised, and their implications for theory and practice are discussed. Finally, the limitations of the two studies are discussed, with reference to future research directions.

Overview of Research Aims and Methods

Within the research literature, there is strong evidence that premenstrual change is a relational experience, demonstrating the various ways partners can positively and negatively affect women’s negotiation of her premenstrual experiences (Chrisler, 2008; Sveinsdottir, Lundman, & Norberg, 2002; Ussher, 2003; Ussher & Perz, 2013a; Ussher, Perz, & Mooney-Somers, 2007). Previous research has also demonstrated that premenstrual change can affect both members of the relational dyad, with some studies suggesting that male partners experience similar affective changes to the woman premenstrually (Brown & Zimmer, 1986; Ryser & Feinauer, 1992; Watson & Nanchoff-Glatt, 1990). Despite this evidence, few studies have examined in depth men’s experiences and constructions of premenstrual change, particularly within the context of an intimate relationship. In order to address this gap, this thesis aimed to explore men’s constructions and experiences of premenstrual change in the context of an intimate relationship and explore how such constructions impact upon men’s positioning and practices in relation to their partner premenstrually.
To answer the research questions, a critical realist epistemology (Bhaskar, 1989), which drew upon positioning theory (Harré & Lagenhove, 1999) was adopted. In the PMSbuddy study, a thematic discourse analysis (Braun & Clarke, 2006) was used to analyse men’s accounts within the online forum on PMSbuddy.com. In the interview study, interviews were conducted with men prior to, and following their participation in a couple-based PMS intervention, and a Foucauldian discourse analysis (Willig, 2003) was used to analyse men’s interview transcripts. The summary of findings, implications and limitations of these studies are presented below.

**Overall Findings from the Present Research Studies**

**Men’s positioning, constructions and experiences of premenstrual change.** In line with previous research (e.g. Brown & Zimmer, 1986; Coughlin, 1990; Ryser & Feinauer, 1992; Seigel, 1986; Ussher & Perz, 2013a), nearly all of the men within the PMSbuddy and interview study reported that negative premenstrual change had a detrimental impact upon themselves and their intimate relationship. Constructing premenstrual change negatively enabled some men to adopt the Victim position in relation to their premenstrual partner. The Victim position enabled confusion, fear, helplessness and anger to constitute men’s subjectivities, allowing them to construct their experiences with premenstrual change as unfair, unexpected, or undeserved. The practices accessed from within this position centre on adopting coping strategies, being reactive, being avoidant.
Furthermore, the constitutive power of the Victim position and victim discourses within men’s narratives made it difficult for them to set aside their own ‘suffering’ and needs during this time in order to attend to their partner’s needs. The Victim position legitimised men’s positioning of their partner as blameworthy for the conflicts that occurred within the relationship, making it difficult for men to become aware of their own role in exacerbating premenstrual distress and address underlying issues within the relationship. Due to the similarities between the Victim position and the Critical Partner position, it was not surprising that men tended to adopt both positions simultaneously. The practices implicated by the Victim and Critical Partner position relate to men’s engagement in premenstrual rejection and dismissal, and their absence of support, acceptance and empathy. Such practices can be deleterious for the woman, as it can lead her to engage in self-pathologisation, self-blame, self-silencing and a disassociation of herself from her premenstrual experiences (Cosgrove & Riddle, 2003; Ussher, 2004a; Ussher & Perz, 2010).

Conversely, approximately half the male participants within the interview study resisted the Victim and Critical Partner position within their pre-intervention accounts. Resistance of these positions were made possible through men’s adoption of positive discourses, their engagement in effective couple communication, as well as their development of empathetic understanding and awareness. Such resistance is implicated in men’s adoption of the Supportive Partner position, which is identified through men’s willingness to provide support premenstrually, engage in active listening and refrain from responding with reactivity. This contests
cultural assumptions of premenstrual change as inherently a negative experience and men as constantly suffering at the hands of (pre)menstrual women (Chrisler, 2002; Figert, 2005; Thornton, 2013). The present findings also contest hegemonic notions of traditional masculinity of men as incapable of ‘being sensitive’ (Allen, 2007) - adopting supportive practices that serve ameliorate their partner’s premenstrual distress.

