ories of symptoms might not be entirely accurate. It sounds as if psychologists are refusing to believe them, singing the old refrain that was so patronizing for so long: "It's all in your head." When I've talked to women about this research, many say, "Well, the research is plain wrong; I *know* my body changes and I *know* I become irritable," or "That research may apply to other women, but not to me."

Something is going on, therefore, between the evidence of the research and the private experience of the body. How might women (and men) begin to regard the normal symptoms of the menstrual cycle, without transmogrifying them into a problem or syndrome, yet recognizing their influence in daily life and emotional well-being?

Recall these puzzles of PMS. There is no special biological marker or abnormality that characterizes women who report having PMS from those who do not. The symptoms include contradictory conditions, such as irritability and euphoria, lack of energy and increased energy, and every sort of emotion. Some women feel "impelled" to yell at their husbands when they are premenstrual, but others feel equally impelled to bake bread. Both women and men have hormonal fluctuations and mood changes in the course of a month, but only women's moods are attributed to their hormones. And although women everywhere in the world experience similar physical symptoms along with menstruation (cramps, tender breasts, aches and pains), a World Health Organization survey of hundreds of women in each of ten nations found that "PMS" and its associated mood shifts are a Western phenomenon.

This collection of anomalous facts suggests that the changes associated with the menstrual cycle are "real," are felt physically, and that they provide a fuel for moods and feelings. But the *content* of those moods and wishes often depends on a woman's attitudes, expectations, situation, personal history, and immediate problems and concerns. To try another metaphor, hormone changes provide the clay; the mind and experience shape and mold it into a form. It's real clay, but it's only clay.

Symptoms are therefore not "all in the mind," but they aren't exactly "all in the body," either. No hormone could, by itself, account for yelling *and* bread-baking. But hormonal changes can make a woman feel edgy, bloated, and "not herself." They can create a feeling of fatigue and enervation. A woman then interprets these bodily changes in a particular way: as symptoms to be ignored, as signs of temporary insanity, as a sickness to be medicated, as an opportunity to tell her husband what she is afraid to say otherwise, as a liberating opportunity to write poetry. This is why the same physiological process expresses itself in so many different psychological forms.

In a series of studies, Randi Koeske has found that positive *and* negative emotions are often enhanced premenstrually and that it is the situation a woman is in, more than her hormones, that determines which emotions (if any) she feels. Her reactions also depend on how she explains her feelings. A woman who says to herself "water retention makes my tear ducts feel full" is going to feel different from one who regards the same physical sensation as evidence that "I am about to cry and must be depressed."

Sometimes women are aware of how their attitudes and expectations affect their experience of the menstrual cycle, as in the case of my friend who decides whether she wants to overrule her premenstrual symptoms or indulge them. But usually women are unaware of the combined and invisible impact of their unique package of physical histories, family attitudes, culture's views of menstruation, and individual experiences. They are usually unaware, for example, of the fact that they selectively notice certain physical signs or emotional states and ignore others. (So do men.) As one woman I spoke with said:

> If I feel irritable and then get my period a day or two later, I'll say, "Oh, it was just my period speaking, thank goodness. What a relief; it wasn't important." But if I feel irritable at other times, I don't usually put it down as just being in a bad mood; I try to figure out why.

For women and men, the long and varied process of learning how to interpret and respond to their bodily sensations results in a deeply held belief that "this is just the way I am; I can't help myself." This belief feels like, and is experienced as, a biological inevitability over which the person has no control. But a woman's reaction to menstruation is no different in kind from the man who says, "I can't help losing my temper; I was born angry." No, he wasn't. He was born with a physiological capacity for anger, with the adrenaline that fuels the fight-or-flight response; but he has learned, over a lifetime, what provocations warrant his anger, what he can get away with when he feels angry, and that the belief that he cannot control his temper will get him the results he wants.

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All the talk about the biochemical origins of women's moods, therefore, overlooks the content of those moods. In her studies, Katharina Dalton was remarkably blind to the substance of the stories her interviewees told her. Many of these women spoke of feeling bored to tears by repetitive housework, drudgery, and unsupportive husbands—only premenstrually, of course. So