

‘I Don’t Feel Like Myself’

Women’s Accounts of Normality and Authenticity in the Field of Menstruation

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Abstract

The aim of this master thesis is to contribute to a deeper understanding of women’s experiences in regard to menstrually related suffering. These particular experiences are examined in relation to notions of normality and authenticity. The study designed for this purpose is based on the life world of women in order to explore these ideas. The visceral signs originating from within the body are generally understood to be undetectable when working properly. Such is not the case for many women who menstruate. The cyclical change in physical and mental states associated with the menstrual cycle provide an opportunity to study how going in and out of different ways of being in the world influence human experience. Thematic interviews were conducted asking ten women living in Sweden to share their experiences of suffering related to the menstrual cycle. A phenomenological approach with focus on the body was used to study how changing ways of being in the world contribute to the construction of illness and health. Beginning with discussions about their experiences of suffering revealed that women thought in terms of when they felt like themselves and when they did not. Organization of time was interrelated with how women understood their experiences. Emphasizing recurring negative experiences lead to contemplation about causes of suffering and comparison of different states of being. The lack of ‘one’s selfness’ due to what is commonly referred to as PMS represents the dilemma these women describe. The need to have control over the outward representation of one’s self is discussed in light of different medical technologies like SSRI antidepressant use and hormonal therapies which revealed that women saw the origins of their suffering to be a product of society but tightly connected to their identity as women and were not willing to be without a menstrual cycle. Phenomenological ideas about embodiment were used to understand how suffering was seen both as a sign of health and as a part of the self.

Keywords: Women, Embodiment, Life World, Normality, Authenticity, Phenomenological Perspective, Menstruation, Antidepressants

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Forward

In the fall of 2007, I attend my first seminars in medical anthropology and was intrigued by the insight that could be gained from a more socially sensitive health research. There are answers to the questions of why cultures experience differences in illness. The primary motivation to study menstruation, PMS, PMDD (premenstrual dysphoric disorder in the appendix of DSM IV) and the growing use of antidepressants in treating these diagnoses came from the study of menopause done by Margaret Lock, *Encounters with Aging; Mythologies of Menopause in Japan and North America*. Lock uses methods of comparative anthropology to explain the differences in experiences of women in the aging process.

In the introductory seminar for the newly started masters' program Health, Body and Culture at the University of Stockholm, one of the initiating professors of the program, Galina Lindquist, was perplexed by the prolific literature on menopause in contrast to the quietness still surrounding the experience of menstruation and suffering related to it. The stretch of time referred to as menopause in comparison to the range of time affected by menstruation experiences is disproportionate to the attention given it in medical and health research, particularly in social science. (Personal communication, September 2008) For many women, up to two weeks of every fertile month is reported to be altered by their reproductive cycle. This changing state in the experience of embodiment and the effects it has on life course events, relationships and choice is underrepresented in studies about the body (Kissling, 2006). How far reaching are the effects of these different ways of being in the world? This line of thought has grown into questions of why these changes in experiencing occur, under what circumstances does it occur and how can menstrually related suffering as an anomaly between health and illness be used to study embodiment, normality and authenticity?

Further into the discussion of current debates in medical anthropology, new diagnoses and treatments using antidepressants came into focus. The antidepressant revolution brought with it the opportunity for individuals to choose altered ways of experiencing life discovered through the attempt to alleviate suffering. In the case of the new diagnoses of PMS and PMDD, treatment is prescribed for the affected time period reported by women when they judge it to be debilitating, in other words, when she is 'not herself'. This time period can range from one day to two weeks. This can be seen as going in and out of mental states, one through the medically defined hormonal changes associated with the menstrual cycle and the other through treatment with antidepressants. When treating PMS with antidepressants women can be seen as situated within an affected state in the premenstruum attempting to achieve a state closer to the authentic self. Looking at this phenomenon in this way is what resulted in thinking about the 'one's selfness' of women. At times after ovulation and prior to menstruation women refer to not feeling like themselves and this is the most encompassing and common description women talk

about. Focusing on 'one's selfness' became the first step towards the development of my primary focus for this master thesis.

A huge contributing factor to why I was able to complete this thesis is that I was blessed with parents who instilled in me a sense of self-worth at a very young age. My opinion was valued and I was offered opportunities and shown examples of how seeking knowledge should never stop. I want to especially thank my loving husband Bengt for supporting me in making the decision to pursue this master's degree and in so doing nurtures a mutual need we share to learn and think.