Within both the PMSbuddy and the interview study, men negotiated a multiplicity of PMS discourses and representations. A central finding, consistent with previous research (e.g. Alpern, 1983; Gardner, 2008; Koch, 2006), is that PMS, or premenstrual change is generally constructed by men as a confusing experience; difficult to understand and predict. A large proportion of men reported difficulty understanding why their partners experienced negative changes in affect premenstrually. While some men did claim to have substantial knowledge regarding premenstrual change, particularly in relation to its cause and treatment, most men acknowledged the limitations of their knowledge in this area. Men’s difficulty in understanding premenstrual change related to their self-positioning as ‘other’ to premenstrual women. Most men took up a position of naivety, acknowledging their inability to completely understand how premenstrual change can affect their partner, and how to ameliorate its effects within the relationship. Men’s positioning of themselves as naïve appeared to have negative implications upon their practices within the relationship. Men who struggled to make sense of their partner’s premenstrual mood changes tended to respond to their partner with aggression, avoidance or rejection. Although some men demonstrated awareness of the practices that
exacerbated or ameliorated premenstrual distress, they often reported
difficulty adopting, or knowing when to adopt such practices. The present
findings thus strengthen the notion that men’s limited understanding and
awareness of premenstrual change can limit their access to positive
discourses on premenstrual change, as well as their access to practices
relating to support and acceptance.

Furthermore, nearly all men drew upon hegemonic PMS discourses
when constructing premenstrual change within their accounts. Such
discourses, which are evident in TV shows, magazines, books, and adverts,
construct premenstrual change as a disorder that turns ‘good’ women into
premenstrual monsters (Chrisler & Levy, 1990; Chrisler, 2002; Cosgrove &
Riddle, 2003; Ussher, 2006). Similarly, these discourses featured
prominently within the narratives of men who were particularly critical of
premenstrual women. Negative PMS discourses enabled men to question
the legitimacy of women’s premenstrual distress, or to construct
premenstrual women as irrational, disordered, monstrous, angry, volatile,
emotional, or dangerous. Biomedical discourses also featured within the
accounts, with most men positioning premenstrual change as a hormonal
issue. Constructions of premenstrual change as a hormonal issue enabled
some men to pathologise women and their premenstrual changes in affect
and behaviour. The pathologisation and focus on negative premenstrual
change enabled men to negate, or dismiss factors that have been found to
exacerbate women’s premenstrual distress, such as her dissatisfaction
within the relationship, feeling over-burdened by multiple responsibilities,
or the lack of partner support (Chrisler, 2008; Ussher, 2008; Ussher & Perz,
2008, 2013a). In line with previous research (e.g. Ussher, 2008; Ussher & Perz, 2013a; Ussher, et al., 2007), many men who constructed premenstrual change negatively, responded to their partner with a lack of support, dismissal and rejection; attributing relational discord to their partner’s premenstrual experiences and positioning of it as PMS.

Contrary to the studies that demonstrate the negative impact of biomedical discourse upon women’s construction of premenstrual distress (Cosgrove & Caplan, 2004; Cosgrove & Riddle, 2003; Ussher, 2010; Zita, 1988), some men’s adoption of a biomedical discourse served a positive function in their accounts of premenstrual change. Through this discourse, some men legitimised premenstrual change as a real experience, constructing it as a biological issue that women had little control over. Also, by constructing women as ‘PMS sufferers’, this functioned to position women’s expression of negative affect as signalling her need for extra help and support, which facilitated men in providing this support. This suggests that men’s adoption of biomedical discourse can help them to engage in empathy and resist positioning PMS as a choice, or excuse. However, most men who enacted this discursive repositioning of premenstrual change adopted a variety of counter-discourses that functioned to normalise premenstrual change, position the premenstrual phase as a time of self-expression, or even as an opportunity to improve the relationship - as was the case with Greg and Nathan. Therefore, the present findings do not suggest that biomedical discourses enable men to position premenstrual change positively. Rather, the present findings suggest that men’s adoption of positive counter-discourses, in conjunction with
biomedical discourse, can help men to resist positioning premenstrual change negatively.

Despite the different methods by which men’s accounts within the PMSbuddy study and the interview study were gathered, it is clear that there are common themes within both studies. However, there were also many differences, which are largely apparent in men’s post-intervention interviews. The summary of such results are presented below.

**Men’s constructions, experiences and practices post-intervention.** The men in the interview study took part in a psychological couple intervention that aimed to reduce women’s experience of negative premenstrual change, by helping the couple to develop positive coping strategies and to reframe narratives of premenstrual change. Couples were also encouraged to understand the meanings embedded within PMS discourse, as well as develop and share a new language to make sense of premenstrual change. Accordingly, this intervention setting provided men with an opportunity to become a co-author of a new narrative in relation to their constructions and experiences of premenstrual change.

