If the female reproductive process were regarded as the norm (or at least as being normal) in this society, our ways of thinking about and treating the female body would be entirely different. Consider just a few changes that would occur:

Women and men would regard changes in moods, efficiency, and good humor as expected and normal variations, not as abnormal deviations from the (impossible) male ideal of steadiness and implacability. Why must women defend themselves from the charge of having mood changes, anyway? Mood changes are perfectly normal. Everyone has them. Even men.

We would, by understanding the interplay of mind and body, be better able to distinguish emotions that signify something important (such as a family conflict that should be dealt with) from those that are momentary blips on the screen of life. We would travel a clearer path between reducing important problems to biological imperatives ("I'm not mad at you for stealing my inheritance, dear; it's just my PMS speaking") and inflating mild biological changes into serious problems ("I feel puffy and ugly; I want a divorce").

We would regard the changes of menstruation and menopause as normal, not as failures, losses, deficiencies, and weaknesses. Some bodily status or transitions (for both sexes) may not be comfortable one hundred percent of the time, but, under normal circumstances, the best remedies are patience, a moderate diet, exercise, and good humor. Morning sickness, menstrual cramps, and hot flashes are hormonal; they will pass.

We would not confuse normal physical changes with symptoms of a disorder or a disease. We can protest the mindless application of the term "PMS" and speak instead of the variety of premenstrual changes in women *and* of hormonal changes in men. The same applies to menopause; we can try to nip in the bud the forthcoming onslaught of diagnoses that will try to turn this healthy, beneficial, and to most women liberating change into an estrogen-deficiency disease. We can also learn how to live with the normal hormonal effects of menopause without regarding them as major psychological disorders. As one friend of mine, a teacher who is going through menopause, says:

> Occasionally, I'll have a very uncomfortable hot flash when my whole body feels feverish. I no longer try to pretend it isn't happening. I just say to the class: "OK, everybody, this is what a person having a hot flash looks like. Take five while I get a drink of water and mop my brow." Then we all carry on.

We would regard surgical procedures and drugs as treatments of last resort, when medically necessary to save a woman's life or when, on balance, they will significantly improve the quality of a woman's life. We would not resort to them casually, to "cure" normal female processes. Instead, we would regard menstruation and menopause as processes of renewal and change, processes that do not need to be conquered, cured, or altered.

Most of all, we would recognize that if hormones affect one sex, they also affect the other. The current embrace of hormonal diagnoses of women's behavior feeds the belief that women aren't really responsible for their actions—not in the way men are, anyway. Hormones affect behavior, but we must think carefully and critically about whose hormones, and which behaviors, are legitimate legal defenses, let alone personal excuses to use around the house.

I believe that women long to achieve legitimacy for the unique experiences of the normal female body, and that they embrace the biomedical language of PMS and Estrogen Deficiency Disease as a way of getting there. But trusting to a language that proclaims these experiences deficient and diseased is not the solution. The price, for women's psychological well-being and for their status in society, is too great.

Questions

1. How does the category "Premenstrual Syndrome" depict normal female bodily changes as a disease in need of treatment?
2. How can the PMS label be validating to women?
3. Which institutions and individuals benefit from the PMS category? How so specifically?
4. In what ways can a woman's expectations that she will experience PMS powerfully influence which of her moods and behaviors she does—and does not—pay attention to over the course of her menstrual cycle?
5. How does the prevalent belief that PMS is a biological condition unique to women mask medical evidence indicating that men's and women's moods and behaviors are more similar than distinct?