Without women who were willing to express their ideas and feelings this study could not have been carried out. I am convinced that the women who helped me also have a sense that their first-hand, personal experiences in the field of menstruation are valuable to academic research and by participating have made a major collective contribution towards including women's accounts in what is known about human experience. I thank them for their time but I also thank them for their insightfulness, memories of which will always be with me when I think about my first steps taken in research.

I have been very lucky to have Sonja Olin Lauritzen, professor in Education at Stockholm University, as my advisor. She smoothly guided me in the right direction while doing this work. It is a gift to be able to give a well-balanced combination of praise and encouragement during the compilation of a written work where the writer is truly a novice. Thank you, Sonja.

There have been countless conversations, encounters, seminars and lectures that have inspired and encouraged me in this endeavor. Students and instructors from the Social Anthropology, Ethnology and Education departments connected to the Master in Health, Body and Culture Program were the primary source of academic inspiration leading to the development of the study. Friends, colleagues and teachers have offered their ideas on subjects about health and what it means in life. I am the one who has done the writing but the thinking involved in a project like this has taken place in exchanges between individuals. I thank the people together with whom I experience the world.

Intervjupersoner sökes till Masteruppsatsprojekt:

”Kvinnors kroppsliga besvär – normalt eller onormalt?”

Jag heter Liz Adams Lyngbäck och läser masterprogrammet Hälsa, kropp och kultur, en tvärvetenskaplig forskningsförberedande utbildning på Pedagogiska institutionen, Socialantropologiska institutionen och Etnologiska avdelningen vid Stockholms universitet. Mitt uppsatsarbete handlar om kvinnors erfarenheter av kroppsliga och/eller psykiska besvär i samband med menstruation (ofta kallat premenstruellt syndrom, PMS) och om behandling för att lindra sådana besvär. Denna typ av besvär är vanligt förekommande och kan föra med sig ett påtagligt lidande och påverka kvinnans livskvalitet. Samtidigt saknas i hög grad studier av sådana besvär sett ur kvinnans eget perspektiv, av kvinnors egna erfarenheter och syn på sina besvär och på den behandling som finns att tillgå.

Om du eller någon du känner är villig att samtala med mig om dessa frågor skulle det vara ett stort bidrag till mitt uppsatsarbete och till kunskapen om dessa viktiga frågor. Din ålder eller andra personliga förhållanden spelar ingen roll i detta sammanhang – jag är tacksam att få kontakt med alla som har erfarenheter av premenstruelle besvär.

Intervjun kommer att ha formen av ett samtal där du får berätta om dina erfarenheter - och beräknas ta cirka en timme. Den kan genomföras på engelska eller svenska - på Pedagogiska institutionen eller på annan plats som passar dig. Anonymitet garanteras. Jag är väldigt flexibel och även mer begränsad kontakt via telefon eller mail uppskattas!

Med hopp om svar

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Written interview questions via mail:

Pick a name I could use when writing about your experiences:
(I'll erase all references to email addresses etc to guarantee anonymity.)

Age
Education
Profession
Income
Type of residence
Civil status (single, married?)
Children age and sex
Menarche
Menopause

Contact info:

What types of experiences do you relate to your menstrual cycle? A suggestion is to make a list of the positive and negative experiences.

What treatments have you used/tried to alleviate the negative experiences?

Are you using any medicines in treatment of PMS/PMDD?

How do you define PMS?
How do you define PMDD?

What various types of treatment for these conditions come to mind? Any others you can add?

When did you notice that you might have PMS?

Tell me about how you notice that you are affected by your menstrual cycle.

Are these signs predictable, constant, gradual?

Describe what it feels like when you start to menstruate in comparison to the time before it starts. I'm particularly interested in bodily experiences and how they affect your well-being, state of mind, mood, self-appraisal.

Opinion questions

What do you believe to be the cause of PMS?

Do you see PMS as a normal occurrence? Why or why not?

What do you think about the attention society gives to menstruation, pms?

What do you think about the possible types of treatment/therapy available to women who suffer from PMS?

Experience questions

I would like to know more about your bodily experience of PMS. How do changes in mood due to PMS affect you physically?

Would you say you become more aware of your body during this time or less aware of your body?

Describe your experience of mood changes.

Do you take antidepressants for treating PMS/PMDD?

I am interested in the changes you have experienced after you started using them.

Some women take antidepressants when they feel affected by PMS, from 4 or 5 days up to half of their menstrual cycle. Do you have an experience related to this?

Feelings about having PMS, using antidepressants

How do you feel about having this condition?

How do you feel about your need to use antidepressants or other treatments?