As men learned more about premenstrual change, this enabled them to resist positioning themselves as naïve in their accounts of premenstrual change. Men developed an enriched understanding of the multiple factors that contributed to their partner’s distress premenstrually, challenging reductionist notions that a woman’s mood changes are simply a result of ‘PMS’. This enriched understanding, encouraged men to explore and address the issues underlying their partner’s premenstrual distress, rather than addressing the distress itself. Men’s resistance of the Naïve Partner
position was also made possible through effective couple communication. Couple communication helped men and their partners to develop methods of coping that served to ameliorate premenstrual distress, or marginalise its negative impact within the relationship. This helped men to realise the value of facilitating women’s engagement in self-care, as it helped women to better cope with distress.

The men in the present study indicated that the intervention sessions and discussions within the relationship made available positive discourses that constructed premenstrual change as a normal experience. Men’s adoption of positive discourses was particularly evident in their attempts to refrain from using words that constructed premenstrual change negatively including “issue” and “thing”. The availability of positive discourses, in conjunction with men’s increased awareness and understanding, facilitated their rejection of hegemonic PMS discourses that vilify and pathologise premenstrual women (Chrisler, 2002; Figert, 2005; Ussher, 2006). Instead of blaming their partner, or ‘PMS’, men were able to identity their own contribution to exacerbating (and ameliorating) their partner’s premenstrual distress. Accordingly, most men were able to resist the Victim position within their accounts to become more empathetic and supportive. However, this was not the case with all men, as two participants continued to construct premenstrual change as a problem. In line with past research, these contrasting cases evidence the potential insidious and negative implication of hegemonic PMS discourses in the construction of premenstrual change (Chrisler, Rose, Dutch, Sklarsky, & Grant, 2006; Figert, 2005; Swann & Ussher, 1995).
Therefore, in answering the final research question, overall, men’s participation in the couple-based PMS intervention improved their understanding and construction of premenstrual change, allowing them to resist negative PMS discourses and cultural representations. In addition, men were also able to resist adopting the negative positions that enabled them to be critical in relation to their premenstrual partner, or to focus on their own suffering or victimhood.

**Implications for Theory and Practice**

The findings of the present study have important implications for the way premenstrual change is conceptualised and how male partners in the context of premenstrual change is understood. This understanding affects policy and practice for not only premenstrual change, but women’s reproductive health issues such as menopause and menstruation.

**Theoretical implications for women’s reproductive health issues.** Adopted within this thesis was a critical realist epistemology that recognises the materiality of the body, and other aspects of experience, but conceptualises this materiality as always mediated by culture, language and politics (Bhaskar, 1989). A critical realist epistemology, focusing on positioning theory allows us to further understand the complex relationship between materiality, discourse and subjectivity. How this recognition aids in the further development of practice, theory and research into women’s reproductive issues, such as premenstrual change is explained below.

By acknowledging materiality, the present studies highlighted the material practices men adopted, such as their engagement in coping, or
their provision of support and implications of such practices upon their partner’s actions and embodied experiences (Johnson, 2007). For example, in the interview study, Andy described taking care of their children during the premenstrual phase, which meant that his partner was able to engage in self-care to reduce her premenstrual distress. Also, it was through men’s experience and positioning themselves as biologically different to women, that it served to maintain their positioning as naïve in relation to premenstrual change. It cannot be denied that men’s material practices are inseparable in the context of premenstrual change. Such findings suggest that in order to fully understand men’s experiences with premenstrual change, it is essential the influence of materiality or biology should not be ignored (Nightingale & Cromby, 2002; Ussher, 1996). However, because neither materiality nor discourse predominates within a critical realist epistemology, as both determine men’s experiences in the context of premenstrual change, the critical role of discourse was also highlighted in this thesis.

By acknowledging the importance of discourse, the present studies highlighted the ways in which men made meaning of the material factors noted above and how such factors were connected to discourse, cultural context and life circumstances (Pilgrim & Rogers, 1997). In the present study, various discourses and cultural constructions that men drew upon were identified, which had implications for men’s ways of seeing and being in the context of premenstrual change. By examining the ways in which discourse ‘constructs’ meaning (Parker, 1992), the multiple and sometimes contradictory ways in which men constructed premenstrual change was
demonstrated. As exemplified by the various accounts presented by men and the multiple positions identified, it is clear that premenstrual change is not experienced and constructed by men in the same way. Such findings challenge the positivist notion that all material objects in the world are inherently endowed with characteristics (Gergen, 1985) and that there are “taken for granted truths” (Burr, 1998) about premenstrual change. The adoption of positioning theory within this thesis offers a way of understanding how men experience and make sense of premenstrual change; enabling us to understand why men enact certain practices and how their subjectivity is generated through the use of certain discourses (Parker, 1992). Further, as the present study highlighted the fluid, complex and contradictory nature of men’s subject positions, it reinforces the notion that we cannot simply assume that ‘negative’ premenstrual changes are experienced negatively by men; that a man who is critical of his partner is a ‘bad’ partner; that a man who does not completely understand premenstrual change is naïve. Perhaps it is by understanding the multiplicity and contradictions in men’s adoption of subject positions that we may be able to further understand the complexity in men’s experiences in the context of premenstrual change.

