In short, it is beneficial and empowering for women to understand the normal changes of their bodies, and not to have their feelings dismissed as psychosomatic whining. A friend of mine told me that she felt depressed when she stopped breastfeeding her daughter, and, being a psychotherapist, she immediately reached for a psychological explanation. "I thought my depression must signal a pathological inability to 'let go' of my daughter," she said, "until I mentioned my feelings to my female pediatrician. She said, 'Oh, sure, that depression is due to the hormonal adjustment. It'll be gone in a few days.'"

But while there are many dangers to the overpsychologizing of normal biological processes, as my friend learned, there are also dangers of reducing all of our feelings, problems, and conflicts to them. Everywhere we look today, we find that the normal changes of menstruation and menopause are increasingly being regarded as diseases, problems, and causes of women's emotional woes and practical difficulties. In particular, biomedical researchers have taken a set of bodily changes that are normal to women over the menstrual cycle, packaged them into a "Premenstrual Syndrome," and sold them back to women as a disorder, a problem that needs treatment and attention. Of course, the only thing worse for women than menstruating is not menstruating. When women cease having the monthly "disease" of PMS, they suffer the "disease" of Menopausal Estrogen Deficiency.

The biological mismeasurement of women's bodies poses many emotional and intellectual conflicts for women, who are caught between defending their reproductive differences from men and asserting their intellectual equality and competence. The story of "premenstrual syndrome" highlights this conflict perfectly. Research on the menstrual cycle was long overdue, as it were, and feminist scholars had to press for research funds and scientific attention to be given to a bodily process that only women experience. Many women themselves have responded positively to the language of PMS, feeling validated at last by the attention being paid to menstrual changes. But the enthusiastic support for PMS masks the more important fact that the menstrual cycle does not affect a healthy woman's ability to do what she needs to do. It also diverts public attention from other matters, such as the effects of hormones on men and the fact that men's and women's moods and physical symptoms are more alike than different.

The public and scientific fascination with PMS and allied "normal disorders" of the female reproductive system is, in turn, part of a larger medical zeitgeist, reflected in the continuing effort to reduce all human problems and emotions to the correct gene, neurotransmitter, hormone, or disease. I'm getting very grumpy about this. I must be premenstrual.

THE MANUFACTURE OF "PMS"

Let's start by trying to identify the problem. A small percentage of women report having particularly difficult emotional symptoms associated with the premenstrual phase. Some describe severe Jekyll-and-Hyde-like personality changes that recur cyclically and predictably. In my lifetime of knowing hundreds of women, I have never met such a Jekyll-and-Hyde-like female. But there is something compelling about the testimony of women themselves and of researchers who have observed their behavior clinically. A woman in one study described herself this way:

> Something seems to snap in my head. I go from a normal state of mind to anger, when I'm really nasty. Usually I'm very even tempered, but in these times it is as if someone else, not me, is doing all this, and it is very frightening.

A larger percentage of women described premenstrual mood changes, notably depression and irritability, that they swear occur as predictably as ragweed in spring. "Unbeknownst to me, my husband kept track of my irritability days in his office diary," one friend reports, "and he could predict like clockwork when I was within a week of my period."

Which group has the premenstrual syndrome? The Jekyll-and-Hyde phenomenon reflects an abnormality in degree, kind, and severity of symptoms. But many researchers, the media, and women themselves now confuse mood changes that are abnormal and occur in *few* women with mood changes that are normal for *all* women—and, as it turns out, for all men, too.

This confusion is apparent in virtually all contemporary discussions of PMS in the media. Most of the media today regard PMS as if it were a clearly defined disorder that most, if not all, women "suffer." For example, *Science News* called it "the monthly menace," and the *Orange County Register* called it "an internal earthquake." An article in *Psychology Today* began: "Premenstrual Syndrome (PMS) remains as baffling to researchers as it is troublesome to women." *Troublesome?* To *all* women, as implied? The article turns out to be about a study of 188 nursing students and tea factory workers in China. In the tea factory, "almost 80% suffered from PMS." *Suffered?* "Overall, nearly 74% rated their symptoms as mild, 24% as moderate and 3% said they were severe." In other words, for 97 percent of the women the symptoms of this "syndrome" were no big deal.

Likewise, an article in the *Baltimore Sun,* headlined "Why PMS Triggers