A call for interview subjects for a master thesis:

*Experiences of menstruation- women's own perspective on
what is normal*

My name is Liz Adams Lyngbäck and am currently studying at Stockholm University in the masters' program Health, Body and Culture. This multidisciplinary program in humanistic and social scientific health research is a joint effort by the Education, Ethnology and Social Anthropology Departments.

My thesis work is about women's physical and mental experiences that they associate with menstruation and experiences of PMS, premenstrual syndrome. This type problem is a common occurrence and can greatly influence the quality of life for many women.

Regardless of this fact there are few studies of this type of suffering seen from a woman's perspective based on her personal experiences and viewpoint and the treatments that are available.

If you or anyone you know are willing to discuss questions related to this subject it would be a great contribution to my thesis research and to the production of knowledge of these issues. I would be grateful to come in contact with anyone who has experience related to PMS. Also of interest are the types of treatment of which you are aware or have tried.

Feel free to contact me in any way that suits you. If you know of someone who might be interested please forward this information to them. My interviews can be conducted in Swedish or English.

Thank you for your time.

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Intervjudatum:

Arbetsnamn för studien:

"Kvinnors kroppsliga besvär - normalt eller onormalt?"

Under intervjun kommer jag att ställa frågor om dina erfarenheter av kroppsliga och/eller psykiska besvär i samband med menstruation (ofta kallat premenstruellt syndrom, PMS) och om behandling för att lindra sådana besvär. Denna typ av besvär är vanligt förekommande och kan föra med sig ett påtagligt lidande och påverka livskvalitet. Intervjun är en del av en studie sett ur kvinnors egna perspektiv, av kvinnors egna erfarenheter och syn på sina besvär och på den behandling som finns att tillgå.

Ett namn som eventuellt kommer att användas i skriftliga redogörelser av studien:

Vilka positiva och negativa tillstånd upplever du som du relaterar du till din menstruationscykel? Ett förslag är att skriva i listform.

Vilka behandlingar har du provat för mensproblem?

Använder du några mediciner eller preparat nu för mensproblem?

Övriga kommentarer:

Intervjunamn:

Ålder:

Utbildning:

Yrke:

Inkomst:

Bostad:

Civilstånd:

Barn, ålder och kön

Ålder vid första menstruation

Klimakteriet

Kontaktinformation

Namn:

Adress:

Telefon:

E-mail:

Våren 2009

Ställ lite frågor kring svaren som de skrev på blanketten.

Besvär:

Behandlingar:

Mediciner:

Kommentarer:

Kunskapsfrågor

Det är många som vet vad X är, hur är det med dig?

PMS

PMDD

Vilka olika behandlingar för lindring av symptom känner du till?

Beteendefrågor

När märkte att du hade problem med PMS?

Berätta om hur du märker att du är påverkad av din menstruations cykel.

Åsiktsfrågor

Vad anser du är orsaken till PMS?

Tycker du att det är ett normalt tillstånd?

Tycker du att det är normalt att känna det så?

Vad anser du om möjligheterna som samhället erbjuder i form av lindring, behandling, terapi?

Upplevelsefrågor

Hur upplever du dina kroppsliga besvär?

Hur upplever du ändringar i ditt humör, sinnesstämning?

Känner du att du går in i och kommer ur olika sätt att vara, må?

Kan du berätta om dina känslor när du känner dig påverkad av din menstruationscykel.

Relationer, ändras dem när du känner av besvär?

Känslorfrågor- inte din åsikt men hur du känner

Vad anser du om hur du reagerar när du har besvär?

Hur känns det att påverkas av PMS?

Del II Antidepressiva och andra behandlingar:

Kunskapsfrågor:

Vet du vad SSRI antidepressiva preparat är?

Beteendefrågor

Berätta om dina erfarenheter, direkta eller indirekt av antidepressiva mediciner.

Åsiktsfrågor

Vad tycker du om att vi nu har tillgång till mediciner så kan ändra hur vi mår?

Kan ändra vår sinnestämning?

Mediciner som kan ta bort oönskade känslor eller personlighetsdrag?

Upplevelsefrågor

Kan du berätta om hur det känns när du tar antidepressiva preparat?

Kan du relatera dina upplevelser till när du har pms besvär och hur det har påverkats av det?

Känslorfrågor- inte dina åsikter

Hur känns det att behöva ta antidepressiva, eller vilja ta antidepressiva?

SLUTSATS

När du berättar om dina upplevelser verkar det som om...

När du har berättat o...

Kan du säga hur det har påverkat dina beslut att medicinera, behandla eller söka hjälp