**Educating men on premenstrual change and women’s menstrual experiences.** Cultural representations of premenstrual change, evident in PMS cartoons, adverts and YouTube clips, tend to position men as victims of PMS, suggesting that men are indeed part of the premenstrual experience. However, while they position PMS as a problem for men, they paradoxically position PMS as not a man’s problem, which function to
legitimate men’s limited awareness of premenstrual change, as well as
the distance they take from women premenstrually. Therefore, it was not
surprising that most men in the present study had scarce knowledge of
premenstrual change and often relied upon negative cultural representations
of PMS and premenstrual women (Chrisler, 2002; Figert, 2005; Ussher &
Perz, 2013a).

As it is argued that people tend to rely on dominant discourses (e.g.
biomedical discourses) when they were unable to access alternative and
positive discourses (McKenzie-Mohr & Lafrance, 2011), this reinforces the
necessity of making available alternative and positive discourses of
premenstrual change. Positive discourses can help to counter negative
definitions of premenstrual change and can thus help men to resist being
critical in relation to their partner. Accordingly, there should be a wider
availability of pamphlets, books, articles or discussions within the media
informing men and women about the relational aspects of premenstrual
change. This may increase men’s access to positive discourses of
premenstrual change and increase men’s awareness. However, it is possible
that having an increased awareness of premenstrual change may increase
the likelihood of men positioning women’s anger as ‘PMS’. Therefore, it is
important to help men to be more cognisant of the potential issues
underlying women’s distress, such as relational dissatisfaction, somatic
discomfort, emotional sensitivity and overload from stresses or strains from
the woman’s daily life (Jones, Theodos, Canar, Sher, & Young, 2000;
Ussher, 2003; Ussher & Perz, 2013a).
Furthermore, promoting the positive aspects of premenstrual change within public domains, including the media, the internet and popular culture may also help to increase men’s access to positive discourses of premenstrual change. Similar to the findings in Gardner’s (2008) study, placing accurate information on premenstrual change and menstruation in public discourse may encourage men to have open discussions about such issues. This may invert the ‘menstrual etiquette’ that was described by Laws (1992), which restricted women’s talk about menstrual issues, but permitted men’s public engagement in criticism and ridicule in relation to menstruating and premenstrual women. Finally, in relation to sexuality education within schools, it may be of value to provide male students with information that focuses on the subjective aspects of women’s menstrual experiences, rather than the biological aspects. As suggested by Koch (2006), this type of education may reduce men’s anxiety about women’s reproductive experiences, and may encourage an empathetic understanding and interest towards women’s menstrual experiences.

**Interventions for premenstrual distress.** As mentioned previously, men claimed that the psychological couple intervention was effective in minimising the experience of negative premenstrual change for himself and his partner. This supports assertions that couple-based PMS interventions may be effective in helping couples to manage negative premenstrual change (Frank, 1995; Frank., Dixon, & Grosz, 1993; Jones, et al., 2000). However, the present findings do not imply that couple-based interventions are more efficacious than one-to-one interventions in the management of
negative premenstrual change, as several studies have demonstrated the efficacy of one-to-one interventions (e.g. Blake, Salkovskis, Gath, Day, & Garrod, 1998; Morse, 1997; Ussher, Hunter, & Cariss, 2002; Ussher & Perz, 2006). Rather, findings suggest that a couple-based approach to managing the negative effects of premenstrual change is an effective treatment option for not only the woman but also her partner. Findings from the wider PMS intervention study support this suggestion. Within their post-intervention interviews, women from the couple-based treatment group reported improved couple communication, increased coping with premenstrual distress and increased validation and awareness from their partner.

Medical intervention, primarily SSRIs in the current climate, have been represented as the way forward in treating premenstrual symptoms, despite results being equivocal and many women reporting severe side-effects (Brown, O’Brien, Marjoribanks, & Wyatt, 2009; Dimmock, Wyatt, Jones, & O’Brien, 2000; Hunter et al., 2002; Liebert & Gavey, 2009; Shah et al., 2008). The psychological intervention used within the present study took a multi-factorial approach, which acknowledged biological, psychological, discursive and relational factors. As all men in the present study reported a reduction in negative premenstrual change in their partners following the intervention; this contests notions that it is solely a biological issue. The present findings also suggest that biomedical treatments are not necessarily the only option for managing premenstrual distress. Such findings may perhaps encourage a move away from conceptualising and treating women as passive recipients of biological processes, and instead
consider the multiplicity of contexts affecting the woman’s negotiation of premenstrual change and her menstrual cycle experiences.

**PMSbuddy.com and the Intervention Study: Accounting for the Differences Between Men’s Accounts.**

It was apparent from the results presented within this thesis that the men’s accounts from PMSbuddy study were considerably different from the men’s accounts in the intervention study. The use of derogatory, negative and offensive language to describe premenstrual women such as “bitch”, “nuts” and “demon” were more frequent within men’s accounts within the PMSbuddy study. Also, the accounts within PMSbuddy were generally more negative in their description of women’s premenstrual changes and provided fewer accounts of offering support. This was different to the accounts of men within the interview study, as they tended to refrain from using derogatory language and refrained from being offensive, or disrespectful to their partner during the interview. Accordingly, it is important to account for such differences, as it has important implications for understanding how premenstrual change is constructed by men.

It is possible that the PMSbuddy forum had a higher population of men who perceived their partner as experiencing changes that made her particularly moody, unpredictable and difficult to cope with premenstrually, compared to men who did not position their partner’s premenstrual change as an issue. Also, the anonymous nature of online forums could have appealed to these men, as the forum provides opportunities for people to offload their experiences, express themselves, or
criticise women and PMS without damaging their offline persona. This was not the case with the men in the interview study, as the identity of the males participants were known to me and were therefore not anonymous. Also, in PMSbuddy, the initial comments presented online construct premenstrual change negatively, which may have created a culture or “etiquette” (Laws, 1992) within the online community, where it was the norm to insult and criticise premenstrual women and provide negative accounts of PMS. The negative nature of men’s posts is exemplified though the following online names and titles from the first six posts within the forum: ‘Goes fu-ing crazy at the drop of a hat.’ (Just me), ‘My wife’ (Poor bastard), ‘Bitch!’ (Joe P) ‘Perpetual menstrual syndrome’ (Austone), ‘Funny PMS story’ (Goofball) and ‘Maybe I should turn gay’ (Killer Joe).

Although there were some positive posts about premenstrual change, it was often the case that these posts were met with criticism and insult within the forum. For example, in Chapter 4, accounts from Bob were presented. Bob was the first person to talk positively about premenstrual change, entitled ‘Golden Rule’. However, below is the first comment in response to Bob’s post:

Title: Pleeaze!!!

AV: This is crap. Do you think men will actually believe this? Bob, you're just kidding, right? Men don't whine and complain on a regular basis like women do. PMS is just an excuse for women to get away with whatever they want for three or four days!
Although the possibility of being criticised did not deter Bob from posting future positive comments, it remains unclear as to whether other men were deterred from posting similar positive comments.

Another differentiating aspect between the two studies was that both the man and his partner volunteered to be part of the wider study and provided informed consent, whereas the men from PMSbuddy did not. This is noteworthy, as it has been found that volunteers tend to have a higher occupational status, higher educational levels, higher need for approval and more intelligence than those who do not volunteer. Volunteers also tend to take-part in studies on areas in which they are generally interested (Rosenthal & Rosnow, 1969). Accordingly, it is possible that the ‘types’ of men who were willing to participate in the intervention study were more educated, more interested, or aware about premenstrual change and were perhaps more likely to be supportive partners. Also, by the fact that these men agreed to participate in a couple therapy, suggested that they wanted to help their partner, which perhaps indicate their level of sensitivity. Finally, it is possible that if the men in the interview study were particularly negative about premenstrual change, it appears unlikely that they would have agreed to take part in an interview, especially with a female interviewer.

Methodological Limitations and Future Directions

PMSbuddy.com. As noted previously, individuals posting online can withhold personal information, such as their age, gender, relationship status or occupation. Due to the lack of demographical information on the
men from PMSbuddy, it is unclear as to whether the analysis was performed on a narrow sample of men, or on a sample of men with different relationship statuses, different ages and cultural backgrounds. Also, it was unclear whether I was examining the accounts of men who were in long-term relationships with a woman who experienced premenstrual change, or whether I was examining the accounts of men who had no experiences with a woman premenstrually. Therefore, I could not determine what ‘kinds’ of men tend to use the reminder service or the forum provided by PMSbuddy.com. This restricted my ability to consider whether, or how men’s posts were a function of their social location. Furthermore, although I was extremely tentative in my identification of people within the forum as either male or female, I cannot be certain that my identification was entirely correct, as women could have anonymously posted as a man in order to put forth a particular idea. Such accounts continued to provide insights on broader cultural discourses on premenstrual change.

In order to counterbalance the limitations described above, future studies could develop an online forum for the specific purposes of gathering data. Men could volunteer to become members of the forum and put up posts about their experiences with premenstrual change. Demographic information can also be collected by the researcher prior to men posting online. However, the men would be given control over how much personal information they disclose online. As this type of research design would not be naturalistic research, this may present some problems in relation to researcher expectancy effects (King & Bruner, 1999; Mick,
1996) and volunteer bias (Rosnow & Rosenthal, 1969). However, this research design would still maintain some of the key features of online discussions such as anonymity within the online community and asynchronistic computer-mediated communication.

The interview study. The present study examined premenstrual change within a context of hetero-normativity, in which men’s constructions and experiences of their partner’s premenstrual change was a central focus within this thesis. As such, participation from lesbian couples was not sought. As previous research suggests that there are differences in the way men and women partners respond to women premenstrually (Ussher & Perz, 2008; Ussher & Perz, 2013b), future research could include women in lesbian relationships. The inclusion of women partners may aid in further understanding the paths by which partners come to adopt, or resist certain positions in relation to their premenstrual partner. Also, the results of the present study indicated that men’s resistance of the traditional masculine role facilitated men in attempting to ameliorate premenstrual distress. Conducting further research with lesbian partners may provide further clues as to the role of hegemonic constructions of gender in men’s negotiation and construction of premenstrual change.

Although men in the interview study reported that the intervention had a positive impact on their experience and construction of premenstrual change, the effects of this intervention in the long-term remain unclear. Accordingly, it may be of value for future research to conduct follow-up interviews with these men at 6 and 12 months following the intervention. This may not only provide important insights about the intervention’s long-
term applications, but also the influence of cultural discourses in shaping men’s meaning making in relation to premenstrual change. The follow-up interviews may also provide insights as to the challenges men may encounter when attempting to resist certain subject positions and the discursive circumstances which enable men to maintain other positions.

It might also be useful to gather men’s accounts of premenstrual change through methods other than online forums and interviews, or perhaps in conjunction with these methods. Men could complete a daily diary, tracking their own mood changes, as well as their partner’s mood changes. These diaries could either take the form of a daily check list (Endicott & Harrison, 1990; Endicott, Nee, & Harrison, 2006), written diaries or video diaries. The findings from this particular study could extend the study conducted by Frank (1993) which suggested that couples who jointly monitored the woman’s menstrual changes improved in their effective management of premenstrual distress. Similar to the present study, such methods of data collection could be utilised to assess men’s constructions and experiences in the context of a couple based intervention for PMS, or they can be used as part of a longitudinal study, examining men’s accounts of premenstrual change over a longer period of time.

Finally, as the intervention within the present interview study required the participation of both members of the relational dyad, it would be useful for future research to examine the partner’s accounts in addition to the woman’s accounts. Although interviews were conducted with women in the broader PMS-intervention study, women’s accounts were not included within the present study. This is because analysing women’s...
interviews, in addition to men’s interviews, would have been beyond the scope and time-frame of the present study. By including women’s accounts in future studies, this may provide further insights into the co-construction and experience of premenstrual change within a relationship.

**Concluding Remarks**

In order to explore and understand the experience of premenstrual change and premenstrual distress, the relational context was the focus within this thesis. Extending the current body of PMS research, this thesis gathered the accounts of premenstrual change from men and male partners. This thesis demonstrated that male partners can play a critical role in the relational negotiation and construction of premenstrual experiences. Equally, in accordance with men’s reports, the existence of premenstrual change within the relationship can have a profound impact on relational dynamics and on the partner’s practices and subjectivity. This strengthens the mounting evidence in support of conceptualising premenstrual change as a relational experience. In light of the current findings, it is clear that researchers and clinicians need to recognise the relationality of premenstrual change and women’s menstrual experiences in future research and clinical practice.
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Appendix 1

Email Regarding Ethics Approval

Dear Janette,

Notification of approval for an amendment to an existing project as detailed below in your emails 10/11/09 & 11/11/2009. The PhD candidate Marlee King has been added to the approved protocol.

H6698

Please ensure that you notify the Human Ethics Officer of any future change to the research methodology, recruitment procedure, set of participants or research team.

At the completion of the project, please submit a report on its ethical aspects to the Human Ethics Officer (humanethics@uws.edu.au). This can be found at http://www.uws.edu.au/research/ors/ethics/human_ethics/human_ethics

Please don’t hesitate to contact me on (02) 4736 0883 or at k.buckley@uws.edu.au if you have any further questions.

Regards

Kay

Kay Buckley
Human Ethics Officer
University of Western Sydney
Locked Bag 1797, Penrith South DC NSW 1797
Tel: 02 47 360 883
Dear ........,

I'm pleased to hear that you are willing to take part in an interview.

Since you are willing to take part in an interview, I was wondering if would your partner would also be willing to take part in a separate interview with me before your first session.

I am currently doing my PhD and while I am working with the PMS research team on the larger ARC PMS intervention project, I am conducting a separate but related PMS study. The focus of my research is the perspectives of male partners, and I would thus like to invite your partner to take part in a one-to-one interview via the telephone.

As I am unable to contact your partner directly, would you be willing to pass on this email to him? Also, attached to this email is an information sheet which he can read for more details. I can also be contacted for more information. If he is interested, he can reply to me via email or telephone.

Thank you,
Marlee

PhD Candidate

University of Western Sydney
Locked Bag 1797
PENRITH SOUTH DC NSW 1797
School of Psychology
Bankstown Campus (Bldg 24)
Appendix 3

Invitation Sheet

An invitation to participate

Dear ......

You and your partner have recently been agreed to participate in a couple-based intervention for managing premenstrual changes.

My name is Marlee King and I am a PhD candidate at the University of Western Sydney. While I am working with the PMS research team on the larger ARC PMS intervention project, I am also conducting a separate study as part of my PhD thesis.

Further, as the focus of larger PMS study is on the women, I will be conducting one-to-one, in depth interviews with the male partners who are participating in the couple-based PMS intervention.

If you are interested in taking part in an interview before your first couple-session, please read the attached information sheet for more details. You may also telephone or email me to find out more.

Many thanks
Marlee King

Contact Details
Marlee King
Ph: 9772 6405
Fax: 9772 6757
Email: marlee.king@uws.edu.au
Appendix 4

Participant Information Sheet

School of Psychology
College of Arts
Locked Bag 1797
Penrith South DC NSW 1797 Australia

Participant Information Sheet

Men’s experiences and understanding of their partner’s PMS following a couple-based PMS intervention

Before you decide whether or not you wish to participate in this study, it is important for you to understand why the research is being done and what it will involve. Please take the time to read the following information carefully and discuss it with others if you wish.

What is the study about?

Premenstrual change plays a significant role in men’s experiences with their partner and the premenstrual phase. Furthermore, as a lack of understanding and negative constructions regarding PMS is plays a role in men’s difficulties in coping and engaging in adaptive behaviours with their premenstrual partners, this suggests that including partners in interventions for PMS may be the next step in effectively reducing the distress associated with PMS. Therefore, the aim of this study is to investigate men’s experiences, constructions and understanding of PMS prior to and following the couple-based intervention.

What will happen in the study?

If you agree to take part in the study, you will be asked to take part in a semi-structured face-to-face or telephone interview prior to your first couple-session, as well as a second interview following your last couple-session. Interviews will be audio-taped, and take approximately 60-90 minutes.

During the interview prior to your first-couple session, you will be asked to describe experiences of your partner’s premenstrual distress and to provide a typical account of PMS related experiences, including your ways of interacting with your partner premenstrually. During the interview that follows your last couple-session, similar questions will be asked but there will be will focus on how the intervention has impacted upon each of these areas.

Confidentiality and Choice
Your participation in this research will be entirely voluntary. This means that you do not have to participate in the interviews and can withdraw at any time without giving a reason. Further, all of the information that is collected from the interviews will be confidential. You will not be identified by name in the files, or in any future publication of the results. Finally, the information you provide will be securely stored.

Who is conducting the research?

The study is being conducted at Gender, Culture and Health Research: PsyHealth, School of Psychology, University of Western Sydney by Ms Marlee King, supervisory panel, Dr. Janette Perz, and Associate Professor Caroline Smith

What happens with the results?

If you give your permission by signing the consent form, the results will be disseminated in a doctorate thesis. Also my supervisors and I intend to publish the results in peer-reviewed journals, and present them at conferences or other professional forums. In any publication, information will be provided in such a way that you cannot be identified.

If you have any comments or queries about the study please contact either myself or my supervisor Janette Perz.

Contact Details
Marlee King
Ph: 9772
Fax: 9772 6757
Email: marlee.king@uws.edu.au

Dr Janette Perz (Supervisor)
Ph: (02) 9772 6512
Fax: (02) 2 9772 6757
Email: j.perz@uws.edu.au

When you have read this information, if you would like to take part in the interviews, please contact the researcher, Marlee King.

Thank you for taking the time to consider this study.

Complaints/Rights: This study has been approved by the University of Western Sydney Human Research Ethics Committee. The Approval Number is H6698. If you have any complaints or reservations about the ethical conduct of this research, you may contact the Ethics Committee through the Office of Research Services (tel: 4736 0883 or 4736 0884). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.
Appendix 5

Consent Form

Consent Form: Men's experiences and understanding of their partner's PMS

I, ______________________________ [Name] have read and understood the Information Sheet on the above-named research study. I have had the opportunity to discuss the study with Marlee King and any questions I have asked have been answered to my satisfaction. I am aware that this study involves discussing my understanding and my partner's premenstrual changes. I am aware that individual interviews will be audio-taped and transcribed, but that I will not be identified in any way on the transcript. I am also aware that all information collected will be held in a secure location at the University of Western Sydney, Bankstown Campus.

I freely chose to participate in this study and understand that I can withdraw at any time and have all above records destroyed if so desired.

I also understand that the research study is strictly confidential.

I hereby agree to participate in this research study.

NAME: (print)__________________________________________________________

SIGNATURE: ___________________________ DATE: __________

NOTE: This study has been approved by the University of Western Sydney Human Research Ethics Committee. The Approval Number is H6698. If you have any complaints or reservations about the ethical conduct of this research, you may contact the Ethics Committee through the Research Ethics Officers (tel: 02 4736 0883 or 4736 0884). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.
Appendix 6

Pre-Intervention Interview Schedule

The purpose of this interview is to get an idea of what your partner’s premenstrual changes are like from your perspective, how it affects you and how you understand it all. Feel comfortable sharing anything that comes to mind and if you can think of examples or anecdotes to illustrate your account, then do share it.

1. Could you tell me what your partner is like when she is not premenstrual? What is she like normally?
2. How does this change when she becomes premenstrual? What is she like when she is premenstrual?
3. At what stage do you realise that it’s PMS?
   • How do you know its PMS?
4. What do you do once you realise she’s premenstrual?
   • Do you indicate to her that you think she’s premenstrual?
   • Does she ever say to you outwardly that it’s PMS?
5. Do you talk about it at all, either during or after she has PMS?
6. Does she or has she tried to explain what she experiences during this time? What does she say?
7. To what extent do you think you understand what she experiences?
   • What things have you noticed triggers her PMS?
8. Have you noticed anything you do that makes her PMS better? Worse?
   • What do you think you need from her to improve the situation?
   • What things could you do to help improve the situation?
9. How does her PMS affect you personally?
   - Thoughts, feelings, emotions.

10. What do you do to cope with it? Have you mentioned her PMS to anyone else?

11. How do you make sense of premenstrual change/PMS?

12. Could you tell me the history by which you first heard of PMS, where and when and how this has developed over time?

13. Finally women have been found to experience positive changes premenstrually. This could range from increased energy, cleanliness, increased arousal. Can you think of anything that you would deem positive during this time?

I believe we have covered everything. Is there anything you feel important that you might like to share?
Appendix 7

Post-Intervention Interview Schedule

The purpose of this interview is to get an idea of what your partner’s PMS is now like following the intervention. Similar to last time, feel comfortable sharing anything that comes to mind and if you can think of examples or anecdotes to illustrate your account, then do share it.

1. What is your partner now like when she is premenstrual?

2. How does her PMS affect you now?

3. How do you now respond to her when she is premenstrual?

   Talk to me about your experiences of the intervention...

4. What was your experience of the intervention?

5. Prior to the intervention, what your expectations of what would happen in the intervention and what would happen as a result of the intervention?

6. What role did you play during this process?

7. What is your understanding of her and her PMS now?

8. Overall, would you say that the intervention was successful?

9. Finally, have you noticed any premenstrual changes that you find to be positive?

I believe we have covered everything. Is there anything you feel important that you might like to share?